Mr. Jochen Fischer
State Exam Med, MRCSEd, FRCS (Tr&Orth), MD
Consultant Orthopaedic & Upper Limb Surgeon

www.jf-ortho.co.uk
www.manchesterorthopaedicgroup.co.uk
www.advancedshoulderclinic.co.uk
www.orthobiologicsclinic.co.uk

Endoscopic Carpal Tunnel Release

You've been listed for an operation called endoscopic carpal tunnel release. The endoscopic release should allow for a quicker recovery and return to work than traditional open surgery. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection.

Nerve damage: Accidental damage of the nerve is a very rare problem, but this could potentially leave you with significant problems including loss of sensation in the fingers and weakness of some muscles in your hand. Although some damaged nerves can be repaired, recovery is usually slow and often incomplete. Again: this is a very rare problem.

Damage to veins and arteries: Damage to the artery nearby is rare but can cause bleeding and a big bruise. Rarely is this a major problem. Damage to smaller vessels is usually dealt with at the time of surgery but can result in a bruise.

Persistent symptoms: The operation will release a nerve and give the nerve an opportunity to recover. Patients with mild to moderate nerve compression are likely to make a full recovery. Patients with moderate and especially those with severe nerve compression may not make a full recovery and may take longer to see the improvement following surgery. This means that any altered sensation in the fingers may only improve a little bit or in severe cases not at all. Muscle wasting as a result of longstanding severe nerve compression is unlikely to recover. Pain in the hand/fingers at night usually gets better. The degree of recovery depends mainly on the severity of the problem and the length of time the nerve has been compressed. The vast majority of patients are however much improved following the procedure.

Scar tenderness: You will have some discomfort when there is any pressure on the scar. This usually settles within 3-6 months and rarely is an ongoing problem. Scar tenderness is less likely to be a problem following endoscopic release.

Recurrence: This is an uncommon problem. Some patients improve well initially following surgery, but if the scar forms in an awkward way the scar tissue can press on the nerve again and the initial symptoms may come back. This is can be treated with further surgery if required.

Spire Regency Hospital
West Street
Macclesfield
Cheshire SK11 8DW

Secretary Spire Regency
T: 07935 480 188
E: jfortho.secretary@
gmail.com

Swelling and bruising: It is likely that there will be some swelling and bruising in your hand following surgery. This is only very rarely of any concern and will usually settle without any special treatment.

Pain syndrome: This is a rare but potentially disabling problem. It is a poorly understood condition where patients experience pain out of proportion following surgery. In severe cases this can also cause stiffness of the fingers. While intensive Physiotherapy can help most patients to control the symptoms, very few patients can be left with severe pain and stiffness leading to long-term disability.

Conversion to open surgery: There are rare situations when I will have to convert from endoscopic to open surgery. If I don't get a perfect look at the ligament I need to divide, it would not be safe to proceed with endoscopic surgery. I will then have to make a separate incision and carry out surgery in the traditional open way to ensure I get a full release.

Likely outcomes: Most patients are much improved, but as with any surgery there is always a very small risk of a poor outcome.

Following Surgery:

Bandages: You will have a padded bandage around your wrist. This will leave your fingers free, so you can use your hand. You can remove the outer bandages after 2 days. Keep the sticky dressing on.

Dressing & Sutures: If the dressing gets wet or dirty, replace it with a dry dressing. There are no sutures, just steri-strips. After 2 weeks the dressing and steri-strips can be removed, and you can get the wound wet.

Mobilisation: Keep your hand elevated, especially in the first couple of days when the tendency to swell up is strongest. You can mobilise as pain allows. Try to get on with your normal life as good as you can. As long as you apply a bit of common sense you will be fine.

Pain killers: You will get some to take home from the ward. The local anaesthetic will start to wear off a few hours following surgery. When you start feeling the first sensations coming back, take some painkillers straight away. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice on 01625 505416

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, email jfortho.secretary@gmail.com