



Endoscopic Carpal Tunnel Release Post-operative Instructions

**Mustafa A. Haque, MD
Hand and Upper Extremity Surgery
CAO - Summit Orthopedics Division
(301) 657-9876**

The Surgery

Your endoscopic carpal tunnel release surgery is an outpatient procedure that will be done in a formal operating room. After checking into our registration desk, you will be taken to a preoperative holding area where you will change into a gown, meet with your surgeon, your anesthesia staff, nurses, and other members of our team to evaluate you and prepare you for the procedure. You will then be taken to the operating room. The surgery is typically performed under a type of local anesthesia with sedation through an IV to make you more relaxed. Because of the sedation, it is very important that you have nothing to eat or drink after midnight the evening prior to surgery. You will also need to have someone else drive you home. If you are unable to meet these two needs, your surgery may have to be cancelled and rescheduled for another date.

In the operating room, the OR staff will require about fifteen minutes to anesthetize, prep, and drape your arm. After this, the surgery itself will take less than half an hour. During the operation, a two-inch transverse incision will be made in your wrist crease to release the carpal tunnel and some fibrous tissue in the forearm just above the wrist. Your nerve will be fully freed from compression, then the incision will be closed with nylon stitches. I usually inject the wound with a long-acting local anesthetic to give you an additional few hours of pain relief. A bulky dressing is placed on the hand and wrist, and you will be taken back to the preoperative holding area for recovery. Once you are comfortable and can drink clear fluids, you may go home.

Post-operative Protocol and Instructions

The first week

For the first few days, you should elevate and rest your hand as much as possible. Feel free to move your fingers, but it may cause some wrist and hand pain. Light typing or writing for no more than ten minutes at a time is allowed, but if it causes pain you should discontinue. You may not lift anything heavier than a cup of coffee with your surgical hand. You can get some swelling in your fingers, but as long as you can move

them without severe pain, this is normal. You may have extensive bruising in the forearm and fingers, but this is also normal. You may be given a prescription for pain medication to take as needed, but most patients only need Tylenol or Advil. Please keep the dressing clean and dry. When you shower, place a plastic bag over the hand and forearm and seal it well above the dressing to keep it dry. A newspaper bag or umbrella bag works well.

The 8th day after surgery until your 1st follow-up visit

On the 8th day after surgery, you may do a little more with the hand. You may remove the dressing yourself. You should clean the wound with alcohol and cover the wound with a waterproof bandaid. Please repeat this daily until you see me. You should continue to move your fingers and gently try to open and close your hand more frequently during this time. You may type and write for up to 15 minutes at a time with low speed, but you should discontinue if your pain increases. You should still avoid any lifting anything heavier than a cup of coffee or grasp tightly during this time.

You should call my office if you have progressively worsening pain that is not relieved by icing, rest, elevation, and your prescription pain medication. You should also call if you have a persistent fever of greater than 101°F or notice progressive drainage on the dressing before your 1st post-operative visit.

The 1st follow-up visit – approximately 2 weeks after surgery

At this visit, I will check your wound. The sutures are usually removed and steristrips will be placed on the wound. Most patients who have had numbness for less than a year experience markedly improved sensation at this time. If you have significant stiffness, I may send you to occupational therapy for a few weeks. Otherwise, I will just progress your activity. You should still only lift up to a 2 pounds with the operative hand for the next 2 weeks, then slowly increase to full lifting.

You may now get the wound wet, but you should not scrub it for two more weeks. Simply pat it dry with a towel when you are done washing. The steristrips will start to detach in the next few days. When they peel off more than half-way, remove them completely. You can leave the wound uncovered as long as it is in a clean, safe environment.

The 2nd follow-up visit

I typically see you again in the office at about six weeks after surgery. If you have regained full sensation and range of motion, I will just have you follow up with me as needed. You may progress your activity and return to normal use of the hand over the next month.

If you are still having stiffness, numbness or pain, I will start other treatments such as medications, therapy, or splinting as indicated. Additionally, I will personalize further follow-up visits to meet your needs.