

## **Carpal tunnel decompression**

This is an operation I perform on a weekly basis. It is usually performed as a day case under local anaesthetic. You can expect to spend a few hours in hospital but the operation itself only takes 10 to 15 min.

After going to the operating theatre in a theatre gown you would be asked to lie on the operating table with your arm on an arm-board. The tourniquet will be applied and this feels a bit like a blood pressure cuff but the pressure is higher. Local anaesthetic is inserted with 2 points of injection. An area the size of a large postage stamp will go numb in the site of the incision. Over the next few minutes the hand is prepared with antiseptic. The sterile drapes are put on. You may or may not wish to see the surgery being performed but we normally chat during the procedure and you can look if you like. After the local anaesthetic injection there should be no further pain. If there is any further pain we can simply insert more local anaesthetic.

When the release is performed the skin is then closed. I tend to use small stitches, which are removed around 2 weeks after surgery. These feel more comfortable than a dissolving stitch and are more reliable. A sticky dressing is applied and a wool & crêpe bandage is wrapped round the hand. I would like you to remove this at 24 to 48 hours. The bandage does not include the thumb or fingers. The bandage simply wraps around the wrist.

I like patients to stay in hospital for an hour or two with the hand elevated after the surgery. It is good to eat and drink during this time as some patients feel faint on the way home. It is also good to be accompanied for the homeward journey. I ask my patients to make a fist and spread their fingers and remember to move the thumb and fingers regularly to prevent stiffness in the hand. I like this to begin straightaway. It is good to elevate their hand at home for a day or two and return to activity should be governed by levels of comfort. I am happy for my patients to wash their hand in normal soap and water from 48 hours post op. Dressings do not need to be applied beyond 72 hours but some patients choose to keep the wound covered with a simple dressing such as an Elastoplast until the stitches removed. This is done at 2 weeks when we meet again in the clinic.

Patients often ask me about the rate of recovery. Most patients would be able to use their hand for cutlery and dressing on the day of surgery. I discharge my patients with simple analgesia such as paracetamol and/or codeine. Many patients do not need it.

Return to office based work is usually between one and 2 weeks after this operation. Return to driving is usually between 5 and 7 days and tell patients that they are safe to do so for insurance purposes at this stage. Return to heavier physical activity such as using a screwdriver or hammer would often take 6 to 8 weeks. The scar often become surprisingly thick at 6 to 8 weeks and becomes a little tender at this time. This then usually settles at

3 to 4 months post surgery.

Outcomes are excellent in 80 to 90% of patients with complete resolution of symptoms in most cases. Patients who are unhappy with the outcome complain of persistent tenderness and the scar, weakness of grip strength, some altered sensation which is persisting, or some stiffness in the hand. I normally gauge this at 2 weeks when I see patients in the clinic and I discharge patients who are doing well at that stage following suture removal.

I am happy to perform synchronous bilateral carpal tunnel decompressions in patients with good domestic support. I am happy to perform staged procedures in all patients performing one side then the next at varying intervals as dictated by the patient.

Mark Phillips  
Consultant Hand & Wrist Surgeon  
July 2015