Patient Instructions: Carpal Tunnel Surgery

Surgical Technique
During open carpal tunnel release surgery, the transverse carpal ligament is cut, which releases pressure on the median nerve and relieves the symptoms of carpal tunnel syndrome. An incision is made at the base of the palm of the hand which allows the doctor to see the transverse carpal ligament. After the ligament is cut and the nerve decompressed, the skin is closed with stitches. The gap where the ligament was cut is left alone and eventually fills with scar tissue.

Before Surgery
• Seven days prior to surgery, please do not take any anti-inflammatory NSAID medications (Celebrex, Ibuprofen, Aleve, Naprosyn, Advil, etc.) as this could prolong your bleeding time during surgery.
• Do not eat or drink anything after midnight the day before surgery. This means nothing to drink the morning of surgery except you may take your normal medication with a sip of water if needed. This includes your blood pressure medicine, which in general should be taken. Consult your surgeon or primary care doctor regarding insulin if you take it.
• Please do not be late to check in on the day of surgery or it may be cancelled.
• Please bring your preoperative folder with you to the surgery and have it when you check in.
• If you have a copy of your MRI or x-rays please bring these with you to the surgery even if your surgeon has seen them already or might even have a copy. Surgery may be cancelled if we do not have your radiographic images.
• Please be aware that smokers are recognized to have a significantly higher risk of postoperative wound healing problems, as well as operative and postoperative bleeding. Smokers must understand and agree to discontinue smoking for at least two weeks before and after surgery. Although it helps to stop smoking for several weeks before and after surgery, this does not eliminate the increased risk resulting from long-term smoking.

After Surgery
Activity Level
• Minimize activity on the day of surgery.
• Elevate the surgical hand and apply an ice pack every hour for 20 minutes, for the first 48 hours. After that, elevate and apply ice 2-3 times/day until the swelling goes down. Place a thin towel between the ice bag and your skin. Do NOT use heat.
• Once the initial surgical dressing is removed, you may use the hand and wrist as tolerated for light activity. You are encouraged to bend the wrist, elbow and fingers as soon as the initial surgical dressing is removed.
• Avoid lifting, pushing, or pulling any object greater than 5-10 pounds for the first 10-14 days. Do not use exercise equipment until your doctor allows you to do so.

Bandage
• Your dressing applied in the operating room should remain on, dry, and intact for 24 hours following surgery. You may shower, but keep the dressing dry by covering the area with a plastic bag.
• After surgery, the hand is wrapped in a bulky dressing. The stitches are removed 10 days after surgery.
• Protect the wound with a clean gauze and light bandage for 3 days following surgery (change daily or when soiled).
Bathing
• Following removal of the dressing at 3 days you may shower and let water run over the incisions.
• Try to limit showers to no more than 5–7 minutes.
• Do not scrub the wound. Let water run over the incision, then pat dry with clean towel.
• Do not soak in a bathtub, hot tub or pool until your follow-up appointment to ensure the incision and wound has healed sufficiently.

Diet
• Resume your regular diet. Drink plenty of fluids but stay away from alcoholic and caffeinated fluids. Try to stay away from smoking.
• Narcotic pain medications are very constipating, be proactive with stool softeners and laxatives.
• A high fiber diet is recommended.

Medications
• Take your regular medications as prescribed.
• Tylenol can be taken as needed.
• Narcotic pain medications are prescribed if Tylenol is inadequate.
• You should not let pain get out of control before taking medication or it will be less effective.
• We will NOT refill pain medications over the weekend or after hours. Anticipate the need for medication refills and give at last 1-2 business days for refill notifications.

Follow-up
• Call Boulder Neurosurgical Associates’ (BNA) office (303-938-5700) to schedule your routine post-surgical visit 10 days after surgery. Other follow-ups will be scheduled as needed.
• Please call your physician’s office immediately with any problems or go to the emergency room if:
  • Fever over 101 degrees.
  • Yellow, green or foul smelling drainage
  • A large red area around the incisions.
  • You suspect an allergic reaction to medications or dressing materials. This could be shortness of breath, a rash or redness, hives, etc.

Other FAQs
How long will I be in the hospital? If you have open carpal tunnel release surgery, you usually do not need to stay in the hospital. It is usually done under local anesthetic with sedation, and you can go home on the same day.

How much time off from work? When you return to work depends on whether the dominant hand (the hand you use most) was involved, on your work activities, and on the effort that you put into rehabilitative physical therapy. If you have surgery on your non-dominant hand and do not do repetitive, high-risk activities at work, you may return to work within 1 to 2 days, although 7 to 14 days is most common. If you have surgery on your dominant hand and do repetitive activities at work, you may require 6 to 12 weeks for a full recovery before you can return to previous work duties. Physical therapy may speed your recovery. To return to physically demanding jobs will be at the discretion of your surgeon.

When can I resume driving? Avoid driving until you are no longer on pain medication and feel you can safely operate a vehicle. Please consult your surgeon regarding resuming driving at your post-operative visit.
**Will I need pain medications?** We will prescribe pain medications and other peri-operative medications on the day of surgery or prior to your discharge from the surgery center or hospital.

**Will I need Physical Therapy?** You will need to work closely with a Physical Therapist to slowly increase your weight bearing and activity. We will help you coordinate this either prior to surgery or at your first post-operative visit. A good rule of thumb is ‘If it hurts don’t do it’.

**What kind of follow-up is required?** Patients return to our office for routine follow up appointments at intervals that are determined on a case-by-case basis. We typically see patients back in the office within a couple weeks following surgery and then increase this to several months followed by an annual exam. Your individual needs will be determined by your surgeon at each follow-up visit.

**Do I need antibiotic prophylaxis for dental procedures?** We recommend avoiding routine dental procedures for 3 months following spinal and other neurological surgeries. This includes teeth cleaning at your dentist office. You should brush your teeth as you normally do.

If you must have a dental procedure within 3 months, then it would be advisable to use an antibiotic prophylaxis. We generally do not make recommendations about the choice of antibiotic when using it for prophylaxis, but we would be happy to discuss this with your primary care physician.

After 3 months, prophylactic antibiotics are not recommended prior to dental procedures to prevent infections except for specific individuals with extenuating circumstances, where the determination and prescription are made by the patient’s primary care physician or dentist.

patient that are at risk for infective endocarditis should use preventative antibiotics before dental procedures after consulting with their cardiologist or primary care physician.