

# The Real Deal About Carpal Tunnel Syndrome

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Carpal Tunnel Syndrome (CTS) is a common condition that gets a lot of attention on TV and the Internet. Unfortunately, there is also a lot of false information and myths about it. I want to make sure that patients know the facts from a hand surgeon's point of view.

First, and most important, NOT ALL HAND OR WRIST PAIN IS CARPAL TUNNEL SYNDROME. In fact, not all hand numbness or tingling is CTS either. There are many other diseases of the hand and arm that can give you the same kind of symptoms. It is important to see a doctor who can make sure you have the right diagnosis and then offer the treatment that gives you the best chance for the best result. I frequently see patients who were told they have CTS and it turns out they have something totally different. Some of these patients have even had surgery by other doctors and, of course, they didn't get better. That is why it is important to know the real deal about CTS.

True CTS occurs when one of the nerves at your wrist is under pressure. It essentially gets squashed. This makes the nerve go to sleep, just like when you sit in one place too long and your leg falls asleep. When this happens, you feel numbness, tingling, or "electric shock" feelings in your hand and fingers. This can be painful and the pain can radiate up your arm. It commonly wakes you at night. Holding your wrist in certain positions can increase the pressure on the nerve and make it worse. This is why wearing wrist splints can help, because they keep the wrist in a neutral position.

The nerve that is affected is called the "Median Nerve" and it gives feeling to your thumb, index and middle fingers and half of your ring finger. The pinky is supplied by a different nerve which is why the pinky usually feels normal in patients with CTS. The median nerve also supplies the muscles at the base of the thumb. In severe untreated cases of CTS, these thumb muscles can waste away and never come back.

Once the diagnosis of CTS is made, treatment is geared toward decreasing the pressure on the median nerve. This can be attempted without surgery by using wrist splints, taking anti-inflammatory medicine like ibuprofen, and injecting steroid into the carpal tunnel. The steroid is a strong anti-inflammatory that decreases swelling around the nerve and reduces pressure. B-complex vitamins may also help in mild cases. Many times, however, the only way to "unsquash" the nerve is to have surgery.

The surgery can be done through a very small "minimally invasive" incision and is typically a quick out-patient procedure at a hospital or surgery center. The purpose of the surgery is to divide a ligament that sits on top of the median nerve in the carpal tunnel. Once the ligament is cut, the pressure on the nerve is relieved and the nerve has a chance to wake up. The nerve doesn't always wake up right away, so having numbness and tingling right after the surgery can be normal. Many times it takes months for the nerve to heal itself, so it may be a while before you know what the final result will be. In severe cases, the nerve may have been under pressure for so long that it has permanent damage, in which case there will always be residual symptoms even after full recovery from surgery. This is why it is important to see a qualified hand surgeon if you have hand pain and numbness. If you have true CTS, you want to catch it as early as possible and try to avoid permanent nerve damage and muscle loss in your hand.