Post-operative recovery

Surgery offers relief of discomfort or pain, although a return to normal feeling may take some time:

Pins and needles are relieved over-night. Skin wound heals in 1-2 weeks and internal healing takes about 6 weeks. Scar tenderness on lifting heavy work may persist for up to 6 months. Sensations usually return in 6-8 months.

You can expect to recover in less than a month and it usually only leaves a small scar. However, the scar may be sore for some time after surgery.

If the operation is carried out on somebody who has had the syndrome for a long time – particularly if there is a lot of muscle wasting and loss of sensation – there may be only partial recovery. But even in this situation the pain is usually considerably reduced.

What are the complications associated with this procedure?

The possible complications are bleeding, infection, stiffness, and pain at the scar and (rarely) nerve damage

Infection occurs in about one in 100 people, and accidental nerve injury in less than one in 1000. Occasionally the wrist loses strength because the carpal ligament is cut. Patients should undergo physical therapy after surgery to restore wrist strength. Some patients may need to adjust job duties or even change jobs after recovery from surgery.

Can there be a recurrence?

Recurrence of Carpal Tunnel Syndrome following treatment is rare. The majority of the patients recover completely.

The Key Points are

This procedure can be efficiently done by a trained GP at a place near to you and it is important to see your doctor early for the best chance of recovery.
Can Carpal Tunnel Surgery be done at the GP surgery level?

Some of the minor surgical procedures such as removal of Lumps and Bumps, Vasectomy, Carpal Tunnel Decompression can be done at GP surgeries by specially trained GP’s in Walsall.

What are the advantages of Minor Surgery at a GP Practice?

Waiting times are usually shorter, access is easier, and most importantly the service is provided closer to the patient’s home.

Are the quality and standards maintained?

Yes, the designated GP’s are specially trained in performing these procedures. In their professional training the accreditation of the setup at their Surgery has been standardised to deliver safe and quality care.

What is Carpal Tunnel Syndrome?

Carpal is a medical term for wrist. The Carpal Tunnel is a narrow space at the front of the wrist. The tendons that bend the fingers and wrist pass through this space. A tough ligament sheet covers the Carpal Tunnel and prevents the tendons pulling away from the wrist when it is bent.

One of the two nerves that allow feeling in the hand also pass through the Carpal Tunnel. This is known as the median nerve. Space in the Carpal Tunnel is limited, and there is no room for the tendons to expand. Any swelling in the region tends to compress the median nerve and interfere with working of the nerve. This can cause pain, which may become prolonged and intense, and make it difficult to grip things.

Carpal Tunnel Syndrome is a term to describe a number of problems that can occur at this site due to a trapped nerve at this narrow tunnel (shown opposite).

What are the Symptoms?

Carpal Tunnel Syndrome is characterised by pain and pins and needles in the hand and sometimes the forearm. The sensation of pain is usually worse at night, but may be noticed during daily activities such as driving. Some people find that they drop things due to a weakened grip and this is sometimes associated with numbness. Pins and needles may make a person wake up at night and strike their wrist or hang it out of bed for relief.

What are the Causes of Carpal Tunnel Syndrome?

The cause of Carpal Tunnel Syndrome is not fully understood in many of the cases but it happens when there is a pressure on the median nerve. It is often associated with the following:
- Fluid retention in pregnancy and the symptoms tend to get better after delivery
- Fractures and dislocation at the wrist
- Diabetes
- Thyroid problems such as Hypothyroidism

How is Carpal Tunnel Syndrome Diagnosed?

Your doctor will make a diagnosis based on an examination and description of your symptoms.

Your doctor may tap the inside of your wrist to see if this causes pins and needles or a shock sensation to the fingertips. This is known as Tinel’s sign, and it may show that the median nerve is not working properly.

Nerve and muscle tests are usually carried out to confirm the diagnosis. Nerve tests assess how well a nerve is conducting electrical signals. The nerve is stimulated by an electrical impulse, and its response time to the impulse is measured. A probe is held against the skin covering the nerve. An electrode placed further along the skin records the nerve’s response to the electrical impulse.

A muscle test called an EMG (electromyography) often follows this.

How can it be treated?

There are a number of different treatment options for Carpal Tunnel Syndrome:
- Bracing the affected wrist with a splint.
- Non-steroidal or anti-inflammatory painkillers such as aspirin and ibuprofen are useful for relieving symptoms.
- Steroid injections are often given into the joints to reduce inflammation in the body’s tissues. They are not always suitable for people with diabetes.

Surgery

If the symptoms of Carpal Tunnel Syndrome are persistent, surgery may be required.

All surgical procedures aim at taking the pressure of the nerve by cutting the ligament sheet.

A simple operation under local anaesthetic to cut the ligament and release pressure on the median nerve is commonly performed. Surgery relieves pain for about 9 out of 10 of those who have it.

Surgery usually takes place as a day-case and it is done at a designated GP surgery.