

Procedure Information Sheet - Carpal Tunnel Syndrome

Introduction

Carpal tunnel is the space underneath the volar side of the wrist. There are muscles, tendons and the median nerve running through. In some situations, e.g. repetitive movement of the wrist, wrist trauma, patient with rheumatoid arthritis, thyroid disease, diabetes, menopause, pregnancy etc where the median nerve is being compressed, leading to carpal tunnel syndrome and resulting in numbness, tingling sensation and painful hand, affecting daily activities.

Treatment

1. Appropriate rest and activity modification.
2. Oral medication: Anti-inflammatory drugs, diuretics etc.
3. Physiotherapy: Ultrasound treatment. Occupational therapy: hand splint.
4. Surgery: To relieve the carpal tunnel pressure and free the median nerve from pressure. This can be done through open surgery or endoscopic surgery. The operation is usually done under local anaesthesia. If patient's condition is stable, he/she can be discharged on the same day.

Possible risks and complications

- It is rare but there may be wound infection, nerve damage etc.
- Even recovery, carpal tunnel syndrome still can recur. As patient's condition is different, the treatment and rehabilitation regimes may be different.

Wrist care after treatment

1. Rest the wrist and prevent flexing the painful wrist can help to control inflammation and oedema.
2. Mobilize fingers and other joints of the upper limb can help to decrease oedema and enhance function.
3. If there is a wound on the wrist, keep it clean and dry. Avoid wetting the wound. If there are stitches that need to be removed, it usually will be removed 14 days after the operation.
4. Take pain killer as prescribed by your doctor if you feel pain from the wound.
5. Please contact your doctor or go back to hospital if excessive bleeding, severe pain or signs of infection at your wound site such as redness, swelling or fever (body temperature above 38°C or 100°F) occurs.
6. Follow up on schedule as instructed by your doctor.

Procedure Information Sheet - Carpal Tunnel Syndrome

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____