

Patient information

For staff use only:**Patient Details:****Surname:****First names:****Date of birth:****Hospital no:****Male/Female:****(Use hospital identification label)**

West Suffolk Hospital

Patient information leaflet – Carpal Tunnel Syndrome**Page****2-3****Patient agreement to investigation or treatment****4-5**

Carpal Tunnel Syndrome

You will be admitted for surgery to your hand as a result of a carpal tunnel syndrome. This is a condition where the median nerve (one of the main nerves going to the hand) is trapped underneath a ligament in the wrist. The median nerve runs through the so-called carpal tunnel along with nine tendons. If irritation should occur inside the tunnel the patient experiences this as a numbness, tingling or pain of mainly the thumb, index, middle or half of ring finger. The symptoms are often very noticeable at night-time or when driving.

Carpal tunnel syndrome normally occurs without any obvious cause. Occasionally it may occur following trauma. It is more common under certain conditions such as pregnancy and use of the oral contraceptive pill. It may also be seen following fractures to the wrist and in patients suffering from inflammatory conditions such as arthritis.

Treatment

Occasionally the symptoms may be alleviated by using a splint or, in most cases, by taking anti-inflammatory tablets or a drug which reduces the water retention. One may also try an injection with a steroid hormone into the carpal tunnel in order to reduce the swelling around the nerve. If these measures fail then surgery is required.

Surgical Treatment

At surgery a small incision is made over the base of the palm of the hand. The cut is extended down to the level of the roof of the carpal tunnel which is fully released.

Thereby the pressure on the nerve is relieved.

The procedure is usually carried out using local anaesthetic. Occasionally general anaesthetic is given.

After the operation the patient is encouraged to keep the hand elevated for 24-48 hours. During the night-time it should rest on a pillow in order to minimise the swelling of the hand. One is encouraged to move the shoulder, elbow and fingers as much as possible in order to reduce the swelling.

The dressing on the hand should be kept intact and dry for at least 48 hours following surgery. At this stage it may be removed. When the wound is dry it may get wet for example when showering. Normally the sutures are removed between 10-14 days following surgery. You may return to driving when you are comfortable following surgery. Initially there may be a certain amount of pain in the hand which can be alleviated by taking ordinary painkillers or elevating the hand.

Complications

There is always a certain amount of discomfort following surgery but this will normally settle down within a couple of weeks. There may be some discomfort or pain from the operation site –

particularly noticeable when using tools or lifting pots and pans. These symptoms may last for several months. Painkillers as prescribed should be taken.

Hand infections are uncommon. A superficial infection may occur and this is associated with a slight seepage from the wound and an unpleasant smell. Normally such an infection will settle following change of the dressing and cleaning of the wound. Rarely antibiotic treatment is required to treat an infection.

At surgery the pressure on the nerve is released. Damage to the nerve is rare but the nerve may be bruised following surgery as a result of which the pre-operative symptoms temporarily may increase. It is very rare that the nerve is irreversibly damaged at surgery.

Often a small amount of bleeding is seen from the wound. This can be counteracted by elevating the hand or by applying moderate pressure on top of the dressing. If the bleeding should continue, medical advice should be sought.

Recurrence

It is rare that carpal tunnel syndrome recurs. There is probably a less than 5% chance of recurrence.

Outcome

On the whole 85% of all patients who undergo carpal tunnel release will experience full or significant improvement to the symptoms within 12 months. The majority of the patients find that within weeks of surgery their symptoms have improved significantly. Approximately 15% of patients will continue to experience some degree of numbness, have a tenderness at the site of the scar, or experience some loss of grip strength. Very occasionally there will be no improvement to symptoms due to the nerve being permanently damaged.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>

Consent Form 1

Patient Details or label Surname: First name(s): Date of birth: CRN number: NHS number: Male/Female:

Responsible health professional: Job title: Special requirements: (eg other language/other communication method)
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Patient agreement to investigation or treatment

Name of proposed procedure or course of treatment

Carpal Tunnel Syndrome

Statement of health professional

(To be filled in by health professional who has appropriate knowledge/training of the proposed procedure, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular I have explained:

- **The intended benefits of the procedure**

- **Any serious or frequently occurring risks, eg**
 - ◆ Deep Vein Thrombosis 0.1-0.3%
 - ◆ Swelling or stiffness 1%
 - ◆ Infection less than 1%
 - ◆ Tenderness of scars or wounds in most patients for up to 2 months
- **Any extra procedures that might become necessary during the procedure**

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve:

General anaesthesia or spinal/epidural anaesthesia

Health professional's signature..... Date:

Name (PRINT):..... Job title:

Contact details (if patient wishes to discuss options later)

Statement of the interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):.....

Bottom copy accepted by patient: yes/no(please ring)

Patient Details or label Surname: First name(s): Date of birth: CRN number: NHS number: Male/Female:

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of this consent form, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures that might become necessary during my treatment. I have listed below any procedures that **I do not wish to be carried out, without further discussion.**

.....
.....

Patient's signature: **Date:**.....

Name (PRINT):.....

A witness should also sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Witness's signature:..... **Date:**.....

Name (PRINT):.....

Confirmation of consent(to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Health Professional's signature: **Date:**.....

Name (PRINT):..... **Job title**

Important notes: (tick if applicable)

- See also advance directive/living will (e.g. Jehovah's Witness form)
- Patient has withdrawn consent (ask patient to sign/date here)

..... **Date**