

Patient Information for Consent

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OS05 Carpal Tunnel Release

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly your healthcare team will have the most up-to-date information.

What is carpal tunnel syndrome?

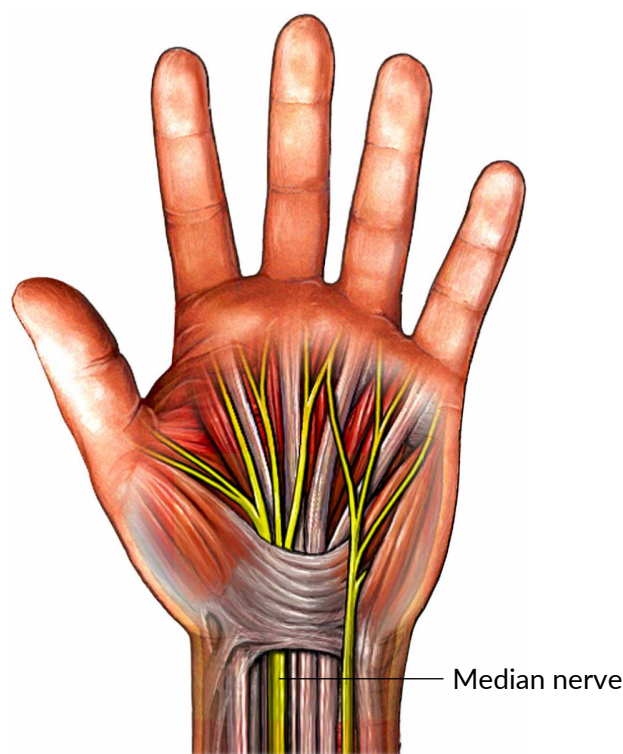
Carpal tunnel syndrome is a condition where there is increased pressure on a nerve that crosses the front of your wrist (the median nerve).

Your surgeon has recommended an operation called a carpal tunnel release. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does carpal tunnel syndrome happen?

The median nerve runs through a tight tunnel on the front of your wrist, together with the tendons that bend your fingers.



The carpal tunnel

If the tunnel becomes too tight it can cause pressure on the nerve, usually resulting in pain or numbness in the thumb, index and middle fingers. The symptoms are often worse at night.

If your symptoms are less typical, your surgeon may recommend further tests to confirm the diagnosis.

Carpal tunnel syndrome is more common in women than men and is sometimes associated with arthritis, obesity, pregnancy, wrist fractures, diabetes or thyroid problems. However, for most people there is no particular cause.

What are the benefits of surgery?

You should get relief from pain and numbness in your hand.

Are there any alternatives to surgery?

If your symptoms are mild, a wrist support worn at night often helps.

A steroid injection near the carpal tunnel can reduce the numbness or pain in most people but the symptoms usually come back after several weeks or months.

If the symptoms are severe or these simple treatments have failed, surgery is usually recommended.

What will happen if I decide not to have the operation?

Symptoms may improve if there is an underlying cause that is treated. In those people with no underlying cause, symptoms usually continue but can get better or worse for no known reason.

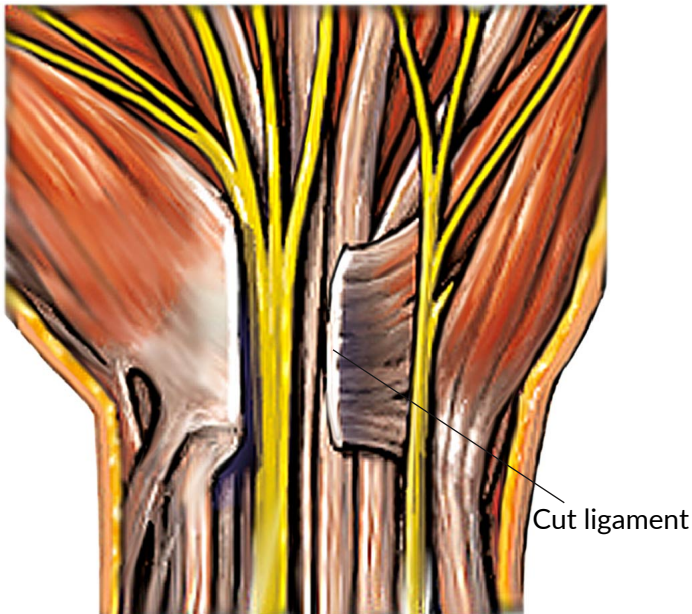
If the compression of the nerve is severe and you do not have any treatment for a long time, the nerve may become permanently damaged. This makes some of the muscles at the base of your thumb waste away and you may get permanent numbness in your hand. A carpal tunnel release operation at this stage may not be able to put right the damage already done.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation can usually be performed under a local anaesthetic and usually takes about 20 minutes.

Your surgeon will make a small cut on the palm of your hand. They will cut the tight ligament (the flexor retinaculum) that forms the roof of the carpal tunnel. This stops the nerve being compressed.



Carpal tunnel release

Your surgeon will close your skin with stitches.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your surgeon or anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The cut is usually small and not too painful once the anaesthetic has worn off. The healthcare team will give you medication to control the pain.
- Bleeding during or after the operation. This is not usually serious but can cause a painful swelling (haematoma) that takes 1 to 2 weeks to settle.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Scarring of your skin. As the cut lies in one of your skin creases, the scar usually becomes almost invisible over time.
- Infection of the surgical site (wound) (risk: less than 1 in 20). It is usually safe to shower after 2 days if you keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.

Specific complications of this operation

- Numbness in your thumb, index and middle fingers caused by damage to the median nerve or one of its branches during the operation. This can be temporary (risk: 1 in 100) or permanent (risk: 1 in 600).
- Tenderness of the scar is common for 6 weeks and usually gets better. It can be a permanent problem (risk: less than 1 in 20).
- Aching in your wrist when using your hand (risk: 1 in 25). This usually settles with time.
- Return of numbness and pain caused by scar tissue that forms (risk: 1 in 17). You may need another operation to release the nerve again.
- Severe pain, stiffness and loss of use of your hand (complex regional pain syndrome). The cause is not known. You may need further treatment including painkillers and physiotherapy. Your hand can take months or years to improve. Sometimes there is permanent pain and stiffness.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will have a bandage on your hand and may need to wear a sling.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Your surgeon will tell you when you can return to normal activities. Keep your hand raised and bandaged for 2 days. It is important to gently exercise your fingers, elbow and shoulder to prevent stiffness.

After 2 days the dressing can be reduced but keep your wound clean and dry until any stitches come out. The healthcare team will tell you if you need to have any stitches removed.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

For 3 in 4 people, symptoms of carpal tunnel syndrome improve quickly. However, recovery can be slower or less complete because of damage caused by pressure on the nerve before the operation.

Your symptoms may continue to improve for up to 6 months. If you had wasting of the muscle at the base of the thumb before the operation, this is less likely to get better. However, the operation should improve the pain and will prevent further damage to the nerve.

The operation is a success in 7 in 8 people.

Summary

Carpal tunnel syndrome causes numbness in your thumb, index and middle fingers. A carpal tunnel release should improve your symptoms and prevent permanent nerve damage.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Tim Davis (ChM, FRCS)

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