

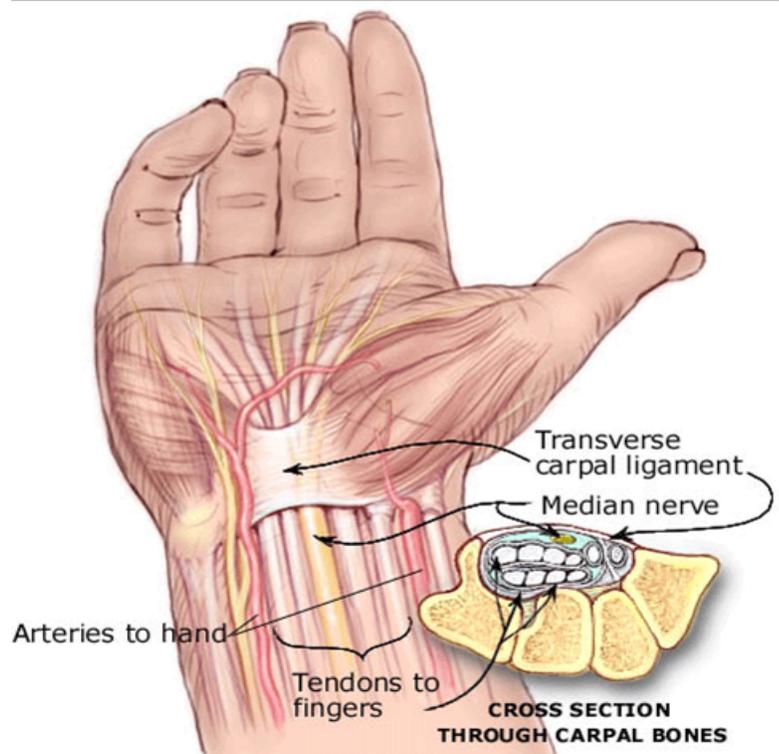
CARPAL TUNNEL SYNDROME (CTS)

Kane Anderson, MD

CTS is a condition brought on by increased pressure on the median nerve at the wrist. In effect, it is a pinched nerve at the wrist. Symptoms may include numbness, tingling, and pain in the arm, hand, and fingers. There is a space in the wrist called the carpal tunnel where the median nerve and nine tendons pass from the forearm into the hand. CTS happens when pressure builds up from swelling in this tunnel and puts pressure on the nerve. When the pressure from the swelling becomes great enough to disturb the way the nerve works, numbness, tingling, and pain may be felt in the hand and fingers.

Causes of CTS

Usually the cause is unknown. Pressure on the nerve can happen several ways: swelling of the lining of the flexor tendons, called tenosynovitis; joint dislocations, fractures, and arthritis can narrow the tunnel; and keeping the wrist bent for long periods of time. Thyroid conditions, rheumatoid arthritis, and diabetes also can be associated with carpal tunnel syndrome. There may be a combination of causes.



Signs & Symptoms

Often associated with pain, numbness, tingling, or a combination of the three. The numbness or tingling most often takes place in the thumb, index, middle, and ring fingers. The symptoms usually are felt during the night. Patients may sometimes notice a weaker grip, occasional clumsiness, and a tendency to drop things.

Diagnosing

It starts with a detailed medical history. An x-ray may be taken to check for the other causes of the complaints such as arthritis or a fracture. Electrodiagnostic studies (NCV—nerve conduction velocities and EMG—electromyogram) may be done to confirm the diagnosis of carpal tunnel syndrome as well as to check for other possible nerve problems.

Treatment Options:

CONSERVATIVE TREATMENT:

Common symptoms may improve without surgery. Identifying and treating medical conditions, changing the patterns of hand use, or keeping the wrist splinted in a straight position may help reduce pressure on the nerve. Wearing wrist splints at night may relieve the symptoms that interfere with sleep.

SURGICAL TREATMENT:

Surgery is the next treatment option for anyone who has had no resolution of symptoms with conservative therapy. Dr. Anderson offers minimally invasive and standard surgical treatment.

FAQs after Carpal Tunnel Release

What is the recovery from the surgery- A soft dressing after surgery can be removed after 2 days. Most people can return to light duty within a week. Over the next weeks the pain will subside and within 6-8 weeks grip strength is usually back to normal. Improvements in the numbness/tingling depend on severity but in general improvements are seen in this time as well.

How big is the incision- Dr. Anderson performs >95% of his surgeries minimally invasive with a small 1/2 inch (1-2cm) incision.

When can I drive- You may drive as soon as you can hold the wheel with two hands and are no longer requiring pain medication. Many patients can drive the day after surgery.

How long is the procedure- The procedure itself only takes about 10 minutes. Most patients have the surgery with a combination of mild sedation for their comfort and numbing medicine.

Minimally Invasive Endoscopic Carpal Tunnel Release:

When symptoms are severe or do not improve, surgery may be needed to make more room for the nerve. Pressure on the nerve is decreased by cutting the ligament that forms the roof (top) of the tunnel on the palm side of the hand. Following surgery, soreness around the incision may last for several weeks or months. The numbness and tingling usually resolves, but in severe cases may take many months and sometimes doesn't return to normal. It may take several months for strength in the hand and wrist to return to normal. Carpal tunnel symptoms may not completely go away after surgery, especially in severe cases.

