

POST OPERATIVE INSTRUCTIONS after CARPAL TUNNEL SURGERY

Carpal tunnel syndrome is a disorder of the hand which can result in characteristic symptoms of waking at night with pain and tingling (usually the thumb, index and middle fingers), loss of feeling in the hand, clumsiness and difficulty with manual activities.

Description of Carpal Tunnel Syndrome

The carpal tunnel is a narrow tunnel formed by the bones and ligaments of the wrist through which the nerves and tendons pass from the forearm to the hand. If the tendon linings become inflamed and swell, this can compress the main nerve of the hand (the median nerve) causing symptoms. This condition affects many people including labourers, typists, pregnant women and retired people alike. In most cases there is no obvious cause for the problem.

Treatment

Initial treatment can consist of splintage, therapy and in some cases a steroid injection. Definitive treatment is with surgical release of the carpal tunnel as a day-stay procedure.

My preference is to perform this surgery under local anesthetic after the anaesthetist has given you some intravenous sedation. It can be done under local anaesthetic only (injection into the operative area) or general anaesthetic (fully asleep), depending on requirements. You will need to remain nil by mouth (no food or drink) for six hours prior to surgery if you are having sedation or a general anaesthetic.

Dressings

Your hand will be bandaged with a padded crepe following your surgery. If you wish to take a shower, tape a plastic bag over your bandage and hold well above your head to prevent water dripping inside your dressing. These dressings can be changed by a Hand Therapist, a nurse or your GP 4-5 days following surgery. I encourage you to wash your hand and clean the wound with antibacterial liquid soap under supervision at your first dressing change. My preference for the second dressing is to replace the original dressing with a less bulky one using Primapore/Cutiplast/Tegaderm or similar and a double Tubigrip. This dressing can be changed a week later and replaced with Hypafix/Mefix dressing and a double thickness Tubigrip. You will only need dressings for the first two weeks or so until primary healing has occurred.

Stitches

I use a resorbable suture which may be removed after a 7 to 10 days or can be left to dissolve spontaneously after three or four weeks.

I recommend massaging the area with moisturising lotion or a Vitamin A / Vitamin E cream to help with scar tenderness and thickening.

Smoking:

Cigarette smoking (even just one or two!) can affect your healing and rate of complications. We therefore strongly recommend that you do not smoke for one month after your surgery.

Medication:

Continue to use your medication as instructed.

Aspirin: If you are taking aspirin under your doctor's orders (e.g. you have previously had a blood clot, stroke, heart attack, etc) it is preferable that you continue taking your aspirin. Otherwise you should avoid medicines containing aspirin for four days after surgery.

Vitamin E: You should avoid medicines containing vitamin E for four weeks after surgery.

Alcohol:

Do not drink any alcohol (beer, wine, spirits) for one week after surgery.

Food and Fluids:

You may be constipated so have light meals with plenty of fluids (preferably 6-8 glasses of water per day). Eat ample fresh fruit and vegetables. To reduce fluid retention, avoid salty foods.

Activity

I generally encourage gentle movements of the fingers within the dressing for the first few days. Keep your hand in the sling for the first 48-72 hours to ensure elevation and optimise oedema control. Early movement is crucial to a good recovery and I will specify to you if you are to limit this mobilisation in any way. I may suggest an appointment with the Hand therapists to supervise your rehabilitation.

You should be able to use your hand for eating, dressing and attending to hygiene needs straight after your operation. Please sleep with your hand elevated on a pillow beside you for the first week (at least) following surgery.

Driving

It is generally considered unsafe to drive with dressings in place. Your ability to drive safely will be determined by numerous factors relating your car and also your surgery. As a general rule, expect at least a week off driving.

Pain

Pain is not usually a feature following this surgery. Many people volunteer that they sleep better the first night after carpal tunnel release than they have for a long time prior to surgery. I use a long acting (8-12 hour) local anaesthetic that can leave parts (or the whole) of the hand numb after surgery. This usually resolves fully overnight but not uncommonly can continue, in part or completely, for several days. I suggest you do take regular pain relief as discussed with the anaesthetist. We generally use a combination of an anti-inflammatory agent with other oral analgesia. Please advise of any health issues you may have (particularly gastritis or stomach ulcer) which can influence the safest and most effective analgesia prescription.

Recovery

Generally speaking, carpal tunnel release is very successful surgery with a reliable outcome if pain is your only symptom. If there has been a long standing compression of the nerve with altered nerve function (numbness or weakness) your recovery may not be fully guaranteed. In these instances return of function is largely determined by the degree of compression and for how long the nerve was compressed.

Work

Your return to work will be largely determined by what you do with your hands at your place of work and whether the operation was to your dominant hand. A return to clerical duties can occur within days of surgery whereas it can be several weeks before returning to a manual job. Full strength and dexterity will not return until 3-6 months after surgery. If your surgery is under ACC, they may arrange a workplace assessment for you to assess the extent of your disability and also to determine if there are any lighter duties you can undertake. Please liaise with your case manager directly regarding this.

ACC Paperwork (if applicable)

This is needed to give to your employer and ACC so the appropriate wage compensation can be granted. It is preferable to have this form filled in ahead of time based around the proposed date of surgery and ideally this is done at your pre-op consultation. At the very least **please ensure you have the ACC18 form filled before leaving the hospital**. Your GP or primary care provider is able to complete any ACC documentation including dates of surgery and proposed return to work schedules. I am only a phone call away from your health provider should any further information be required.

Please have your ACC details — ACC no, date of injury and site of injury available at any clinic appointments.

Follow-Up

Your initial follow-up will be with the Hand Therapists, your family doctor/nurse or a White Cross clinic. The first appointment is usually 4-5 days following surgery. I usually like to check on your progress six weeks after surgery, to ensure that all is well and complete any final ACC paperwork.

For 'Middlemore' patients: Please see your GP for initial change of dressing and contact Module 9 at MSC (Manukau Super Clinic) for follow-up anytime from 2-8 weeks following your surgery to see either me or one of my registrars.

Your Follow-Up Schedule:

Please make follow-up appointments at the following clinics as marked:

Clinic	Phone	Week
Handworks Therapy	529-7461	
Hands On Rehab Takapuna	486 1501	
Hands On Rehab Albany	415 9101	
Hands Out West	838 6510	
Ponsonby WHITE CROSS	376 5555	
Baycare WHITE CROSS	521 8888	
Takapuna Hand Therapy	446 6239	
Torbay Physiotherapy & Hand Clinic	473 0333	
Moving Hands	09 294 8004	
9 St Marks Rd	529 2029	
Manukau Super Clinic (Module 9)	276 0044 (ext 4609)	
Manukau Hand Therapy	276 0290	

For: Change of dressing / Fitting of cast / Fitting of splint / Removal of sutures
Please call me immediately on 529 2029 or 021 327 464 (after hours)
or contact your doctor or local emergency clinic in the event of:

Increased pain/swelling/bruising
Change of colour of any of your digits
Bleeding/discharge/offensive odour
Any sudden loss of movement in your hand

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