

# **Carpal Tunnel Surgery**

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When conservative measures fail, surgery is also an option for a carpal tunnel syndrome with success rates in the 85% to 95% range. Surgery is done on an outpatient basis under a local anesthetic. I do it with the anesthesiologist present, who can let you be as awake as you want or you could also be somewhat sleepy. In most cases, the surgery takes under 10 minutes and it involves a small incision in the middle of the palm to release the ligament over the nerve. After surgery, you will be in a bulky dressing for two days after surgery. Then, you will see the therapist who will remove the dressing, place a lighter dressing, and begin an exercise program. Approximately one week after the surgery, you will see me for suture removal. At that time, you can let the incision get wet and begin wrist exercises.

Most of the surgery I do is performed on an outpatient basis. I operate at Saint Raphael's Hospital, Temple Surgical Center, Shoreline Surgery Center, Milford Hospital and Yale. My secretary organizes my surgical schedule and will find the location that works best for the surgery. I feel equally comfortable at all facilities. If you have any questions, please talk to me or my staff.

To assure your understanding, I recommend a preoperative appointment to discuss the surgery, risks and benefits and answer any questions. You will also see me the day of surgery. If any questions come up, we will answer them then. Though the surgery is quite safe, there are some inherent risks. Please see the surgery section. These risks include the risk of anesthesia, infection, nerve, vessel, or tendon injury, stiffness, and pain. Usually, surgery goes very well and the success rate is high but unfortunately, the results of surgery cannot be guaranteed.

For five to seven days before surgery, you should stop taking Aspirin or anti-inflammatories such as Advil, Aleve, or Motrin unless recommended otherwise by your primary care doctor or cardiologist. These medications can prolong your bleeding and can lead to complications. If it is medically safe, you should avoid these medications, Tylenol (Acetaminophen) is usually okay. Unfortunately, the surgical facilities do not tell me until the day before what time your surgery will be. Though you can request the specific time for surgery, unfortunately, this is usually outside of our control. The facility will call you the day before surgery, tell you where and when to come and will give the details.

**Surgery:** As with any surgical procedure, you should not have to eat or drink after midnight the night before; this includes coffee, orange juice or even water in the morning. For most surgeries, daily medications prescribed by your regular physician can be taken with a sip of water, but please discuss this with me and my staff if you have any questions.

Most patients will receive an intravenous dosage of an antibiotic at the time of surgery; this does keep the risk of infection under 1%. These procedures are considered "clean" procedures and if you have artificial joints or heart valves, the antibiotic given at surgery will generally suffice, unless the surgeon who implanted your device has told you otherwise, please let us know.

The day of surgery, you will have a very large bulky dressing that looks like a boxing glove. Please wear a loose-fitting garment since the dressing is big, to help control swelling. In most cases, the therapist will remove it in two days, and you will be placed in a smaller dressing to. For a complex surgery, the dressing may stay on up to 10 days, but this will be clearly noted in your postoperative appointment cards. When you leave surgery, you will have a packet that includes a prescription for pain medication, two appointment cards; one to see the therapist for the dressing and the second to see me for your postoperative check. You will also be given a series of instruction sheets that is also included in this website, postoperative instructions.

Two days after surgery, I encourage you to return as quickly as you can to normal activities using your fingers and a week later, the wrist. Most people ask "how long does it take to recuperate after the surgery?" There is no hard and fast answer. As I mentioned, two days after the surgery, you should begin moving your fingers and a week later, your wrist. I encourage you to return to normal activities as quickly as you can, progressively use the hand more and more every day. Driving is fine once you feel you have control of the car and you are off narcotic medications. Keyboarding is fine as soon as you start to get comfortable; heavy lifting usually takes three to four weeks.

The surgery is successful in most cases. There are risks included, but are not limited to the risk of anesthesia, infection, nerve, vessel, or tendon injury, recurrent scar tissue, pain, reflex sympathetic dystrophy, (abnormal pain output); these complications occur less than 5% of the time.

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