



# *'One Stop'* Yorkshire Carpal Tunnel Service

Patient Information Leaflet



Member



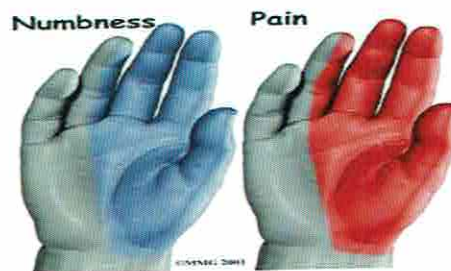
## What is a One Stop Carpal Tunnel Service?

If your doctor has diagnosed carpal tunnel syndrome, you will be referred to a specialist to be assessed and considered for treatment by a Consultant Orthopaedic Surgeon. The Yorkshire One Stop Carpal Tunnel Service enables you to be assessed by the surgeon and, if the diagnosis is confirmed and you are a suitable candidate for surgery, you will be given the opportunity to have surgery on the same day.

You will need to plan time off work and make preparations before the appointment.

**DO NOT DRIVE to the clinic yourself, as you will need a responsible adult to pick you up if you have surgery.**

Occasionally if your referring Doctor has any doubts in the diagnosis or the criteria is not fulfilled adequately you may be asked to come in for a assessment and possible nerve conduction tests to be done before a definite diagnosis is given and if appropriate a date for the operation will be provided at the time of assessment.



### What is Carpal Tunnel Syndrome?

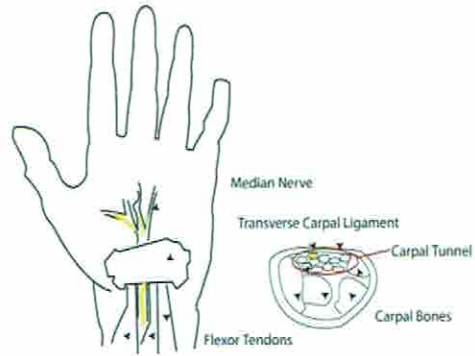
"Carpal" is a medical term that refers to the wrist area. The carpal tunnel is a tunnel on the front of the wrist formed by bones at the back and a thick ligament on the front, which forms a roof over the tunnel. (See Fig.1) Sitting in the tunnel are the tendons (guiders) that bend the fingers and the thumb. On top of these tendons, but under the thick ligament, lies a large nerve called the median nerve. This large nerve causes the thumb to move away from the palm and also allows feeling in the thumb and the three fingers nearest to it (not the little finger).

Carpal tunnel syndrome is a collection of symptoms that you feel, and also various things that your doctor finds out by talking to you about your symptoms, and examining you. Rarely, you may be sent to have electrical tests done to see how well the nerves in your arm are working.

The usual symptoms involve pins and needles in the fingers and hand. These are often worst at night and may wake you up. Pins and needles may also be felt in the day. Some patients feel that the hands are becoming clumsy and weak.

Figure 1 Cross Section of the carpal tunnel

The Symptoms from the Carpal tunnel syndrome are caused by the large median nerve being squashed between the tendons in the carpal tunnel and the thick ligament forming the roof of the tunnel over the top of it. The squashing of the nerve reduces the blood flow around the nerve, which brings on the pins and needles.



This is the same reason that you get pins and needles if you sit or press on the area on your hand for a while. If the nerve is squashed for a very long time, then the nerve may become permanently damaged. This may cause constant pins and needles and loss of feeling. There may also be wasting of the muscles at the base of the thumb. The outcome of treatment in this case may not be as good.



## Treatment Options

Many people who are diagnosed with carpal tunnel syndrome go on to have surgery, but not all. For those with milder symptoms, those who do not wish to have surgery and particularly pregnant women, there are other options:

- 1) **Wrist splint.** A removable wrist splint may be worn, particularly at night to prevent the wrist bending during sleep. This may help the night time symptoms. There are very few risks from splintage. The main ones being that the symptoms do not improve.
- 2) **Injection** of local anaesthetic and corticosteroid into the mouth of the carpal tunnel. This is a quick injection that may be performed in clinic, particularly for people who have not had symptoms for very long, pregnant women, or to help diagnosis. The injection helps many people in these circumstances, at least temporarily. The risks of injection including flaring up of the symptoms within a year (very common), thinning and paleness of the skin at the injection site (rare), injury to the nerve (very rare), infection (very rare), and allergy (very rare).
- 3) Surgery. See Below.



## **What is the operation for Carpal Tunnel Syndrome?**

The operation for carpal tunnel syndrome is called Carpal Tunnel Decompression, and releases the pressure on the nerve by cutting the ligament that is squashing it. This allows better blood flow around the nerve, improving the symptoms.

## **When/where is the Operation Performed?**

We are aware of your importance of time and work commitments hence why we offer weekend operating timings and some weekday assessment sessions.

The procedures are performed in the state of art purpose built surgical suite in Askern Doncaster and in Mexborough at Highwoods Road in our brand new surgical Suite. There is free adequate parking available.

## **How is the operation performed?**

The operation will be done under a local anaesthetic (a numbing injection) with you awake. It usually takes between 10 and 15 minutes.

It is recommended that you wash your hands and nails thoroughly with soap and water before the operation. You will be given a gown to wear before the operation is carried out. You will be given the local anaesthetic injection by your surgeon where the intended cut will be made (See Fig. on next page ). It will feel like a bee sting initially. The injection does not numb your whole hand, only the bit where the operation is to take place. It is normal to feel some pushing and prodding during surgery but you should not feel any pain.

You will have a tourniquet placed around your upper arm. This will be blown up with air, when the operation starts, so that the wound does not bleed and the surgeon can see what he is doing. When it is blown up it will feel tight around the top of your arm, and when it is released, you will feel bad pins and needles in your hand, but this only lasts a few minutes.

## What happens after the operation?

After the operation, you will be required to sit and recover for a short period of 10-15 minutes, after which time you will be able to go home. You should keep your hand elevated at the level of your head to reduce swelling and bruising. You will have a large dressing or bandage on your hand. It is important to move your fingers and thumb after the operation to stop them stiffening. . Remove the dressing after 3 days to allow better movement, but keep the stitches covered and dry. Gentle exercise is encouraged.



## When should my stitches be taken out?

You should return to your doctor's surgery to have your stitches removed 10-12 days after the surgery. We suggest you should start massaging the scar with a moisturiser the day after stitch removal, provided that the skin has properly healed. Please note that the very top layer of skin is thick and dead, and it may appear that there is a small gap in the wound, simply due to this layer. This layer (Scab) does not heal back together and it may peel off to reveal well-healed skin beneath.

You may get back to driving once the stitches are removed.

You will be contacted after surgery to ensure that all is well, and asked some questions about your recovery.

## **How much time will I need off work?**

You should allow 2 to 4 weeks off work if you do sedentary work. If you are a manual worker, then you should allow 4 to weeks to recover. Heavy lifting should not be undertaken before 6 weeks.

Do not forget that you will not be able to use the hand that has been operated on fully for a short while after surgery, so make life easy for yourself at home by planning ahead, particularly if you are alone.

A Med 3 "sick note" (fit note) will be issued on the day of surgery for 4 weeks.

## **What are the risks of having this surgery?**

Generally, this procedure is considered to be very effective and low risk. However, some people may have problems. The commonest of these is tenderness of the scar, which is usually temporary and is helped by scar massage. It may take up to 6 months after the operation to completely go away. You will experience a reduction in the strength of your hand when gripping for up to 3 months after the surgery, but this will improve over this time. Other problems are swelling and stiffness of the hand, which if severe is called complex regional pain syndrome and is rare, particularly if the hand is effectively exercised. Infection is also rare. Occasionally the symptoms return after a period of time, and occasionally they do not completely disappear after the surgery, particularly if the nerve has been trapped for a very long time and there has been a degree of permanent nerve injury before the surgery has been carried out. Occasionally discomfort may be experienced for a few months on the side of the hand and very rarely the median nerve may be damaged by the surgery.

Rarely if the hand becomes very stiff after the surgery, you may be referred back to your GP to organise physiotherapy to help you. Occasionally, further surgery may be required to help some of the above problems.

## **"One-Handed phase"**

Do remember, you will not be able to use the hand that has been operated on fully for a short while after surgery. To make life easy for yourself at home plan ahead, particularly if you are alone at home or if you will be alone at home for long periods in the day. Get enough shopping in to last for a week or two after your surgery, as you will not be able to drive. Loosen the tight caps of jars (but don't forget the contents will go off more quickly). Ready-meals might be useful for a few days after surgery or do some cooking before and freeze it. If you live alone and elderly please discuss with Social Services to arrange support at home. Wear slip-on shoes so you don't have to tie laces etc. We recommend if your condition is bilateral i.e. in both hands, to have one hand operated at a time given above issues.

**Feedback:** As an organisation aiming for excellence, we are keen for feedback and would be grateful if you could spare a few minutes of your time for the feedback questionnaire.

### **Who can I contact if I have any more questions?**

If you have any concerns or want to find out some more information about this service, please contact us by using one of the options below and we will be happy to help you

**Telephone:** 0845 0344 760 (9am – 17.00 weekdays)

**In an emergency please contact your GP surgery or emergency doctor service**

**Fax:** 0845 0344 761

**Email:** [carpaltunnel@nhs.net](mailto:carpaltunnel@nhs.net)