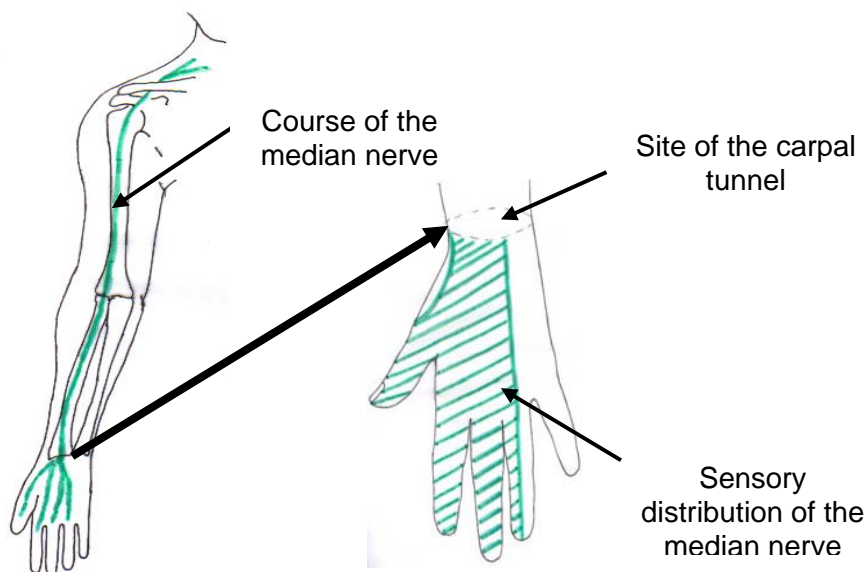


Surgery for carpal tunnel syndrome

This information sheet has been given to you to help answer some of the questions you may have about having surgery to treat carpal tunnel syndrome. It should accompany the leaflet, Surgical Admissions Lounges (SAL) and Day Surgery Units (DSU), which gives you information about day surgery, how to prepare for it, what to bring with you on the day of your surgery and when you can expect to go home. If you do not have a copy, please ask us for one.

If you have any questions or concerns, please do not hesitate to speak to your doctor or nurse.

What is carpal tunnel syndrome?



The carpal tunnel is a narrow space, which lies under a fibrous band of tissue in the palm side of the wrist bone. The median nerve runs through the carpal tunnel. The tendons that bend the fingers and wrist also pass through this space.

Space in the carpal tunnel is limited. Any swelling in the area tends to compress (squash) the median nerve. If this nerve is compressed it cannot work well and we call this carpal tunnel syndrome. For more information, see our leaflet **Carpal hand syndrome**.

What are the symptoms of carpal tunnel syndrome?

Symptoms include:

- pins and needles in the thumb, forefinger, middle finger and half of the ring finger nearest the thumb
- pain or aching in the hand or the same fingers as above – the pain sometimes travels up the forearm
- numbness of the same fingers or palm
- a weakened grip – some people find they drop things.

The symptoms vary from mild to severe depending on how compressed (squashed) the median nerve becomes. The symptoms are usually worse at night, but can also be noticed during daily activities, such as driving. Some people find that they drop things due to a weakened grip.

What causes it?

In most cases it is not clear why carpal tunnel syndrome happens. It happens when pressure is put on the median nerve and is often associated with:

- **pregnancy** – fluid retention can cause swelling of the carpal tunnel, which usually disappears after childbirth
- **joint dislocations and fractures** – they can put pressure on the median nerve
- **bone or arthritic conditions of the wrist**, such as rheumatoid arthritis – this can cause a thickening of the ligament that covers the carpal tunnel
- **other conditions** such as obesity, an underactive thyroid, diabetes and the menopause – some of these conditions can cause water retention, which may affect the wrist and cause carpal tunnel syndrome
- **side-effects of some medicines** – the combined oral contraceptive pill may disrupt the hormonal balance enough to cause carpal tunnel syndrome
- **cysts, growths and swellings** coming from the tendons or blood vessels passing through the carpal tunnel – although this is rare.

Why do I need surgery?

If your symptoms are constant and are not relieved by non-surgical measures, surgery may be needed. It is important to speak with your doctor about why surgery is considered a good option for you.

What happens during the surgery?

The surgery is performed using either:

- a local anaesthetic, which numbs the area where you are having surgery, so you completely lose feeling in this area for a short time

or

- a general anaesthetic.

For more information, please see the leaflet, **Having an anaesthetic**.

During the surgery, the ligament over the front of your wrist is cut to ease the pressure on the carpal tunnel. The surgery will take about 15 to 30 minutes.

What are the benefits of surgery?

Surgery can relieve the pain associated with carpal tunnel syndrome.

Are there any alternative treatments?

There are a number of non-surgical options that can be tried, such as:

- **medicines** – such as non-steroid anti-inflammatory drugs (NSAIDS) or cortico-steroids may ease the pain for a short time
- **exercise** – stretching and strengthening exercises can be helpful in people whose symptoms have decreased.

People often find temporary relief from symptoms by hanging their arms out of the bed at night or by shaking their hand vigorously with a flicking action.

Mild symptoms may also be relieved by applying ice packs to the wrist (ice should not be applied direct to the skin). Resting the hands and wrist regularly can also help – for example, by using splints at night.

What are the risks of surgery?

There are risks associated with any surgery. Your doctor will explain these risks to you before you sign the consent form. Please ask questions if you are uncertain.

You should have received the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you have not, please ask us for one.

Complications associated with this surgery are rare, but can include:

- infection – this can be settled by taking antibiotics
- damage to a nerve or a blood vessel – you might need another operation to fix this problem
- about 4% of patients develop stiffness and swelling in the region of the wound – this should go away on its own about three to six months after the surgery and will need long-term physiotherapy.

If you have a general anaesthetic, there is a low risk of complications related to your heart or your lungs. It is the job of the anaesthetist to minimise this risk for you. You may have some tests and checks before the operation to make sure the operation is done in the safest possible way.

What do I need to do before my surgery?

It is important that you follow the instructions given to you by your doctor or nurse and in the leaflet, **Surgical Admissions Lounges (SAL) and Day Surgery Units (DSU)**. If you do not, we may have to cancel your surgery.

If you have children or care for an adult, please make arrangements for someone else to help you with this after your surgery. If you think this will be a problem, please contact us before your surgery.

Will I feel any pain?

If your surgery is done using a local anaesthetic, you may feel some pressure at the surgical site, but this should not be painful.

Some discomfort is to be expected after the surgery and we will give you pain relief for this. The numbness and tingling in your fingers usually goes away after a few days. This can vary from person to person and depends on how long you have had symptoms.

It is important that you take your pain relief medication on a regular basis for the first few days. When taken regularly, the medication is kept at a constant level in your body and will control your discomfort more effectively.

Raising your hand on a pillow and resting it for a couple of hours can help to ease any pain.

After a few days, you can gradually reduce the medication until you do not need it any longer. Please contact the Day Surgery Unit or your GP if you find the pain difficult to control.

Any medication given to you will be explained before you leave the hospital. If you are at all uncertain, please contact the Day Surgery Unit or your GP for advice.

It is important that you do not exceed the recommended daily dose of any medication you are given. Please make sure you read the label.

What should I look out for at home?

If you have had a general anaesthetic:

You might feel dizzy and tired when you go home after the operation. Please rest for the remainder of the day and the following day to help you recover from the general anaesthetic.

The anaesthetic will take up to 24 hours to wear off, however, you do not need to stay in bed. Gently moving around your home will help your blood circulation and help to prevent blood clots.

A responsible adult must take you home and be with you for 24 hours after the procedure. For more information, please see the leaflet, **Surgical Admissions Lounges (SAL) and Day Surgery Units (DSU)**.

Swelling

You can help to prevent swelling in your fingers by:

- placing your arm on a couple of pillows when you are sitting or resting; and
- moving your fingers by straightening them fully and making a fist and bending the knuckles 10 times every hour. It may be necessary to take painkillers regularly for you to achieve these exercises in comfort. Continue doing these exercises until your symptoms settle.

Your arm will be raised in a sling or on pillows to help reduce the swelling. If you are asked to wear a sling, please keep it on for two days.

After two days you may use your arm more freely, but please keep it up on pillows when you are sitting and do not let it hang down for long periods of time. This is until the swelling has gone away.

Please avoid heavy lifting, such as a full shopping bag, for at least six weeks. This will help your wound to heal.

Dressing

You will have a padded dressing over your wound. We will tell you when this needs to be removed – this is usually two to three days after the surgery.

Please do not let your hand get wet. If necessary, cover it with a plastic bag tied at the wrist or a large rubber glove.

You will go home with your arm in a sling but you are encouraged to exercise your fingers, shoulder and elbow.

Stitches

Your nurse will explain when you need to have your stitches removed before you go home.

When can I return to work?

This will depend on the type of work you do, but may be one to two weeks after your operation. Please talk to your doctor about this.

Every patient reacts differently to the anaesthetic and there is no definite rule as to when you can return to work.

It is advisable to have some rest to help you heal and to let the anaesthetic wear off properly. Please do not return to work until you feel ready to do so.

Your GP can give you a medical certificate (Med3) if needed. If your GP does not receive your discharge letter in the post, please show them your copy.

When can I have a bath or shower?

You can have a bath or shower 24 hours after your operation, but please keep your wounds dry until they have healed.

Can I eat and drink as normal after the operation?

After the operation we will offer you light refreshments when you feel less drowsy. You can eat and drink normally from then on.

Smoking

If you have had a general anaesthetic it is important that you stop smoking for at least 24 hours before and after your operation to reduce the risk of chest problems. Smoking can also delay wound healing because it reduces the amount of oxygen that goes to the tissues.

We have a no-smoking policy in our hospitals. For your safety, we cannot allow you to leave the Unit to smoke whilst you are recovering from your surgery.

For more information on giving up smoking, please speak to your nurse or call the NHS Smokefree Helpline on 0300 123 1044.

Do I need a follow up appointment?

We will be given a follow-up outpatient appointment before you leave the Unit. This will be to see the doctor about two weeks after your operation.

Your doctor will check your wound and remove the stitches, if necessary, at this appointment.

What if I have a problem at home?

Please contact the Day Surgery Unit on 020 7188 1734 if you need advice or have the following complications:

- excessive bleeding
- excessive pain
- high temperature (38 degrees Centigrade/100 degrees Fahrenheit or above).

Before you go home, we will give you information about who to contact if the Unit is closed.

If you think it is an emergency, please go straight to your nearest accident and emergency (A&E) department.

Contact us

If you have any questions or concerns, please contact the hand therapy department on **020 7188 4172 / 4174, Monday–Friday 8am–5pm**

Useful sources of information

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Become a member of your local hospitals, and help shape our future

Membership is free and it is completely up to you how much you get involved. To become a member of our Foundation Trust, you need to be 18 years of age or over, live in Lambeth, Southwark, Lewisham, Wandsworth or Westminster or have been a patient at either hospital in the last five years. To join:

t: 0848 143 4017 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk

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