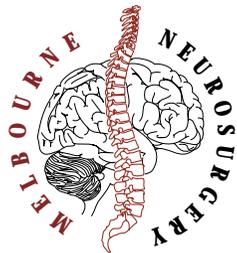


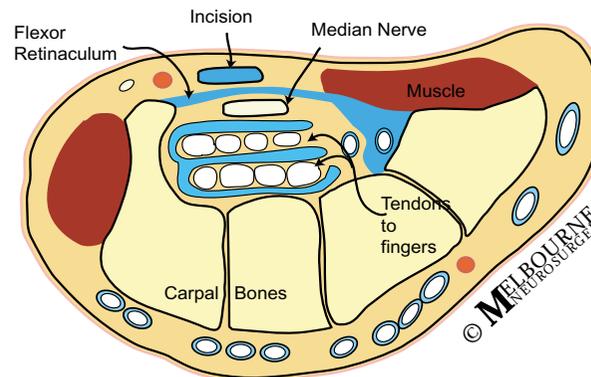
PROCEDURE INFORMATION

CARPAL TUNNEL DECOMPRESSION



WHAT IS CARPAL TUNNEL SYNDROME ?

CARPAL TUNNEL SYNDROME is where the nerve that runs through the wrist to the hand is compressed. This nerve is called the median nerve. It supplies the sensation to part of the hand and impulses to drive some of the muscles in the hand. The nerve runs under a ligament called the flexor retinaculum. This ligament binds the bones of the wrist (carpal bones) together and with them forms a tunnel.



CROSS SECTION THROUGH WRIST

WHAT ARE THE COMMON SYMPTOMS ?

1. Numbness in the fingers
2. Pain in the fingers
3. Weakness in some functions of the hand.
4. Symptoms worse at night.
5. Symptoms worse when the wrist is held at certain positions such as when using a computer or driving.

WHAT CAUSES IT ?

1. Arthritis of the wrist bones
2. Thickening of the ligament over the nerve.
3. Hormone disorders such as acromegaly or diabetes
4. Often there is no specific cause.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have bleeding disorder
Any Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti-inflammatory
Drug or other allergies

WHAT ARE THE REASONS FOR HAVING AN OPERATION ?

The commonest reason is that the symptoms in your hand/s have been causing significant discomfort or that you have been getting worse. Usually non operative therapy has failed.

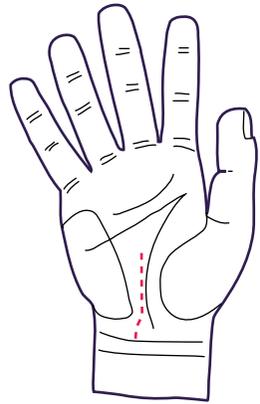
HOW DO YOU DIAGNOSE CARPAL TUNNEL SYNDROME ?

Your local doctor will usually make the diagnosis based on the symptoms that you are complaining of. He may send you for special electrical tests on the nerves in your arm called Nerve Conduction Studies. If the nerve is affected then it takes longer for the impulses to cross the wrist and they are dampened as they cross. The test will confirm the diagnosis. Some people will have symptoms in both hand but one is usually worse than the other. If he does not send you for the test he will send you to a neurologist or a neurosurgeon for an opinion. The neurosurgeon sends you to a Neurologists to perform the test.

WHAT OPERATION IS PERFORMED ?

The operation is called a Carpal Tunnel Decompression. It can either be performed under a local or general anaesthetic. You may be admitted as a day patient and go home after the operation or be admitted the day before. Regardless of the type of anaesthetic, you will not be able to eat or drink from midnight before the operation.

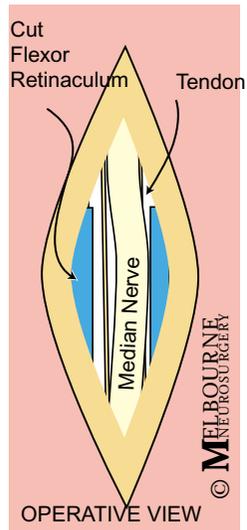
HOW IS THE OPERATION PERFORMED?



Before we start we will confirm the hand to be operated on and draw on the incision.

If it is under local then this will be injected into the wound at this time (a sedative is given by the anaesthetist to help the operation pass).

If under general anaesthetic you will go off to sleep after this. The incision is then washed with antiseptic solution and the arm is covered with drapes to leave only the area of the incision exposed.



The surgeon cuts through the skin and fat down to the first layer. He will then cut through the flexor retinaculum with a sharp blade. The decompression will be well beyond the incision on your hand. It extends into the palm and into the forearm.

The surgeon then makes sure all the bleeding has stopped and sews the skin and the layer underneath back together. The wound is covered with a dressing and crepe bandage. A further wad of cotton wool and crepe are used to cover the first dressing.

You will then go to recovery.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/limb strengths and sensation looking for any changes to indicate a complication. You will probably only need oral analgesia . We will encourage you to keep your hand elevated. Most people will be able to go home the same day. It is important that some-one drives you home afterwards

The sutures are usually removed about 7 - 12 days after the surgery.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

1. Increasing Pain in the wound/wrist.
2. Fever
3. Swelling or infection in the wound.
4. Increasing or new onset weakness or numbness in the hand or fingers

WHAT HAPPENS WHEN YOU GO HOME ?

1. The covering bandage can be removed the next day. The other dressing should be changed daily from the second day or if it gets wet.
2. You will have an early follow-up appointment to have your wound reviewed.
3. You are encouraged to try to keep the hand elevated and to use it as much as possible.
4. You must not lift anything heavy with the hand until told you can do so by your surgeon
5. Sometimes you will need hand Physiotherapy.
6. It is important to keep the hand dry.
7. Your doctor will discuss driving and return to work with you.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Infection (treated with antibiotics)
Post operative blood clot requiring drainage.
Nerve damage
Wrist pain.
Scar in wound area.
Failure of symptoms to improve.

WILL YOUR SYMPTOMS GET BETTER ?

In the great majority of cases YES

If the nerve is badly damaged then recovery may be slow or not at all

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS . IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

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