Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:
Case No.	:	
Name	:	
DOB	:	M / F
Adm Date	:	
Contact No.	:	

Procedure Information Sheet – Carpal Tunnel Release

1. Introduction

1.1. Carpal Tunnel is the space underneath the volar side of the wrist. There are tendons and the median nerve running through it. Conditions include repetitive movement of the hand and wrist, wrist trauma, rheumatoid arthritis, thyroid disease, diabetes, menopause, pregnancy etc.; may cause compression to the median nerve, leading to carpal tunnel syndrome. Common symptoms include numbness, tingling sensation and hand weakness; daily activities may be affected.

1.2. Indication: Thumb, Index or Middle fingers persistent numbness or weakness.

2. Procedure

2.1. The operation is usually done under local anaesthesia.

2.2. Surgery to relieve the carpal tunnel pressure and free the median nerve from compression. It can be done through open or endoscopic surgery.

3. Recovery Phase

3.1. Rest the affected wrist and prevent excessive flexion to reduce inflammation and oedema.

3.2. Mobilize fingers and other joints of the upper limb to decrease oedema and enhance function.

3.3. Keep dressing and wound clean and dry. Stitches are usually removed 14 days after the operation, if there is any.

3.4. Take analgesic as prescribed to relieve wound pain.

3.5. Consult the doctor if there is severe bleeding, persistent swelling and redness, purulent discharge or uncontrolled pain over the wound.

3.6. Attend follow-up as scheduled.

4. Possible Risks and Complications

4.1. There may be rare chance of wound infection, nerve or tendon damage.

4.2. Carpal tunnel syndrome may recur. Treatment and rehabilitation regimes may be different, please seek professional advice for any enquiry.

5. Remarks

5.1. The information contained is very general, the list of complications is not exhaustive and other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.

6. Reference

6.1. Hospital Authority. Smart Patient Website: Carpal Tunnel Syndrome.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____