



Midlands
Orthopaedic Centre

Trauma & Orthopaedics

Carpal Tunnel Syndrome

Patient Information Leaflet

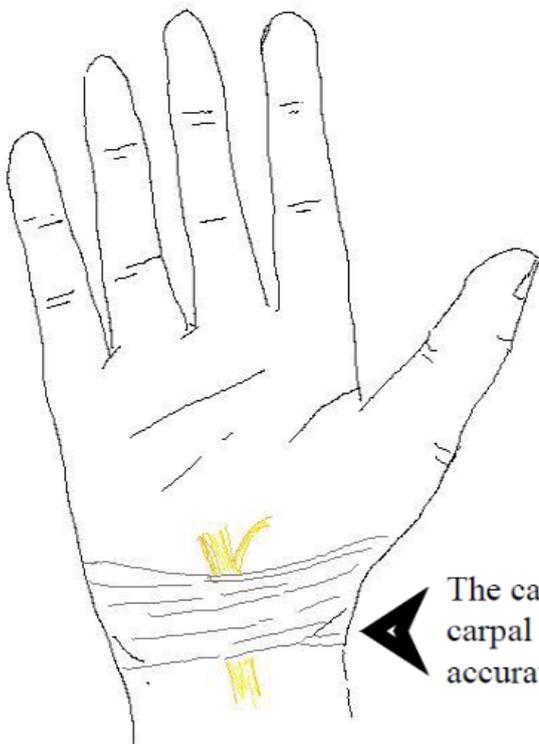


The Dudley Group
NHS Foundation Trust

Introduction

Carpal tunnel syndrome (CTS) is a common problem which affects the hand and wrist. Symptoms are caused by the median nerve getting pinched inside the carpal tunnel of the wrist. Any condition that decreases the size of the carpal tunnel or enlarges the tissues inside the tunnel can produce the symptoms of CTS.

The carpal tunnel is an opening through the wrist into the hand that is formed by the bones of the wrist on one side and the transverse carpal ligament on the other. The median nerve passes through the carpal tunnel into the hand. It gives sensation to the thumb, index finger, long finger, and half of the ring finger. It also sends a nerve branch to control the muscles of the thumb.



The carpal tunnel with the median nerve under the carpal ligament. This is only for illustration, and not an accurate depiction.

What are the symptoms?

One of the earliest symptoms of CTS is gradual onset of tingling and numbness in the areas supplied by the median nerve. This is often followed by dull, vague pain where the nerve gives sensation in the hand. The hand may begin to feel like it's asleep, especially in the early morning hours after a night's rest. In the case of acute CTS, symptoms are sudden and severe, occurring over a matter of hours rather than weeks or months with the more chronic form of this condition.

How is it diagnosed?

Your doctor begins the evaluation by obtaining a history of the problem, followed by a thorough physical examination. Your description of the symptoms and the physical examination are the most important parts in the diagnosis of CTS.

Commonly, patients will complain first of waking in the middle of the night with pain and a feeling that the whole hand is asleep.

If more information is needed to make the diagnosis, electrical studies of the nerves in the wrist may be obtained. Several tests are available to see how well the median nerve is functioning, including the nerve conduction velocity (NCV) test. This test measures how fast nerve impulses move through the nerve.

What can be done for CTS?

Nonsurgical treatment

Activities that are causing your symptoms need to be changed or stopped if at all possible. Avoid heavy grasping, holding onto vibrating tools, and positioning or working with your wrist bent down and out. If you smoke, talk to your doctor about ways to help you quit. Lose weight if you are overweight.

A wrist brace will sometimes decrease the symptoms in the early stages of CTS. A brace keeps the wrist in a resting position, not bent back or bent down too far. A brace can be especially helpful for easing the numbness and pain felt at night because it can keep your hand from curling under as you sleep.

If these simple measures fail to control your symptoms, an injection of cortisone into the carpal tunnel may be suggested. This medication is used to reduce the swelling in the tunnel and may give temporary relief of symptoms. A cortisone injection may help ease symptoms and can aid your doctor in making a diagnosis. If you don't get even temporary relief from the injection, it could indicate that some other problem is causing your symptoms. Cortisone injections can sometimes cause infection and nerve damage.

Surgery

If all attempts to control your symptoms fail, surgery may be suggested to reduce the pressure on the median nerve. Surgery may not be advised if there is advanced nerve damage. Persistent pain and numbness may not go away with surgery. If you have muscle atrophy and weakness and/or loss of sensation, you may not be a good candidate for surgery. Surgery may not be advised if electrodiagnostic studies show normal results. In such cases, patients seeking pain relief will be advised to continue with conservative (nonoperative) care.

In the case of acute CTS, surgery is required right away to decompress the nerve and save it from permanent damage. By releasing the pressure on the nerve, the blood supply to the nerve improves, and most people get relief of their symptoms. However, if the nerve pressure has been going on a long time, the median nerve may have thickened and scarred to the point that recovery after surgery is much slower.

The standard surgery for CTS is called carpal tunnel release. Open surgical procedures use a small skin incision. In open release for CTS, an incision as small as one inch can be made down the front of the wrist and palm. The surgeon cuts the transverse carpal ligament in order to take pressure off the median nerve.

After dividing the transverse carpal ligament, the surgeon stitches just the skin together and leaves the loose ends of the transverse carpal ligament separated. The loose ends are left apart to keep pressure off the median nerve. Eventually, the gap between the two ends of the ligament fills in with scar tissue.

What are the risks of surgery?

The commonest risks are that the scar can be painful and the area around the incision can remain sore for several months. Sometimes the numbness and tingling can take several months to improve and all the symptoms may not improve in severe cases. Apart from this there is a small risk of infection or slow wound healing. Recurrence of the problem can rarely occur.

What should I expect after treatment?

Nonsurgical rehabilitation

If nonsurgical treatment is successful, you may see improvement in four to six weeks. You may need to continue wearing your wrist splint at night to control symptoms and keep your wrist from curling under as you sleep. Try to do your activities using healthy body and wrist alignment. Limit activities that require repeated motions, heavy grasping, and vibration in the hand.

After surgery

When the stitches are removed, your surgeon will have you work with a physical or occupational therapist for six to eight weeks. Treatments are used at first to ease pain and inflammation. Gentle massage to the incision can help reduce sensitivity in and around the incision and limit scar tissue from building up. Special exercises are used to encourage normal gliding of the tendons and median nerve within the carpal tunnel.

If you have any worries or concerns, or need to ask about returning to work or sport, please contact one of the following:

- The Virtual Fracture Clinic helpline on ext. 3547 (9am to 5pm, Monday to Friday) or email dgft.vfc.dudley@nhs.net
- The Fracture Clinic on 01384 456111 ext. 2220 (9am to 5pm, Monday to Friday)
- The Emergency Department on 01384 456111 ext. 2300

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/trauma-and-orthopaedics/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ برائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔

Originator: Mr M Sinha
Date originated: March 2013
Version: 2
Date reviewed: February 2020
Next review date: November 2022
DGOH ref.: DGOH/PIL/00852