

Postoperative Management of Carpal Tunnel Release

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Carpal Tunnel Release is a surgery performed to reduce compressive forces on the median nerve which passes through the wrist joint underneath the Transverse Carpal Ligament. This ligament is divided to allow more room for the structures beneath, reducing or eliminating symptoms such as tingling, numbness, decreased grip strength and pain in the wrist and hand.

Day 1-2 Postop (after surgery)

- Rest wrist.
- Immediately resume comfortable, pain-free movement of neck, shoulder and elbow.
- To maintain glide of median nerve, gently open and close hand (shown below) within comfort range every hour.

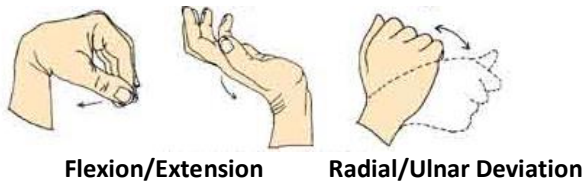


Tendon Glides

- Leave your dressing on and keep it dry.
- Cover your dressing when you shower the day after surgery. Place a garbage bag or newspaper bag around your hand. Some people have said that large animal examination gloves (available at Fleet Farm) work well. Seal the end with rubber bands (not recommended for children), duct tape, or Press n Seal wrap. If your dressing becomes soaked, change the dressing as described below. If a small amount of water gets on your dressing, you may try drying it with a blow dryer.
- It is okay to gently move your wrist in the dressing, but the bulkiness of the dressing will prevent full range of motion.

Day 7 Postop

- Remove your dressing prior to showering 7 days after surgery.
- Do not soak or submerge your incision, but it is okay to get your incision wet in the shower.
- Upon removing the Ace wrap and gauze, you will find either black stitches in your palm.
- You may notice bruising in your palm or forearm. This is normal and will resolve after a few weeks.
- While your dressing is off, you may begin gentle wrist range of motion. You may not get all your motion back immediately, but you should increase your motion daily until your return visit.
- After showering, dab your incision dry. Reapply new gauze (*available at pharmacies and drug stores*) and reapply the ace wrap.
- Continue dressing changes daily.
- Do not use any ointments or lotions on your incision within the first two weeks after surgery. These can increase the time it takes for your incision to heal.
- Begin gentle active range of motion to the wrist (*shown below*) 4-6 times daily for 5 minutes.



Flexion/Extension

Radial/Ulnar Deviation

Day 10-14 Postop

- Have sutures removed by physician or therapist.
- If you are diabetic or immune-compromised, suture removal is not recommended until you are two weeks postop.
- If swelling persists, use ice, massage or contrast baths (see bottom).
- Begin scar management explained below.

Scar Management

Anytime an incision is made in the skin, a scar forms as a normal part of wound healing. A scar takes approximately three months to mature. Sometimes while the scar is maturing, important structures under the skin can adhere to the scar. These adhesions can prevent tendons from gliding smoothly and result in decreased range of motion.

Through proper scar management, these problems can be minimized or prevented. Once your sutures are removed and incision is completely healed (2-3 weeks postop), you are ready to begin scar management. This should be performed 4-6 times per day.

- Apply Vitamin E (*available in the vitamin section of grocery stores*), a lotion that contains Vitamin E, cocoa or shea butter over your scar. Lotion will soften your scar and also aid in removing old skin and debris. This will also assist in desensitization of the scar.
- Perform the following methods of scar massage:
 - Using your opposite hand, move your two fingers clockwise, then counter-clockwise along the scar.
 - Pinch the skin up on either side of your scar along its entire length.
 - Rub two fingers along your scar, pushing each finger in an opposite direction from the other.

Desensitization

Increased sensitivity is not uncommon, even several weeks after surgery. Over-protecting the hypersensitive area will only make the condition worse.

- Rub with different textures of fabric, starting with fine/smooth textures, gradually working up to harder/coarser textures.
- Tap around the sensitive area, gradually moving inward. Increase density of material from cotton ball to sponge, to finger or eraser end of pencil.

Pillar Pain

Some patients are troubled with an ache in the area at the base of the palm which may interfere with hand function. This may be managed with supportive splinting to minimize discomfort and allow greater confidence with use of the hand. Regular hand therapy is encouraged if you are experiencing this symptom. Please call for a hand therapy referral if you did not receive one at your postoperative visit.

Return to light activity 2-3 weeks after surgery.

Avoid lifting greater than 5 pounds for 4-6 weeks after surgery.

Avoid heavy grasp or firm repetitive gripping until approved by your doctor.

If you have any questions, contact Twin Cities Orthopedics at 651-439-8807.

***Contrast Baths** (to reduce swelling) ***not to be done in first two weeks after surgery**

Use two bowls large enough for your hand and wrist. Fill one with warm water and the other with cold water. Soak in warm water for 1-2 minutes and then cold water for 1 minute. Alternate and continue for 10 minutes. End in warm water.

***Massage** (to reduce swelling)

Enclose tip of finger with other hand and slide toward wrist. For larger areas, massage toward the body in one direction only.