

# **Carpal Tunnel Surgery**

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This week we will continue our study of carpal tunnel syndrome (or CTS as doctors refer to it. Everything has an abbreviation!). By the way it is called a syndrome because it really is a collection of variable symptoms that include hand pain, feeling of swelling, numbness, tingling and burning. Sometimes the pain, etc. extends up the arm even to the shoulder and neck. This is unusual, but it does occur and can be confused with cervical disc trouble and "pinched nerve" in the neck. Furthermore, I have seen patients in the office who have had disc surgery in the neck who did not improve. Guess what? They had carpal tunnel syndrome ---. Let's say that the diagnosis of CTS is well established and none of the various treatments have helped. Surgery is then indicated, because if you wait too long pressure on the median nerve may cause damage to the nerve that can't be relieved by surgery.

## **Surgery**

I have my carpal tunnel patient come to the hospital to the outpatient surgery area. The nursing staff gets you ready to go to surgery. In the operating room the anesthesiologist uses a technique to put your arm to sleep by injecting Xylocaine into a vein in your hand. The entire arm falls asleep and you are dozing because of the sedative you were given. Twenty minutes later the staff is telling you surgery is over and you are going back to your bed in Day Surgery. The patient typically says, "When are you going to start?" Only to be told it's over. That's it in a nutshell. You don't hurt because I injected a long lasting local anesthetic into the incision before the anesthesiologist woke your arm up.

## **How is it done?**

I make a one inch incision in the upper palm of the hand. It is the deepest part of the hand. The nerve is way down there, but we can carefully expose it and divide the transverse carpal ligament that is causing the tightness or pressure on the nerve. Then I carefully close only the skin and apply a nice hand, wrist and lower forearm bandage that has a splint in it to keep the wrist still. It works great. Go home in an hour, keep it elevated for 24 hours and come back to the office in 7 - 10 days to get the stitches out. Most patients report they had little or no pain during or after surgery.

## **Endoscopic Surgery**

It is usually done using two small incisions to cut the ligament seeing it only with the endoscope. I like my way better because I prefer to actually see the nerve directly and protect it from harm as I do through the one inch incision. Knock on wood - I have never injured a nerve doing it my way. Patients on rare occasion will ask about "laser surgery" that they heard about for carpal tunnel. If it exists I have not done it nor have I known of any hand surgery specialist in Grand Rapids or Lansing that uses it. My patients do fine the way I do it.

### **The End**

That's all for now folks. I hope this has given you some valuable insight into a very common condition I treat.

Perhaps next week I will introduce you to a new segment of the program called "Myth Busters".

All Orthopaedic Surgery problems including carpal tunnel syndrome can be evaluated by Dr. Haverbush at the Lakeview Community Wellness Center in Lakeview or at the office in Alma at 315 Warwick Dr., Alma, Michigan.

Please call 989-463-6092 for information or to schedule an appointment.

Future Lakeview Community Wellness Center Clinic dates are April 3 and April 17, 2009.

Please don't forget there is a wealth of accurate information about all the Orthopaedic conditions I treat on the office teaching website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). Please log on and check it out.

We are happy to answer questions from readers. You can e-mail me at [orthopodsurgeon@hotmail.com](mailto:orthopodsurgeon@hotmail.com) or write to me at 315 Warwick Dr., Alma, Michigan 48801.

Our goal is simple - To help people return to more pain free functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush