

Patient Instructions: Carpal Tunnel Release

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 near the wrist. After the ligament is cut and the nerve decompressed, the skin is closed with stitches. Please visit www.bnasurg.com for more information.

Before Surgery

- Seven days prior to surgery, please do not take any anti-inflammatory NSAID medications (Celebrex, Ibuprofen, Aleve, Naprosyn, Advil, Aspirin, etc.) as this could increase your risk of bleeding during surgery.
- If you are taking any blood-thinning medications (Plavix, Coumadin, etc.), please talk to the prescribing doctor about when you can safely stop that medication before surgery to reduce your risk of bleeding. Usually, these medications are stopped anywhere from 3 - 7 days before surgery.
- Increase your strength and improve your recovery by walking at least 30 minutes a day before your procedure. Exercising before surgery will help you recover after your surgery.
- At least one week before surgery, eat healthy foods rich in carbohydrates and protein to fuel your body with the nutrients that it will need during and after surgery.
- Be aware that nicotine users have a significantly higher risk of surgical wound complications, such as healing and infection, as well as increased surgical bleeding. Nicotine disrupts many normal body functions, including nutrients and blood supplies.

Day of Surgery

- Do not eat or drink anything after midnight the day before surgery. This also means nothing to drink the morning of surgery, except you may take your prescribed medications (e.g., blood pressure medications) with a sip of water if needed. Consult your surgeon or primary care doctor regarding insulin if you take it. Some hospitals are now allowing clear fluids until a few hours before surgery – **please follow the directions of the individual hospital protocols (if you do not follow the individual hospital guidelines this may result in your surgery being canceled)**.
- Be early or on-time to check-in on the day of surgery so that surgery is not delayed or canceled.
- Bring your hospital surgical folder and any related paperwork (consents, etc.) to surgery.
- Bring a copy of all relevant imaging studies (CT, MRI, or x-rays) to surgery, even if your surgeon has already seen them in the clinic or may have a copy. Surgery may be canceled if your surgeon cannot view your radiographic images on the day of surgery.

After Surgery

- You should expect increased soreness directly at the incision site, which should improve with time.
- If your pain is poorly controlled, please reach out to your surgeon to discuss.

Activity Level

- Minimize activity on the day of surgery.
- Elevate the 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.
- If a bandage is present, it should be changed the following day after surgery. A clean, dry gauze is recommended to be changed over the wound daily to protect the incision and prevent breakdown. The use of a bandage is usually discontinued once your incision is fully healed. This may be different according to your surgeon.
- Depending on your surgeon's preference, you may have either Steri-Strips, a liquid skin adhesive (Dermabond), or external sutures over your incision.
- Steri-Strips: should be left intact until returning to the clinic for your postoperative follow-up visit 2 - 3 weeks following surgery.
- Liquid skin adhesive (Dermabond): should be left in place and will eventually fall off naturally over the next 10-14 days. Do not peel the glue off prematurely.
- External sutures: need to be removed 8 - 10 days after surgery.
- Do not use topical ointments on your incision unless approved or directed to do so explicitly by your surgeon.

Bathing

- You may shower but keep the dressing dry by covering the area with a plastic bag.
- Try to limit showers to no more than 5 - 7 minutes.
- When the bandage is removed, do not scrub the incision directly. Instead, let the clean water run over the incision and then pat the incision dry.
- Do not soak in a bathtub, hot tub, or pool until you are cleared to do so by your surgeon.

Diet

- Narcotic pain medications can be very constipating. Be proactive with stool softeners and laxatives.
- A high fiber diet is recommended.

Diet (continued)

- Avoid straining on the toilet. Keep stools soft with a high fiber diet and/or use of prune juice, Metamucil, Fiber One cereal, etc.
- Drink plenty of fluids, including Gatorade, or any kind of juice to stay adequately hydrated, prevent blood clots, and other problems.

Pain Medications

- NSAID medications (Ibuprofen, Naprosyn, etc.) or Cox-2 inhibitors (Celebrex, etc.) are encouraged after this procedure as they will provide the best anti-inflammatory and pain relief in most cases.
- Tylenol can be taken as needed.
- Stronger pain medications will be prescribed if Tylenol is inadequate. Avoid letting the pain get out of control before taking medication, or it will be less effective.
- BNA providers will NOT refill pain medications after hours: 5 pm on weekdays or anytime on the weekend.
- It is crucial to anticipate the need for medication refills so that they can be refilled with an adequate notification, which may take anywhere from 24 - 48 hours.

Follow-up

- Call Boulder Neurosurgical and Spine Associates (303-938-5700) to schedule your routine post-surgical visit for 7-10 days after surgery (if it is not already scheduled).
- Additional follow-ups will be scheduled as needed. The duration of total follow-up with your surgeon depends on the type of surgery being performed.
- **Please call your surgeon's office immediately with any problems or go to the emergency room if you notice:**
 - Drainage and/or increased pain at the incision site
 - Fever greater than 100.4 degrees F
 - Difficulty breathing
 - Significant wound swelling
 - Swelling and/or tenderness in your arms or legs
 - New pain and/or weakness in the arms or legs

Other FAQs

How long will I be in the hospital? Generally, you will go home the same day following surgery. We have found that patients generally prefer the comforts and support that home offers. The sooner you go home, the lower your risk of complications such as hospital-acquired wound infections, blood clots, and urinary tract infections.

How much time off from work? This varies depending your job requirements, but usually, one week is sufficient.

Other FAQs (continued)

When can I resume driving? Driving is acceptable, depending on the use of pain medication. We strongly advise against driving while taking narcotic pain medications following the surgery.

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.

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. The follow-up schedule will be determined by your surgeon at each follow-up visit and is generally within 7-10 days following surgery.