



# Treating Carpal Tunnel Syndrome

By Rafal Stachowicz, MD

Carpal tunnel syndrome (CTS) is a common hand condition that affects millions of Americans. In fact, more than 500,000 people each year elect to have surgery to gain relief from the typical symptoms of tingling and/or numbness in their hands.

Many patients experience numbness or tingling at night, when gripping the steering wheel while driving, or when talking on the phone. Most report feeling relief after dropping their hands or shaking them out. Clumsiness or difficulty with normal daily tasks due to numbness and/or weakness of the thumb are late symptoms.

Having a sensation of tingling or numbness in the thumb, index and long finger can indicate that the carpal tunnel is inflamed or compressed. This narrow passageway is found on the palm side at wrist level where the median nerve and transverse carpal ligament reside. This space also contains flexor tendons that enable your fingers to bend. When the carpal tunnel becomes inflamed or compressed, pressure is exerted on the median nerve, causing discomfort.

In many cases, there is no specific cause; however, there are factors that contribute to its development. Those who have diabetes, rheumatoid arthritis, renal disease, or thyroid issues tend to be more prone to CTS. Women are three times more likely to develop CTS due to their carpal tunnel being smaller than men's. Obesity and repetitive activity- or work-related tasks can also increase the likelihood of having CTS. Moreover, there are many lesions that could invade the carpal tunnel and cause symptoms.

Before deciding on surgery, we start with a non-operative approach. Your Crystal Clinic hand surgeon will likely

begin with night splints to keep the wrist in a neutral position that blocks flexion or extension. To help manage any discomfort, non-steroidal anti-inflammatory drugs (NSAIDs) like aspirin or ibuprofen are recommended. You will also be advised to avoid activities that tend to aggravate the condition. Cortisone injections may also be considered if you don't have relief with the other treatments. When those options fail, or your CTS is more severe, then it may be necessary to proceed with surgery.

There are currently two main surgical techniques used to fix CTS. Their objective is the same, which is to release the transverse ligament and increase around the nerve. This can be done either by open or endoscopic carpal tunnel release surgery. Both are performed on an outpatient basis. With open release, an incision is made in the palm near the thumb, over the carpal tunnel ligament. The endoscopic approach is less invasive; an incision is made closer to the wrist, in line with the wrist creases, where a camera with a deployable blade is introduced.

I prefer the endoscopic technique for my patients because most report less pain after the surgery, are able to return to work and other activities more quickly, and get their pinch and grip strength back sooner. Otherwise, the results are equal after a year.

Most orthopaedic hand surgeons who perform endoscopic carpal tunnel release surgery are fellowship-trained, meaning they have additional, specialty training. At Crystal Clinic Summit Hand, all of our hand surgeons are board-certified and fellowship-trained. We would welcome the opportunity to discuss your specific condition and help you find relief from CTS.



*Dr. Stachowicz is a board-certified, fellowship-trained orthopaedic hand surgeon. He is a graduate of John Carroll University, Case Western Reserve University and the University of Cincinnati College of Medicine, where he served his residency. His fellowships in hand and upper extremity were served at Allegheny General Hospital (Pittsburgh) and hand surgery at University of Pittsburgh Medical Center. Dr. Stachowicz is a member of several honorary and professional societies.*



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