

Hospital Telephone Number

If you have any problems at all please do not hesitate to contact the Nuffield Health Exeter Hospital Belvedere Ward on **01392 262135**, and ask to speak to the ward nurse in charge.

Alternatively you can telephone the Physiotherapy Department on **01392 262121**.

Hand Therapists

Jackie Fowler MCSP SRP BAHT

Specialist Hand Therapist

Jamie Currie SROT BAHT

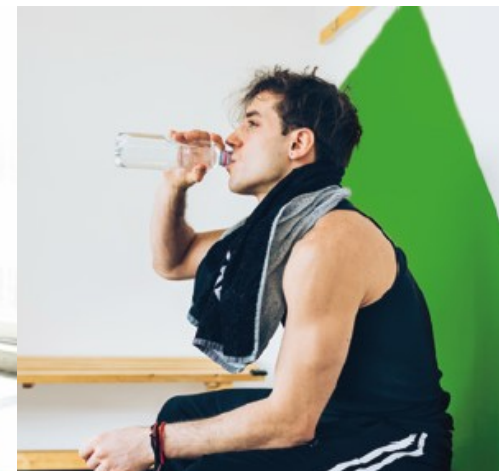
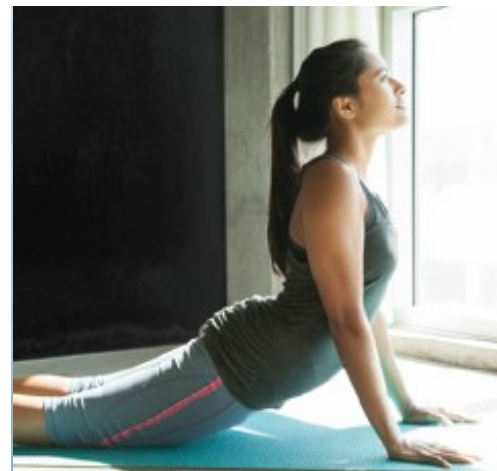
Specialist Hand Therapist

Nuffield Health Exeter Hospital

Telephone: 01392 262121

Email: ExeterHandTherapy@nuffieldhealth.com

Wonford Road, Exeter, Devon, EX2 4UG



CARPAL TUNNEL RELEASE

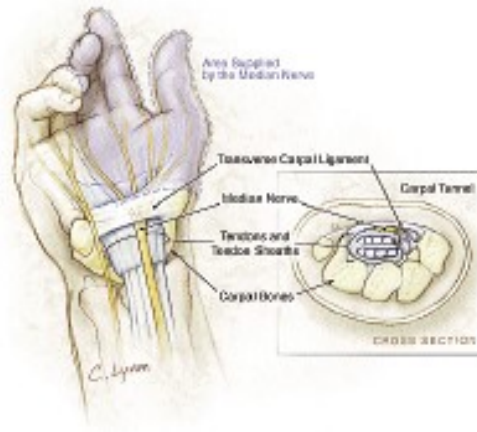
Information and Advice Leaflet

Nuffield Health Exeter Hospital



What is Carpal Tunnel Syndrome?

The carpal tunnel is a passageway through the wrist, formed by the carpal (wrist) bones and the band of tissue that runs over them (the carpal ligament). Through this tunnel pass tendons and one of the hand's major nerves (the median nerve). The tendons allow your fingers and thumb to bend. The nerve sends sensations (such as pain / pins and needles / numbness) from the thumb, first two fingers and the nearby area of the palm of the hand to the brain. The nerve also controls some muscles that move the thumb.



'Carpal tunnel syndrome' describes the symptoms experienced when swelling or narrowing in this tunnel causes pinching of the median nerve. Often the exact cause is unknown, or there may be a combination of causes. Pressure may build up within this tunnel because of: disease (eg. rheumatoid arthritis), injury, very large cysts (fluid filled lumps), swelling of the lining of the tendons, fluid retention due to pregnancy, menopause or the oral contraceptive pill, or possibly as a result of repetitive motions (eg. keyboard use).

Symptoms may include numbness, tingling, aching and pain in the hand, wrist and arm. Often patients experience these symptoms at night and they can be bad enough to wake them from sleep. Some people develop weakness in the strength of their grip and may be prone to dropping things.

In longstanding cases sensation may be permanently lost and the muscles at the base of the thumb slowly shrink. Once pain begins, this condition may gradually get worse and without treatment may result in permanent nerve damage. It is not uncommon for carpal tunnel syndrome to occur in both hands.

Infection

An infection can occur after any operation and may need to be treated with special wound dressings and antibiotics.

Bleeding

Carpal tunnel surgery can result in a collection of blood under the stitches, which is painful and can cause problems with wound healing. This is usually managed by removing some of the stitches. Please contact us if there is excessive oozing.

CRPS (Complex Regional Pain Syndrome)

A small percentage of people who have hand surgery complain of their hand being unusually painful, sensitive, swollen and stiff. When detected the condition is treated with painkillers and hand therapy (physiotherapy / occupational therapy).

Recurrence

Carpal tunnel syndrome can recur due to some of the causes listed earlier. To prevent this you may need to modify your job. If surgery is not successful there may be different reasons for the symptoms.

Depending on your progress you may need appointments with the dressing clinic or hand therapists at the hospital.

What problems can occur after the operation?

Swelling

Swelling of the hand, including fingers, is common in the early postoperative period. Keeping your hand elevated above your elbow will help reduce the swelling.

Scar

You will have a scar in your palm, near the wrist, which may be tender for up to 6 months. We will advise you to massage the area firmly four times a day for 5 minutes or so with an unscented moisturising cream after it has healed. Sometimes the scar can become sensitive to touch. Exposing it to different sensations can help this, e.g. tapping, rubbing and brushing with different textures.

Nerve damage

The nerves supplying feeling to the skin around the scar may be damaged during surgery and this can cause numbness and / or pain in the hand and fingers. Occasionally the nerve is permanently damaged, but in most cases the feeling will eventually return although it can take several months.

Stiffness

Occasionally your fingers, thumb or wrist may become stiff after the surgery. Try to exercise these joints every hour or so and if concerned contact the hand therapists.

What does 'Carpal Tunnel Release' operation involve?

After injecting local anaesthetic to the area, the surgeon puts a tourniquet, which is like a blood pressure cuff, around the top of the arm. This feels very tight, and a little uncomfortable, but is necessary to prevent blood reaching the hand during the operation.

The surgeon then makes an incision (cut) from the middle of the palm to the wrist, providing access to the tissue that is pressing on the nerve, the carpal ligament. A section of this tissue is cut, enlarging the tunnel and so relieving pressure on the nerve. Stitches are used to close the skin. The results of the surgery will depend on how long you have had this condition and how much damage has been done to the nerve.

What happens after the operation?

After surgery your hand may be in an immobilising splint made of plaster or a bulky dressing to restrict movement of your wrist for a few days and promote healing. Keeping your hand elevated so that it is higher than your elbow will reduce any swelling and pain that may occur and you may be supplied with a sling on discharge. You will usually go home on the same day but expect to stay for at least an hour after your operation.

It is important to have loose fitting tops to enable you to put your arm through easily. You will not be able to drive home afterwards. Please arrange for someone to accompany you home and to be available should you need to call them during the evening.

At home

Before your operation, it may be beneficial to get heavier housework done and prepare some easy meals that you can just warm up—especially if you live alone. It will be at least two weeks until you can use your hand properly again so please ensure you have arranged help at home if you need it, particularly if it is your dominant hand—for example, if you have small children. It is important that you keep your hand elevated as much as possible, either in the sling provided or up on pillows when in bed or resting. Please make sure you move your unaffected joints (your elbow and shoulder) every hour to prevent stiffness.

One week after your operation you will return to the hospital for your wound to be checked, and to see the hand therapist. At this point you can start using your hand for light activities and start exercising your wrist and hand.

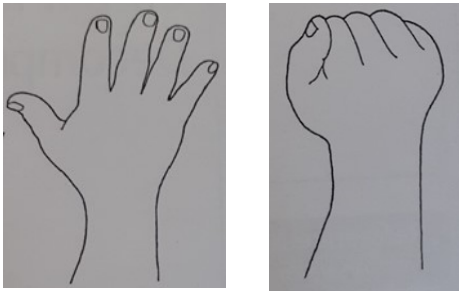
For the first 2 weeks:

Use your hand for light activities within the limits of your pain and swelling. Avoid tight gripping, lifting, repetitive finger bending and leaning on your hand.

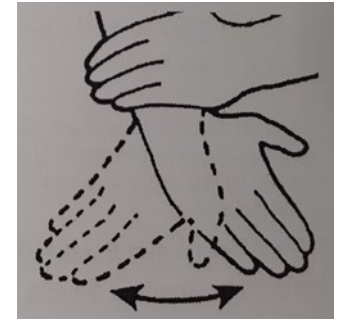
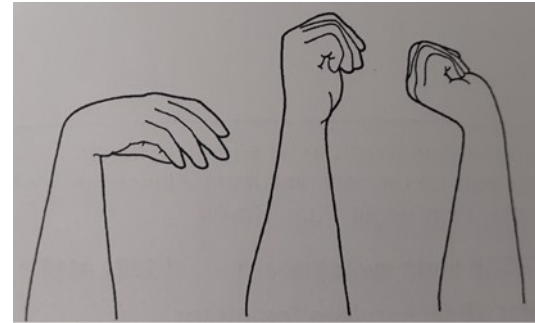
Exercises

Repeat the following exercises 10 times every hour during the day:

1. Stretch your fingers out straight, then make a tight fist. Help your finger tips towards your palm using your other hand, then try to keep them there.



2. Touch the tip of your thumb to the tip of your little finger, then slide your thumb down to the base of your little finger as far as able. Then bring your thumb back and out to the side.



3. Holding your hand in the air (with your elbow on a table or your knee), gently bend your wrist forwards then backwards as far as possible, within the limits of your pain and wound. Then bend your wrist from side to side.

After 2 weeks

- Continue with the exercises until full range of movement is achieved.
- When the wound has healed start to massage the scar with a non-perfumed cream such as E45. Massage with firm circular movements for 5 minutes 4 times a day. Continue with your massage until the scar is no longer tight or lumpy (this may take several weeks or months).
- If your scar is, or becomes, sensitive, try touching, tapping it and exposing it to different textures. This will help make the feeling more normal.
- Avoid heavy use of the hand for 6 weeks in total.
- You should allow a period of 2 - 4 weeks before driving.
- Your return to work will depend on your job. Light manual workers can return to work in 2 - 3 weeks. Heavy manual workers should not return for 6 weeks depending on the type of work.

If you have any concerns regarding pain, movement or scarring please contact your therapist.