Professor Bijay Singh

Upper Limb, Trauma & Sports Medicine

FRCS (T&O), FRCS, MS, DNB, PG Dip

Visiting Professor, Canterbury Christchurch University

Visiting Professor, AIIMS Raipur

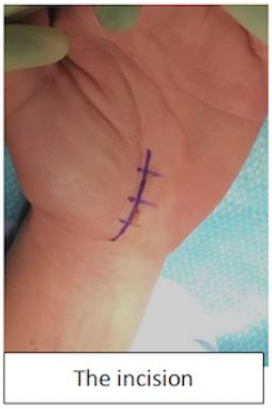
Personal • Precise • Proven • Shoulder to Finger

CARPAL TUNNEL RELEASE

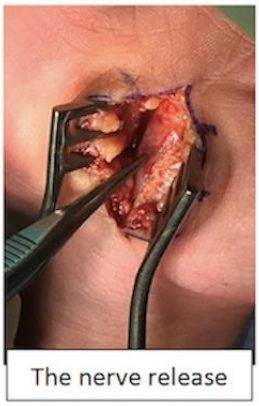
This leaflet provides general information to help you understand surgery to release the carpal tunnel, to relieve pressure on the median nerve.

This day-case procedure frees the trapped nerve, usually under local anaesthetic.

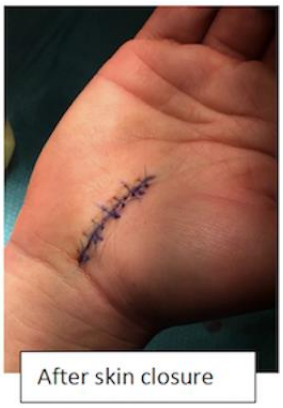
At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



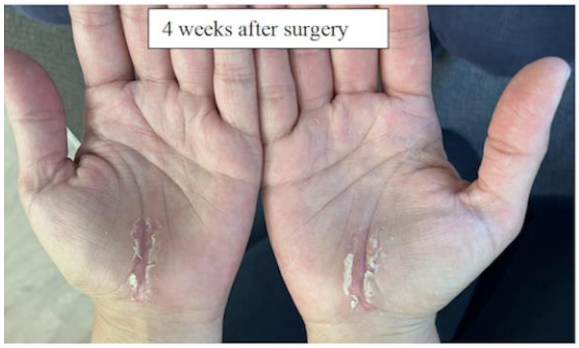
The incision



The nerve release



After skin closure



This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

Practice Manager

Kim White

☎ **07361 895875**

✉ secretary@kentorthopaedicpractice.co.uk

🌐 www.kentorthopaedicpractice.co.uk

More Info

Scan to visit our website

The Anatomy of the Wrist & Carpal Tunnel

The carpal tunnel is a narrow passage at the front of the wrist where the nerve and tendons pass into the hand, relying on several structures working together:

How the Carpal Tunnel Works

A tight passage carries these structures:

- Median nerve — the main nerve to the hand
- Nine flexor tendons — bend the fingers and thumb
- Transverse carpal ligament — the firm roof

The Median Nerve

Works like an electric cable — it carries feeling from the thumb, index, middle and half the ring finger, and powers the small muscles at the base of the thumb.

What Passes Through

The tunnel is crowded, sharing one tight space:

- The median nerve
- Tendons that bend the fingers
- The tendon that bends the thumb
- Wrapped in a slippery lining (synovium)

The Walls of the Tunnel

- Floor and sides — the small carpal (wrist) bones
- Roof — the thick transverse carpal ligament
- The ligament cannot stretch to make room
- So swelling inside quickly raises the pressure

The Lining (Synovium)

A slippery membrane wraps the tendons so they glide smoothly. If it swells, the tunnel becomes crowded and the median nerve is squeezed.

About the Operation

Carpal tunnel release relieves pressure on the median nerve by dividing the tight ligament that forms the roof of the tunnel. It is a short day-case operation, usually under local anaesthetic, recommended when symptoms persist despite non-surgical treatment or when there is significant nerve compression.

Why It's Done

The operation aims to:

- Relieve numbness and tingling by freeing the nerve
- Ease night-time symptoms that disturb sleep
- Restore strength and prevent further nerve damage

The Procedure, Step by Step

The day-case operation, step by step:

- Anaesthetic: the hand is numbed with local anaesthetic
- Incision: a small cut is made at the wrist or palm
- Release: the transverse carpal ligament is divided to free the nerve
- Closure: stitches and a splash-proof dressing are applied

Before, During & After Surgery

Before Surgery

- Fasting: not needed for local anaesthetic (6 hours if general)
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised; blood thinners can usually continue

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- Local anaesthetic is injected after the hand is cleaned
- A tourniquet may be used briefly to reduce bleeding

Recovery & Results

Recovery is a partnership. The timeline below is a guide — I will adapt it to your nerve, your healing and your goals — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Bandage: bulky dressing removed after 24–48 hours
- Hand use: gentle finger and hand use straight away
- Stitches: removed at about 14 days
- Good recovery: light use by 2 weeks, fuller by 6–8 weeks

Results

Most patients get significant, lasting relief of numbness and night-time symptoms. Long-standing nerve damage may limit full recovery, and problems are uncommon.

After Surgery

The first weeks

Wound Care: keep the wound clean and dry; the bulky bandage comes off at 24–48 hours

Pain Relief: the local block lasts 4–6 hours; start painkillers before it wears off and take them regularly for 24 hours

Stitches: non-dissolvable stitches are usually removed at about 14 days

Scar Care: gentle scar massage with cream 2–3 times daily for 2–3 months; physiotherapy is usually not needed

Risks & Complications

Uncommon, but possible

Infection: fewer than 1 in 200 thanks to strict sterility; treated with antibiotics if it occurs

Scar Sensitivity: the scar can be tender for a few weeks; massage with cream helps, occasionally hand therapy

Stiffness: mild stiffness is common early and improves with gentle movement

CRPS: rare (under 1 in 50); can cause stiff, painful fingers and may need hand therapy

Incomplete Recovery: long-standing nerve damage may limit full recovery; tendon injury is very rare

Return to Activity:

This can be extremely variable and discuss with the surgeon. These are just guidelines.

Desk work **2–3 weeks**; light manual work **6–8 weeks**; heavy manual work 12–16 weeks; driving once comfortable and safe for an emergency stop; movement improves with therapy over 3 months. Avoid heavy lifting for 6 – 8 weeks

Recovery Timeline & Hand Care

Red Flags — When to Seek Urgent Help

Spreading redness, discharge or increasing pain in the wound, fever, or worsening numbness — seek urgent assessment, as this may indicate infection.
If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- Day-case surgery, usually under local anaesthetic
- Most people get lasting relief of numbness
- Physiotherapy is usually not needed
- Gentle scar massage helps the scar settle

Questions You May Wish to Ask

- When can I use my hand normally again?
- When can I drive and return to work?
- How much improvement can I expect?
- What are the signs of a problem?

Book or Enquire Directly at Each Site

LIPS Healthcare London	*02038709996*	*singh.admin@lips.org.uk*
Spire Alexandra Chatham	*01634 662866*	*alexandraselfpaypsc@spirehealthcare.com*
Practice Plus Gillingham	*01634 969045*	*Private.gillingham@practiceplusgroup.com*