

CARPAL TUNNEL SYNDROME

General Comments:

Carpal tunnel syndrome is a compression of the median nerve at the wrist, resulting in numbness and tingling in the thumb, index and middle fingers. Patients who have failed conservative therapy and have Nerve Conduction Velocities documenting sensory or motor neuropathy are candidates for a carpal tunnel release. Postoperative recovery is affected by the degree of neuropathy the patient has pre-operatively. More advanced severe cases of carpal tunnel syndrome, are expected to have significant improvement in their symptoms and function; however, will have a more protracted course of recovery and may not regain normal function of the hand. The typical patient with mild to moderate carpal tunnel syndrome is expected to recover fully and return to work with no restrictions.

Day of Surgery:

Carpal tunnel release is performed under local anesthesia as an out patient surgery. Patients are placed in a light dressing immediately post-op. They are encouraged to do active range of motion to their fingers and use their hands for light activities of daily living. Lifting greater than 1 pound is not permitted. Patients are allowed to remove their dressing 24 to 48 hours after surgery. The wound is covered with a band aid and the wound is left dry.

First Post-Op Visit (4-6 days):

Patient is seen for wound check after surgery. Return to work with restrictions given of no lifting, pushing, pulling and limited grasping with the operative hand.

Second Post-Op Visit (15-17 days):

Sutures are removed at this point. The patients are referred to physical therapy if they will be returning to a labor occupation requiring lifting or frequent gripping. Patients returning to more sedentary occupations may be treated with a home therapy program. Initial therapy goals are to control edema, initiate scar massage and scar desensitization and then progressive strengthening is begun.

Third Post-Op Visit (5-6 weeks):

Patients should have achieved full range of motion of their fingers. There should be minimal hand swelling at this stage. Scar tenderness and indurations around the scar is still commonly expected at this phase. More aggressive strengthening is to be initiated with the anticipation that the patient will achieve full grip strength at 12 weeks. Patients performing labor occupations frequently can return to work at this phase, but will require some lifting restrictions and job modifications.

Fourth Post-Op (10-12 weeks):

All therapy goals should be met at this phase with range of motion of the fingers with restoration of normal grip and pinch strength. Scar tenderness should be minimal. All patients are released to full duty at this phase and maximum medical improvement is expected at 12 weeks.