

CARPAL TUNNEL LONDON

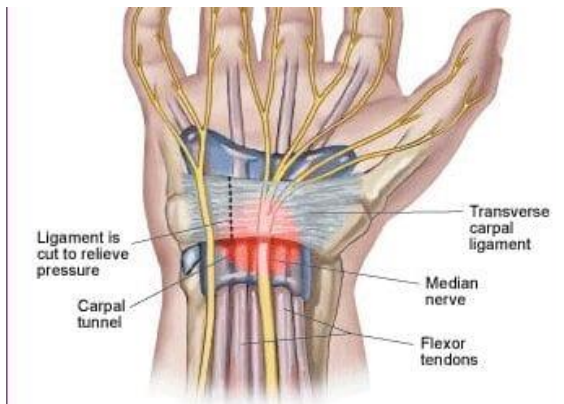
Mr Michael Kurer FRCS (Orth)
Consultant Orthopaedic Surgeon



Carpal Tunnel Release – Your Treatment Options

Understanding Carpal Tunnel Syndrome

Carpal tunnel syndrome happens when the median nerve in your wrist is compressed by a tight band of tissue called the transverse carpal ligament. This can cause numbness or tingling in the thumb, index, and middle fingers, weakness or dropping objects, and night-time pain or waking with 'pins and needles'. If symptoms do not settle with splints or steroid injections, a carpal tunnel release operation may be recommended.



1. The Aim of Surgery

The operation divides the tight ligament at the front of the wrist to relieve pressure on the median nerve. There are two main techniques:

2. Standard Open Carpal Tunnel Release

Performed through a small cut (about 3–5 cm) in the palm of your hand.

- The ligament is divided under direct vision.
- The skin is closed with a few stitches.
- A light dressing is applied.



Standard Open Operation Scar

Keyhole Operation Scar

Anaesthetic: Usually a local anaesthetic to numb your hand.

After the operation:

- Mild pain or tenderness around the scar for a few weeks is common.
- Stitches are removed after about 10–14 days.
- You can move your fingers straight away.
- Light use of your hand: after 2–3 weeks.
- Heavy work or sport: usually after 4–8 weeks.

Possible issues:

- Tenderness or 'pillar pain' at the base of the palm.
- Temporary weakness or stiffness.
- Small risk of infection or slow scar healing.

3. Ultrasound-Guided Percutaneous Carpal Tunnel Release

Performed under local anaesthetic only.

- The surgeon uses a high-resolution ultrasound scanner to see the nerve, tendons, and blood vessels in real time.
- Through a 3–5 mm entry point, a special fine instrument divides the tight ligament safely under ultrasound guidance.
- Usually no stitches are needed.

Advantages:

- Much smaller incision and minimal scarring.
- Less pain and swelling.

- Most people return to light activities in 1-2 days.
- Quicker return to work and driving (often within a week).
- Patients can have both hands done at once.
- Much lower risk of infection or inflammation (Complex Regional Pain Syndrome).

Possible issues:

- Slight risk of incomplete release (rare).
- Mild temporary bruising or tingling.
- Not suitable for all patients (for example, those with previous wrist surgery, scarring, or complex anatomy).

4. Comparison Summary

Feature	Standard Open Release	Ultrasound-Guided Release
Type of incision	3–5 centimetre cut in palm	3–5 millimetre entry point
Setting	Hospital / operating theatre	Minor Operations room
Anaesthetic	Local, regional or general	Local only
Stitches	Yes	Usually none
Return to work	3–8 weeks	3 days – 2 weeks
Scarring / tenderness	Common early on	Very mild
Effectiveness	Excellent	Excellent
Suitability	All cases	Selected patients

5. Safety and Results

Both methods aim to give lasting relief of your symptoms. Studies show:

- Around 90–95% of people get major improvement or complete relief.
- Nerve injuries, bleeding, or infection are rare but infection more common after open release.
- Long-term outcomes are equally good with either method when performed by trained surgeons.

6. Aftercare and Recovery Tips

- Move your fingers gently to prevent stiffness.
- Avoid heavy lifting until advised.
- Contact your surgical team if you notice redness, swelling, or increasing pain.

7. Further Information

If you would like to know more:

- NHS: www.nhs.uk/conditions/carpal-tunnel-syndrome
- British Society for Surgery of the Hand: www.bssh.ac.uk