

Orthopaedic Connection

Treatment of Carpal Tunnel Syndrome

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

If I am certain of the diagnosis of carpal tunnel syndrome from the things I have mentioned last time, I then have to talk to the patient about treatment. It may surprise you, but it isn't always surgery.

There are, as we pointed out, several causes of carpal tunnel. We didn't talk about occupational causes such as typing or holding the wrists in certain positions for long periods. Many studies have been done that do not directly link carpal tunnel syndrome to typing or office work. It may be the cause in some people, however.

I started to say that if you can identify the cause and change it, that can be an important aspect of treatment. So treating medical conditions that may be causing it or changing the pattern of hand use should be considered as the first method of treatment.

Brace

Bracing has always been an important part of treatment. If wearing a brace especially at night when symptoms are worse can lessen symptoms many people are willing to do this to avoid surgery. Why does bracing help? It seems to help reduce swelling in the canal thereby giving the median nerve more room and it begins to feel better.

Medication

Taking anti-inflammatory medication is worth a try, but in my experience it doesn't help that much.

Some patients have taken Vitamin B-6 100mg per day and thought that it helped. No harm in giving it a try.

Injection

Injecting the carpal canal with a steroid such as Kenalog or Celestone can relieve symptoms depending on the degree of swelling and the size of the canal. I do it occasionally in certain circumstances, but it is not a primary form of treatment.

Surgery

If symptoms can't be controlled by any of the above or if decreasing feeling and strength in the hand occur, surgery may be the best choice.

What has worked best for me for several years is this. Outpatient surgery, IV block anesthesia (puts the arm to sleep), and a one inch or less incision in the palm. Then home to keep the whole arm elevated for 24 hours on pillows. Bandage off in 7 - 10 days for suture removal in the office. Gradual increasing use of the hand over the next 2 - 3 weeks. I am amazed at how little pain patients have when things are done this way.

"Laser surgery" is requested by a patient infrequently, but is not done here or at any of the large hand surgery centers in Grand Rapids that I work with.

Results of surgery

It is one of the most successful surgery procedures I do. Once in a while symptoms don't disappear because the person's nerve has been damaged by the existing pressure and is not capable of repairing itself.

Patients typically feel improved in a day or two after surgery, but it can take up to a month or two depending on the condition of the nerve.

Go to our office teaching website www.orthopodsurgeon.com to learn even more about carpal tunnel from the website and Your Orthopaedic Connection.

Our goal is simple, actually. To help people return to more pain free, functional lives, in this case with successful treatment of carpal tunnel syndrome!

Be well.

Dr. Haverbush