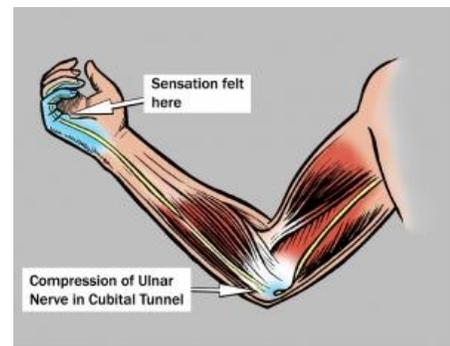
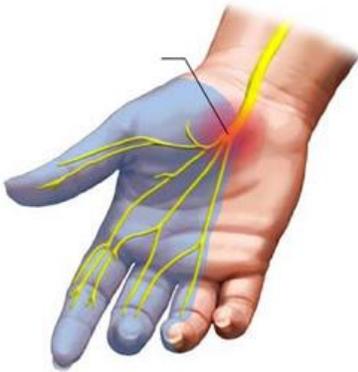


Carpal Tunnel and Cubital Tunnel Syndrome



You have been diagnosed with carpal tunnel and cubital tunnel syndrome. The carpal tunnel is a narrow space in the wrist that contains the median nerve. It is surrounded by the bones of the wrist (carpals) and a thick tendon sheath. Friction will cause the tendon sheath to swell and enlarge limiting the space within the carpal tunnel. As a result, the median nerve becomes compressed leading to numbness and tingling within the wrist and hand. Symptoms can be treated conservatively, with night splinting, medications, and cortisone injections. However, carpal tunnel syndrome does not resolve on its own and worsens over time.

Cubital tunnel syndrome is caused by compression of your ulnar nerve at the elbow. The ulnar nerve travels from neck down your arm through a tunnel at your elbow called the “cubital tunnel.” The nerve is especially vulnerable to compression because the cubital tunnel is very narrow and has very little soft tissue to protect it. This compression causes numbness and/or tingling pain in your elbow, hand, wrist, or fingers. This is commonly caused by leaning on your elbow for long periods of time or swelling caused by friction of your ulnar nerve rubbing along structures of the cubital tunnel.

An EMG (Electromyograph) is a nerve test that will be ordered in order to determine the severity of your symptoms. Once you have been diagnosed with severe carpal tunnel/ cubital tunnel syndrome, it is indicated you proceed with surgical intervention.

Dr. Suzanne G. Elton, MD
If you have any questions, please call: (913) 381-5225



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SURGERY- ENDOSCOPIC CARPAL TUNNEL RELEASE AND ULNAR NERVE TRANSPOSITION

Endoscopic carpal tunnel release is recommended as the incision site is smaller and recovery time is faster. An instrument called an endoscope enters the incision site in order to visualize the images of the carpal tunnel so that the surgeon can make a small cut within the tendon sheath relieving the pressure on the median nerve.

During ulnar nerve decompression, the nerve is either decompressed or moved from its current location in the tunnel to another to relieve compression of the nerve. Its new location will prevent from stretching when you bend your elbow or from friction. The procedure is performed under general anesthesia which means you will be asleep throughout the procedure. The procedure will take anywhere from 1- 1.5 hours- including recovery time. You will be required to have a driver the day of surgery.

WHAT TO EXPECT AFTER SURGERY

Depending on your job duties, you may be able to return to work under certain restrictions- provided you are no longer taking narcotic pain medication (You may wean into over the counter Tylenol, Ibuprofen, or Aleve for your symptoms as tolerated). You will need to avoid heavy lifting and submerging your hand in water until after your post-operative appointment with your surgeon. We suggest you speak with your employer regarding job demands to agree on an expected time of return. This procedure can be painful to most, so it is expected that you will require narcotic pain medication for the first couple of days. You may wean off the pain medication as tolerated once symptoms begin to subside.

Your bandages will cover your hand up your arm past your elbow leaving your fingers free for movement. It is recommended that you keep your digits moving to prevent swelling after surgery; however, we suggest you refrain from heavy lifting until after your post-operative appointment. You may also experience some bruising and/or swelling. These symptoms may be alleviated through Ibuprofen or Aleve, elevation, and ice. (Please do not take additional Tylenol if you are taking narcotic pain medication; this already has Tylenol).

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You will leave on the post-operative bandage until your post-operative appointment. Do not get the incision or bandages wet. For the next two weeks you will have restrictions that will include no full extension of your operative elbow- your flexion will not be restricted. This restriction will be at your caution and will not require the use of a splint or brace.

Following your hand surgery, it may be difficult to open your medication bottles. If you prefer, you may request non-childproof bottles from your pharmacist when dropping off prescriptions. However, please consider the risks if you have small children in your home or if any small children may be accessible to these medications.

REASONS TO CALL OUR OFFICE

Please call our office if you experience abnormal drainage (yellow or green), fever over 100°F, chills, increasing redness around the incision site, or side effects from your pain medication such as prolonged nausea.

Please contact the office if you wish to take extended time for recovery or if your job requirements do not allow you to return. You may file FMLA or Short-Term Disability paperwork. Contact our office at 913-652-6348 with any questions or concerns.

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