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

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CARPAL TUNNEL SYNDROME

This leaflet provides general information to help you understand carpal tunnel syndrome and the available treatment options.

Not everyone with carpal tunnel syndrome needs surgery.

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.

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

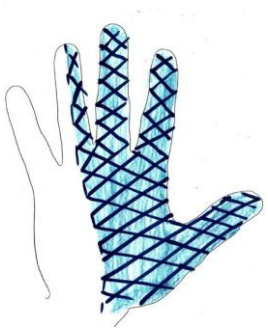
The Anatomy of the Wrist & Carpal Tunnel

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.

What Is Carpal Tunnel Syndrome?

Carpal tunnel syndrome occurs when the median nerve is squeezed as it passes through the tunnel at the wrist. Symptoms range from mild tingling to constant numbness — and how severe the nerve tests are does not always match how the hand feels.

Types & Severity

Symptoms tend to build in stages:

- Mild – tingling that comes and goes, worse at night
- Moderate – numbness by day and a weakening grip
- Severe – constant numbness and thumb-muscle wasting

What Causes It?

Often no single cause, and several may combine:

- Swelling – inflamed tendon linings (tenosynovitis)
- Anatomy – arthritis or old fractures narrowing the tunnel
- Fluid retention – common in pregnancy, often settles after birth
- Health conditions – diabetes, thyroid or rheumatoid arthritis

Symptoms and Examination

Symptoms

- Pins and needles in the thumb, index and middle fingers
- Waking at night with "dead" hands, eased by shaking
- Weak grip, clumsiness or dropping objects

Examination

- Sensation and grip strength tested
- Tinel's and Phalen's tests to reproduce symptoms
- Thumb-base muscle wasting checked

Diagnosis

- Nerve conduction studies confirm the diagnosis and show severity
- Neck occasionally checked to exclude a trapped nerve in the spine

Treatment Options: A Shared Decision

I will discuss all available treatment options with you, explaining the benefits and risks of each. Your preferences, values, and lifestyle will be considered as we work together to create a treatment plan best suited to your needs — **this shared decision-making process ensures you are fully informed and involved in your care.**

Treatment Depends On

- How severe the symptoms are
- Nerve conduction study results
- Whether the thumb muscles are weakening
- Your daily activities and goals

Good News

Many people improve with simple measures — mild cases can settle on their own, and doing nothing is always an option.

Plan A — Non-Surgical

Many people improve with

Night Splints: worn at night to keep the wrist straight and ease the pressure

Activity: easing repetitive gripping and wrist bending

Injections: steroid into the tunnel to reduce swelling and settle symptoms

Reassurance: mild and pregnancy-related cases often settle in time

Plan B — Surgical

Considered when…

Persistent Symptoms: despite appropriate non-surgical care

Daily Life: symptoms disturb sleep and limit daily activities

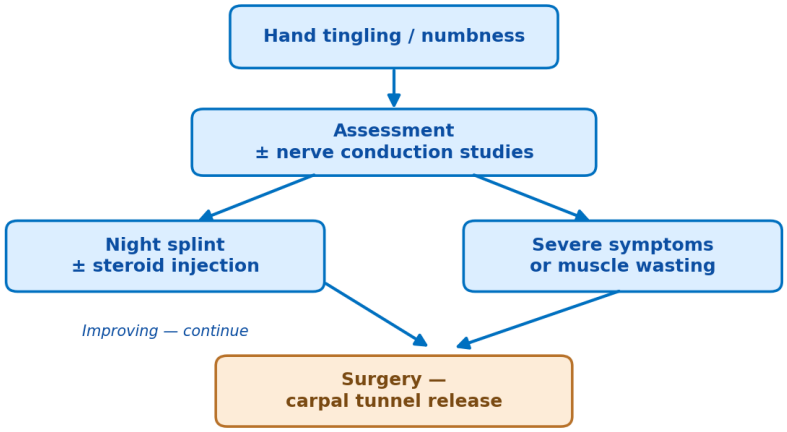
Severe Compression: constant numbness or weakness is present

Muscle Wasting: the thumb muscles are thinning — treat promptly

Approach: a small day-case release of the ligament

The Procedure: known as **Carpal Tunnel Release**, this operation divides the transverse carpal ligament to make more room for the nerve, usually under **local anaesthetic**. A separate leaflet will be provided for the surgery.

Management Pathway



Red Flags — When to Seek Urgent Help

Rapidly worsening numbness, or wasting and weakness of the thumb muscles — seek prompt assessment, as delay can cause permanent nerve damage.
If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Important Things to Remember

- Carpal tunnel syndrome is very common
- Many cases settle without surgery
- Splints and injections often help early on
- Doing nothing is always an option

Questions You May Wish to Ask

- What treatments should I try first?
- How long should I try them for?
- What improvement can I expect?
- What happens if I don't have surgery?

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