



Carpal tunnel syndrome



What is it?

The median nerve runs in a tunnel at the front of the wrist. Pressure on the nerve cuts off its blood supply and changes the way it works, causing unpleasant numbness, tingling and pain in the thumb and fingers – excluding the little finger.

The problem is most noticeable at night or during activities, for example driving, doing housework or using tools. Fine movements such as doing up buttons may become difficult. In severe cases there may be permanent loss of feeling and muscle weakness.



How is it diagnosed?

Carpal tunnel syndrome is diagnosed on the basis of the history described at left, and by clinical examination. It can be confirmed with electrical (neurophysiological) tests, which measure the speed of tiny electric impulses along the nerve.



What is my approach to treatment?

If the problem is mild it can be controlled by an injection and wearing a splint at night or during daily activities. However, if nerve compression is severe or longstanding, surgery is recommended.



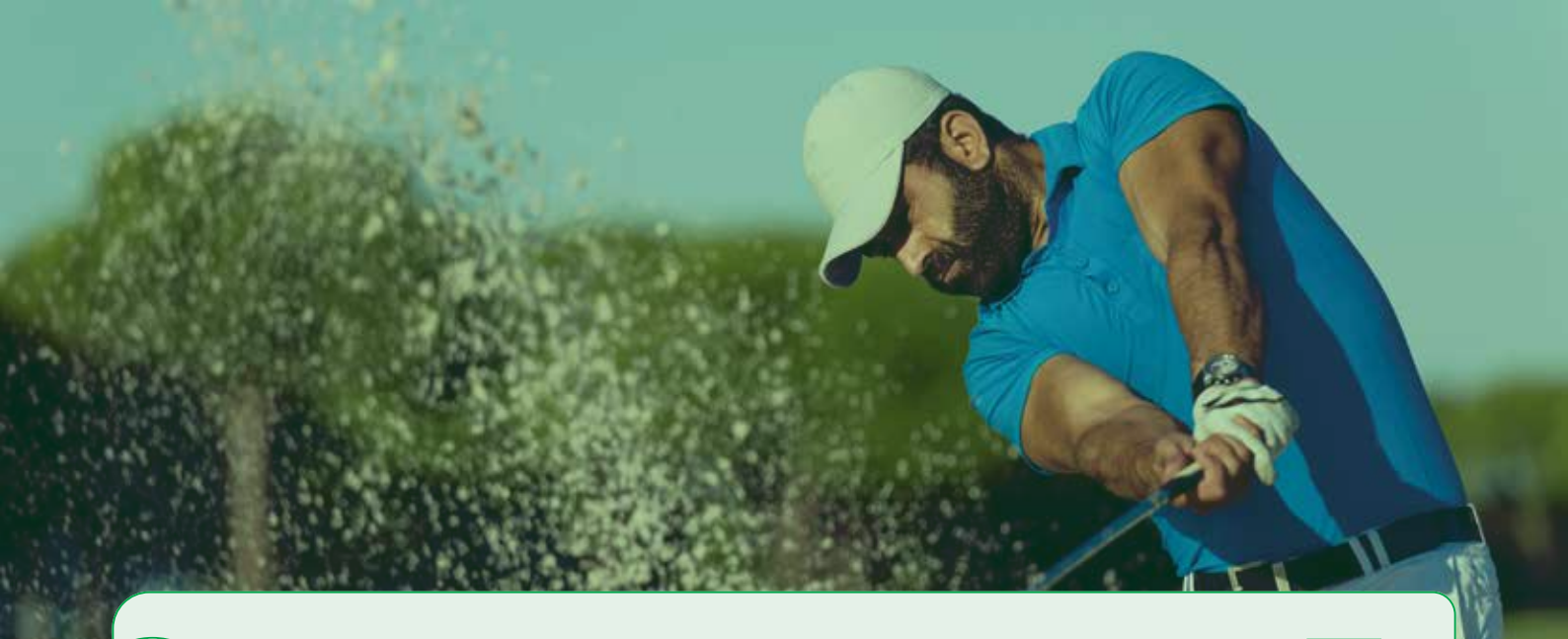
What does an operation involve?

Surgery is normally carried out as a day-case under local or general anaesthetic. A tourniquet is usually not required due to a novel anaesthetic technique (WALAT), employed by Mr Perez since its publication, that greatly improves comfort for the patient.

The skin and deeper tissues are divided until the retinaculum (the fibrous roof of the bony tunnel) is exposed. This is then divided, carefully protecting the underlying nerve and tendons. Bleeding is controlled and the skin closed with non-absorbable sutures.

A long acting local anaesthetic injection is then administered to provide pain relief. A dressing and bandaging are applied.





What is the recovery period?

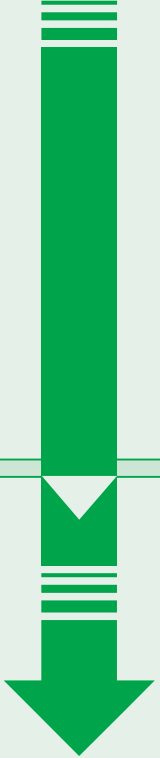
Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesics and anti-inflammatory tablets may be used for pain.

The hand should be kept elevated as much as possible for 48 hours, although finger movements are to be encouraged. A high-arm sling may be useful for this purpose.

Most pain and swelling will have settled by 4 weeks post surgery.

Driving is usually possible after seven days.

When you'll be ready to return to work depends on your specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work after the first week. Heavy manual work should be avoided for 3 to 4 weeks.



Are there any possible complications?

Over 95% of patients are satisfied with the final result. However, as with any treatment, there are always risks involved.

Incomplete recovery with persistent numbness may occur in severe cases. Scar sensitivity may be present for three months for 10% of patients, although regular massage of the area should overcome this.

Insurance fee assured:



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