

The transverse carpal ligament that is the roof of the carpal tunnel is then cut. Once this ligament is cut, the space in the carpal tunnel is increased and the nerve is less likely to be constricted by surrounding structures. After surgery, the pain associated with the numbness and nighttime awakenings go away rather quickly. The numbness takes longer to resolve, and depending on its severity, may not resolve completely.

The operation is performed on an outpatient basis in the hospital or at an ambulatory surgical center. Various types of sedative and local anesthetics are used according to your surgeon's and anesthesiologist's preference to make you relaxed and comfortable during the operation. Skin sutures are used to close the wound and a soft dressing is applied to the hand. The procedure generally takes no more than 20 minutes. After surgery, the patient is permitted to move the fingers and thumb freely. The only important restriction is not getting the incision wet for the first seven to 10 days. While patients should avoid heaving lifting for 4 weeks following the surgery, most patients are free to return to work as early as a few days after the operation if they have a job that permits it.

### **Preparing for Surgery**

Once you decide to have surgery, the physician and his staff will schedule the procedure at the local hospital or surgery center. Blood tests and other diagnostic exams are occasionally obtained to make sure the patient is safe for surgery. If you have multiple or severe medical conditions, you may see your primary care doctor prior to surgery. You are instructed to have nothing to eat after midnight the day before their surgery. Anti-inflammatory medication, such as ibuprofen and aspirin, should be stopped 7 days prior to surgery. It would be preferable to temporarily discontinue blood thinning medication, such as Coumadin or Plavix, but this should only be done under the strict direction of your physician. In addition, certain medications for rheumatoid arthritis may need to be stopped as well. Your surgeon will go over your medication list and let you know which medications will need to be stopped.

### **What to Expect at Surgery**

Expect to arrive at the hospital or surgery center at least 1-2 hours prior to your actual surgery time. This gives the staff time to meet you, get all your paperwork in order, and make sure you are safe and ready for surgery. You will meet many different people on the day of surgery. A preoperative nurse will get you dressed and ready for surgery. The anesthesiologist will discuss the different options available to help you sleep comfortably and pain-free during the actual surgery. The circulating nurse and scrub technician assist the surgeon during the procedure. Finally, the postoperative nurse will help you recover from the anesthesia after the surgery. Depending on the type of anesthesia you receive, you may be in the postoperative care area from anywhere from a half hour to three hours after your procedure. A friend or relative will need to drive you home after you are released from the postoperative care unit. Friends or relatives waiting for you should be aware that your discharge time may be unpredictable and a longer stay in the postoperative recovery area does not necessarily mean there is a problem.

### **Care After Surgery**

You are encouraged to move your fingers postoperatively as fully as possible beginning immediately after surgery. You will be instructed to keep the dressing clean and dry. The surgical dressing will remain in place until you see your surgeon back in the office, generally within 7-14 days after surgery. You are able to shower by placing a plastic bag over the dressing with tape or a rubber band. If you have had an endoscopic release, you may have a very small plastic dressing over the wrist only. If this is the case, you can shower directly over the top of this. At your first postoperative appointment the sutures are usually removed. Formal therapy is not usually necessary.

## Possible Complications and Instructions

1. Infection is usually rare for this procedure but can occur. Common signs of infection include increasing pain after surgery, increased redness around the incision, swelling, and drainage. Patients may have fever or chills as well. If you experience any of these symptoms, contact your surgeon immediately. If you are unable to see your doctor, go to the emergency room.
2. Numbness or stinging or burning pain can still be present after the procedure especially if you had severe symptoms preoperatively. Occasionally the numbness and tingling does not resolve.
3. Despite this procedure being touted as a uniformly satisfying procedure, complete pain relief may not be achieved. Each patient is different, and your surgeon will explain the nuances of your particular situation.
4. Tenderness and hypersensitivity over the scars are possible. This may be temporary or, less likely, permanent.
5. The length of time for full recovery can vary. Patient should expect at least 4 weeks for recovery. However, it is not uncommon for patients to continue to improve up to 12months postoperatively.

## Questions

The CORE Institute is dedicated to your outcome. If any questions or concerns arise, please call The CORE Institute at 1.866.974.2673.