

Your Carpal Tunnel Decompression at The Royal Bournemouth Hospital



This leaflet from the Orthopaedic Directorate has been designed to answer any questions you may have

Please bring this booklet into the hospital with you

Introduction:

This booklet tells you about having a carpal tunnel decompression at the Royal Bournemouth Hospital. It is intended to be for patients who have decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits, so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedic Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

This guide book belongs to:

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Your orthopaedic consultant is:

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Appointment Dates:

Surgery:

Follow up:

Other:

Goals:

1:

2:

3:

We encourage your questions and enquiries;
please write them here to ask at your next meeting

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Educational information

What is this operation for?

A carpal tunnel decompression (or release) is commonly performed if you suffer from hand pain, tingling or numbness, which has not improved with other treatments.

The Carpal Tunnel is an area in the wrist made from bones and soft tissues. One of the nerves to the hand passes through this tunnel. There are many things that can cause the space in this tunnel to become smaller which can put pressure on the nerve. This compression can result in your symptoms, and the surgery aims to stop the compression.

Understanding Risk

Where we discuss risk with you we will use the following terms:

Term	People Affected	Equivalent
Very Common	More than 1 in 10	A person in a family
Common	Between 1 in 10 and 1 in 100	A person in a street
Uncommon	Between 1 in 100 and 1 in 1,000	A person in a village
Rare	Between 1 in 1,000 and 1 in 10,000	A person in a small town
Very Rare	Fewer than 1 in 10,000	A person in a large town

Risks of surgery

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. A member of your consultant's team will have discussed these risks with you prior to listing you for surgery.

Very Common Common

- Scarring

- Stiffness
- Bruising or bleeding
- Wound sensitivity
- Pain
- Swelling

Uncommon

- Re-occurrence
- Infection

Rare

- Side effects from local anaesthetic such as dizziness, headaches, blurred vision, continuing numbness, weakness or pins and needles
- Failure to resolve symptoms
- Poor wound healing
- Nerve damage
- Complex regional pain syndrome (CRPS)

Before your surgery

Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to assist with your recovery.

Planning ahead

It is important to plan and make arrangements for how you will manage once home. Stocking up your freezer with easy cook items is advised (particularly if you live alone and your dominant hand is being operated on), as you may find it difficult to do shopping and prepare meals initially. If you have family or friends who can stay with you or visit regularly this may make your recovery easier, both for helping with household tasks and moral support, particularly in the first two weeks.

Sometimes people like to do some jobs at home such as gardening just before coming into hospital, as their hand will be out of action for a few weeks. Please be very careful not to get any cuts as any an open wound increases the risk of infection and your surgery would have to be cancelled.

Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your GP for advice and services available.

Weight management

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your GP for advice and services available.

Cancellation

If you are unable to attend your date for surgery, please contact us immediately so that we can offer this to another patient.

Arriving for your surgery

Day of surgery

Eating and drinking:

Most carpal tunnel decompressions are done under a local anaesthetic meaning you may continue to eat and drink normally; however, we suggest that you eat light meals on the day.

You should continue to take your normal medication unless you have been advised not to.

Arrival:

You will come into hospital on the same day as your operation. You will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery. Most carpal tunnel decompressions are performed as day surgeries and will be able to go home on the day of the operation.

Please note the time you are instructed to arrive at hospital is not the time your operation will take place. It is necessary for you to come a few hours before the time of your operation so that you can be admitted and prepared for surgery.

When you arrive at the Sandbourne Admissions Suite a nurse will check you in. You may also be visited by the surgeon and anaesthetist before your operation. You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff.

Your surgery

Anaesthetic

A carpal tunnel decompression is usually performed under a local anaesthetic. As a result you may have a numb hand for several hours following surgery. This will gradually wear off, the feeling and movement will slowly return to your hand.

Surgical Procedure

A small incision (cut) is made on the palm side of the wrist. The surgeon will carefully release some of the tissues which cover the top of the carpal tunnel to create more space.

Closure and dressing

Once the surgery is finished the small incision will be closed with stitches and covered with a small dressing. A large wool and crepe bandage will be wrapped around the hand and wrist. Your hand and forearm will be in a sling when you return from theatre.

After your surgery

Nursing

After the operation your nurse will let you rest for a short while. If you are uncomfortable let the nursing staff know so they can provide you with painkillers. You may feel quite tired after the operation. It is important that you rest as required and also eat and drink regularly.

Physiotherapy

Following the operation, you should begin to do the exercises described below as soon as possible. You should continue with these until your hand and wrist has fully recovered.

Exercise 1.

Make a tight fist then open up your fingers as much as the bandage allows. Repeat this 10 times every woken hour. Remember to include your thumb.

Exercise 2.

Bend and straighten your elbow, and reach above your head several times throughout the day.

You should elevate your hand as much as possible to help minimise swelling.

What happens when I go home?

Dressings

The bandage may become slightly blood stained; this is to be expected and should not be cause for concern. The bulky bandage should be left on for two weeks; you should not get these dressings or the wound wet.

Wound Review

You will need your wound reviewed around 2 weeks after your operation. This is normally done in the nurse-led orthopaedic clinic at the hospital. This appointment will be made for you. You should receive the appointment in the post after you have been discharged from hospital. At this appointment you will have your stitches removed and they will check how you are progressing. Occasionally this follow up may be done at your own GP practice, the nurse will tell you this on the day of surgery.

Outpatient Hand Therapy

Following your carpal tunnel decompression you do not normally require outpatient therapy. If your progress is slower than expected or your scar is causing particular discomfort you may be referred to the hand therapy team for further input.

Your carpal tunnel symptoms may not resolve immediately after the operation. It often takes a few weeks, sometimes months before the nerve recovers from being compressed.

Managing everyday activities

Before you come into hospital think about and practice how you will manage everyday tasks when you return home after your operation using the non-operated hand. Examples of activities which you may find difficult are:

Mobility: If you currently use a walking aid in the hand which is being operated, you need to consider whether you could use it in the other hand or whether an alternative walking aid may be required. You may need to discuss this with the physiotherapist on your admission.

Transfers: Getting on/off your bed, toilet and chairs. If you are struggling to sit or stand from any furniture at present (due to other medical conditions) please consider how you will manage one handed after your operation. Equipment to help you can be supplied by your local Red Cross.

Personal Care: Getting washed and dressed is usually manageable following your operation as your fingers will be free to do up buttons, zips etc.

Expectations

Only return to your usual activities when you feel ready and comfortable. Most people are back to normal activities three weeks after surgery. Avoid repetitive activities such as typing or activities which involve gripping for the first few weeks. You may have some discomfort and swelling around the wrist. This is to be expected. Continue to take your painkillers as advised by the nursing staff.

When can I drive again?

You will be wearing your bulky dressings for two weeks post operatively; therefore you will be unable to drive during this time. Following removal of these dressings you must feel that you are confident and comfortable to be in full control of the car. You should also check your insurance policy as you may need to inform your insurer of your operation.

When can I return to work?

Most people are able to return to work within three to six weeks of surgery. If you have a more manual job then you may need some extra time off.

When can I return to leisure activities?

Most people should be able to return to their sports and hobbies as they feel comfortable. Racket sports should not be started too soon. Speak with your surgeon if you need any further information.

Frequently asked questions

If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation. Use the notes section at the front of this leaflet to note down these questions and any instructions given to you by your surgeon or hand therapist.

What should I bring with me to hospital?

What to bring

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful Contacts

Royal Bournemouth Switchboard: **01202 303626**

Sandbourne Suite: **0300 019 6104** (Mon - Fri - 8am to 9pm)

Pre-Admission Assessment Dept.: **0300 019 4102** (Mon - Fri - 8.30am to 4.30pm)

Orthopaedic Admissions Dept.: **0300 019 4919** Option 2 (Mon - Fri - 9am to 4pm)

Hand Therapy RBCH: **0300 019 4418** (Mon - Fri - 8am to 5pm)

Poole: **0300 019 2121** (Mon - Fri - 8am to 5pm)

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Date: **June 2021** Version: **One** Review date: **June 2024** Ref: **358/21**

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