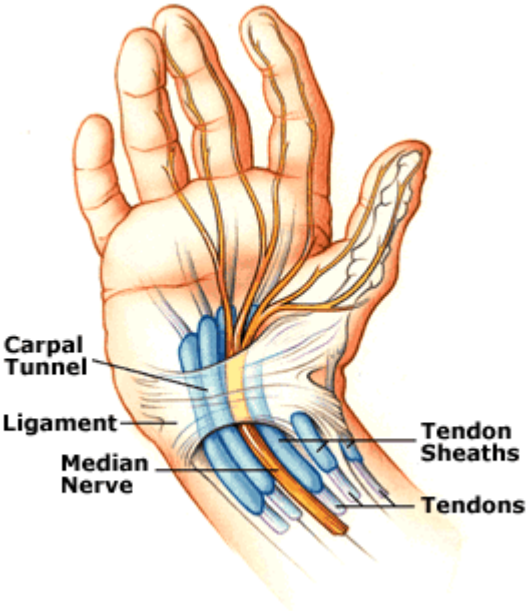
Dr. Haverbush's Experience with Carpal Tunnel Syndrome Treatment



Carpal Tunnel Syndrome (CTS) is a very common condition in all orthopaedic practices including my own.

It is characterized by pain, tingling and weakness in the hand and is caused by pressure on the median nerve. The nerve passes through the wrist in a fibro-osseous tunnel containing nine tendons, their synovial covering and the medial nerve.

When non operative treatment fails patients often choose surgery.

The goal is to enlarge the tunnel and decrease pressure on the nerve by dividing the transverse carpal ligament.

What is endoscopic carpal tunnel release?

At least 10 years ago surgeons began doing carpal tunnel release utilizing special instruments which allowed the surgery to be done through smaller incisions than previously. It was felt that this would allow quicker healing, less pain and faster recovery.

Endoscopic release however, has not been fool proof and has its own set of problems mainly caused by injury to the nerve or incomplete release of the ligament.

Many surgeons including myself have not been impressed by endoscopic release and it's potential complications.

This is not to say that someone who does endoscopic carpal tunnel release routinely can not do it safely or with the same results that we do through open incisions.

I have been very happy with my personal small incision open release of the

carpal tunnel, because I can very adequately evaluate the structures of the hand, directly see the nerve and tendons and always completely protect the nerve to do a complete release.

I like my patients to understand what options are available to them and why I use the technique that I do. I make a very small incision usually ¾ of an inch placed in the palm. After a few months most patients cannot find where the incision was.

Most of my patients experience little or no pain following the procedure.

"Doctor, I have heard that carpal tunnel surgery doesn't always work. Why is that?"

1. The nerve may be too old or has had pressure on it too long and can be damaged making it difficult for the nerve to recover.

2. The ligament could be incompletely released.

3. Pillar pain may follow carpal tunnel release, which is thought to be associated with the resulting change in the architecture of the bones of the wrist secondary to release of the ligaments. This particular condition is certainly real, but not well understood.

4. Palmar cutaneous neuroma. Release of the transverse carpal ligament can occasionally result in injury to a small skin nerve which is very tiny and can be damaged at the time of the carpal tunnel incision even if the incision is very small. This can result in pain in the region of the incision which lasts much longer than one would expect the incisional pain to last.

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Please consult Dr. Haverbush or a physician for specific treatment recommendations.

Thomas J. Haverbush, MD. P.C.

Office Address:
315 E. Warwick Dr., Suite A
Alma, Michigan 48801
989-463-6092
Fax 989-463-8914

Website Address:
www.orthopodsurgeon.com