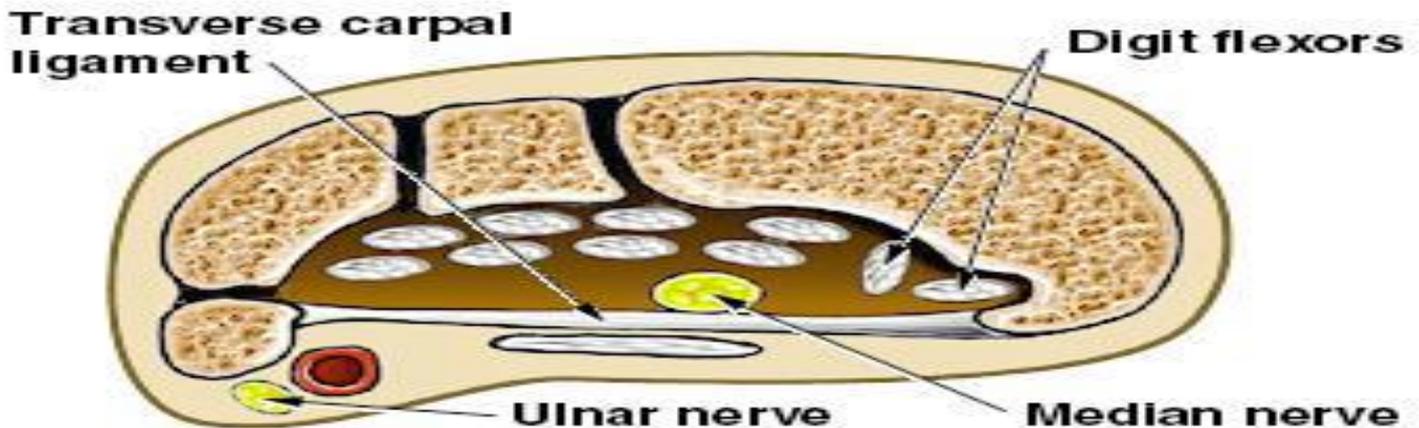




PATIENT INFORMATION - CARPAL TUNNEL SYNDROME

What is the carpal tunnel?

In your wrist you have 2 rows of small bones (8 bones in total). These small bones are called carpal bones. They form a semicircular ring which is then completed by a strong ligament. This ring of carpal bones and the ligament form a tunnel. This is why this area is called the carpal tunnel. The carpal tunnel is very important as it contains many of the tendons which move your fingers. It also contains a major nerve called the median nerve. The median nerve supplies power to some of the small muscles of the hand and also some areas of skin in the hand.



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Sometimes the carpal tunnel becomes tight and this puts pressure on both the tendons and the nerve. The nerve however is the most problematic. When the nerve is compressed it causes you to feel symptoms in your hand. Some of these symptoms are:

- numbness or pins and needles in some of the fingers
- dropping objects out of your hand
- weakness in the hand
- hand pain at night

When there is pressure on the nerve this is called carpal tunnel syndrome. If left untreated there is the potential for some of the small hand muscles, particularly in the thumb, to become permanently weakened, and for numbness to persist.

Treatment for carpal tunnel syndrome: If surgery is not yet indicated, patients are often referred for splinting. The aim of the splints is to keep your wrists straight to minimise the pressure on the median nerve. When the wrists are bent forward or backward for prolonged periods, this can increase symptoms of carpal tunnel syndrome. Splinting may not cure symptoms but it may assist pain control until pressure on the median nerve is released.

Carpal tunnel release: Often patients are referred to their plastic or orthopaedic surgeon for a carpal tunnel release. This is a surgical procedure which involves cutting the ligament which joins the carpal bones (as described above). There are various techniques - this can be an open procedure and you will see a scar on the front of your wrist. There is also an endoscopic technique, which uses a scope to cut the ligament (less external scarring but similar internal scarring). Both methods have acceptable results. Hand therapy is useful to minimise the risk of post-operative complications.

How can Hand Therapy help? Hand Therapists are skilled at treating carpal tunnel syndrome, and in helping patients after carpal tunnel surgery. Please contact us directly to discuss any concerns or further questions you might have.

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