



Patient information

Carpal tunnel release surgery

This leaflet provides some information about having an operation to treat carpal tunnel syndrome. Your care may differ from what is described here because it is adapted to meet your individual needs, so it's important to follow your surgeon's advice.

Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

What is carpal tunnel syndrome?

Carpal tunnel syndrome is a fairly common condition that occurs when there is too much pressure on a nerve in the wrist. The nerve enters the wrist through a narrow channel made of bones and a ligament, called the carpal tunnel.

Because there isn't much room in the tunnel, any swelling of the tissue in or around the carpal tunnel can compress the nerve, causing tingling, numbness or pain in your hand, wrist and forearm.

Surgery is needed if medicines or wrist splints have failed to relieve pain, or if your symptoms continue to get worse. The operation is usually done under a local anaesthetic, which means that your wrist and hand will be completely numb but you stay awake. Sedative drugs can be given with a local anaesthetic to help you feel relaxed during the procedure. For more information, please see the separate Spire Healthcare patient information leaflet *Having a local anaesthetic or sedation*.

The procedure is routinely performed as a day-case, with no overnight stay. Your surgeon will explain the benefits and risks of having carpal tunnel surgery, and will also discuss the alternatives to the procedure.

You will have a scar, which may feel quite firm and tender. Massaging the area with a moisturising cream such as E45 can help to relieve this. Keyhole surgery tends to leave a smaller scar, and has a shorter recovery period, allowing people to get back to their usual activities more quickly.

What are the risks?

The operation to relieve carpal tunnel syndrome is a commonly performed and generally safe procedure. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but temporary effects of a successful procedure. An example of a side-effect is the numbness caused by the local anaesthetic, which will last for several hours. As the anaesthetic wears off, you may feel some pain in your wrist and hand.

Complications

This is when problems occur during or after the operation. Most people are not affected. Possible complications of any surgery include excessive bleeding, infection and an unexpected reaction to the anaesthetic.

Please contact the hospital if your wound:

- becomes red, hot or painful
- starts to bleed through the bandage

Complications specific to carpal tunnel surgery include a small risk of injury to other nerves, blood vessels or tendons in the hand.

Most people have little or no pain and numbness in their hand after surgery, but for some people it can take several months for discomfort to disappear.

In some cases, the symptoms of carpal tunnel syndrome return, or you may experience a temporary loss of strength when pinching or gripping objects.

Ask your surgeon to explain how these risks apply to you. The exact risks will differ for every person. This is one of the reasons why we have not included statistics here.

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Preparing for your operation

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment.

You will be asked to fill in this questionnaire and return it within three days. If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your surgeon specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your operation.
- Remove any make-up, nail varnish and jewellery, including rings.
- Follow the fasting instructions given in your admission letter. Typically, if you are having sedation, you will be asked to go without food for about six hours before the procedure. However, some anaesthetists allow occasional sips of water until two hours beforehand.

Spire Healthcare operate a strict no smoking policy. If you are a smoker, you may wish to bring nicotine patches to use for the duration of your stay. When you arrive at the hospital, your nurse will explain how you will be cared for during your stay and will do some simple tests, such as checking your heart rate and blood pressure. Your surgeon will usually visit you before the operation. This is a good time to ask any unanswered questions.

Consent

If you are happy to proceed with the operation, you will be asked to sign a consent form. This confirms that you have given permission for the treatment to go ahead.

You need to know about the possible side effects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

About the operation

You will be asked to sit in a chair and rest your arm on the operating table. A tourniquet may be used on your arm. Your surgeon will inject a local anaesthetic into your wrist and in the palm of your hand. This will feel like a sharp sensation, which passes quickly.

There are two main types of surgery – open and keyhole. Your surgeon will discuss which technique is appropriate for you.

Open surgery

A single cut (about 5cm long) is made in the front of the wrist at the base of your palm. Your surgeon opens the carpal tunnel and cuts the ligament to relieve the pressure on your nerve.

Keyhole surgery

A small cut (about 2cm long) is made in your forearm just above the wrist or in the palm of your hand. A thin flexible telescope (endoscope) is passed into the cut to help see inside the wrist either by looking directly through this, or at pictures it sends to a video screen. Using a special instrument attached to the endoscope the ligament is cut.

After surgery, the skin cut is usually closed with dissolvable stitches. The operation can take 10 to 20 minutes.

After your operation

You will be taken back to your room or the day-care ward. If you have had a sedative, you will need to rest on your bed for a couple of hours. You will have a dressing and a bandage on your wrist and your arm may be put in a sling. When you feel ready, you will be able to go home.

Before you go home, your nurse will give you advice about caring for the healing wound, hygiene and bathing. You will usually be advised to keep the dressing on and the wound as dry as possible until the stitches are removed. For more information, please see the separate Spire Healthcare patient information leaflet *Caring for surgical wounds*. You will be given a telephone number for the hospital, in case you need to ask for further advice, and a date for a follow-up appointment.

Going home

You will need someone to drive you home and if you had a sedative, you should try to arrange for someone to stay with you for the first 24 hours. Your wrist and hand will be numb, take special care not to bump or knock it. You may feel some discomfort as the anaesthetic wears off. Painkillers can help with this.

After you return home

If you need them, continue taking painkillers as advised by the hospital. Sedatives can temporarily affect your co-ordination and reasoning skills, so you should not drink alcohol, operate machinery or sign legal documents until your surgeon tells you that it's safe to do so. This will be at least 24 hours after your procedure.

Dissolvable stitches will disappear on their own in seven to ten days. It's important to move your fingers and thumb regularly, so that they don't become stiff. Your surgeon may show you exercises where you straighten and bend your fingers into your palm to make a fist, alternatively gently squeezing a foam ball may help relieve stiffness. You should also move your elbow and shoulder regularly to loosen your joints. Don't do activities that involve repetitive gripping actions such as writing or gardening for at least four weeks. Follow your surgeon's advice about driving and returning to work. A full recovery can take up to six weeks.