


Carpal Tunnel Syndrome (CTS)

Information for you



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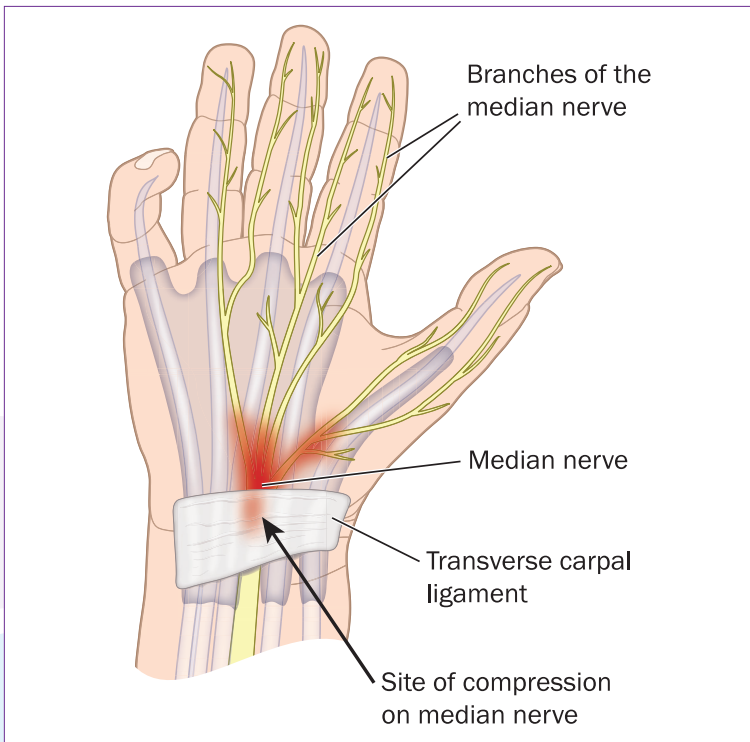
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What is carpal tunnel syndrome (CTS)?

The carpal tunnel is a tunnel in your wrist through which nine tendons (controlling the movement of your fingers and thumb) and a large nerve (median nerve) pass. Over the front of your wrist there is a ligament and this forms the roof of the tunnel. The floor of tunnel is formed by the carpal bones. When the median nerve becomes irritated or squashed within this tunnel this is called Carpal Tunnel Syndrome (CTS). CTS is a common hand condition and is referred to as a “compressive neuropathy”.



What are the symptoms of CTS?

The main symptom of CTS is altered feeling in your hand, often described as pins and needles and/or numbness. You may also feel pain but this is less common. The median nerve gives feeling to your thumb, index, middle and the thumb side of the ring finger. This is why people who have CTS normally feel their symptoms more so in these digits.

The symptoms experienced with CTS can often be felt more so;

- At night (sleep can be disturbed).
- First thing in the morning.
- Carrying out activities which involve gripping (for example, holding the phone, driving and reading).

In more severe cases these feelings may become more continuous. There may also be weakness and wasting (loss of muscle bulk) at the base of your thumb. In severe cases, some patients with CTS may describe a feeling of clumsiness and/or find they are dropping objects easily. The majority of people with CTS have much milder symptoms that come and go. These rarely affect the ability to carry out activities involved with daily living.

Carpal Tunnel Syndrome myths vs facts

- **Myth**

Everyone with Carpal Tunnel Syndrome needs an operation.

- **Fact**

The symptoms of Carpal Tunnel Syndrome can settle on their own. Many cases settle with simple treatment or advice. If your symptoms do not settle other treatments are available but not everyone will require these treatments.

What splint should I wear?

The correct splint can be a very effective tool for helping your symptoms. Wrist splints like this are available online or from your local pharmacist. This may be the easiest way of obtaining one.



A wrist splint can be worn so that your wrist is kept in a straight position **at night** for mild CTS symptoms. It can take some time before significant relief is experienced.

The splint **should be worn for up to three months at night** whilst sleeping, by which time you will be able to decide whether it has helped or not.

If the splint was helpful and allowed your symptoms to settle, it is useful to store it in a clean, dry place. Should your symptoms ever return, you may wish to use it again.

How to wear and look after your splint

Wearing instructions

- Straps should be applied firmly, but not too tight.
- Wear liners under splint for hygiene/comfort.
- Your splint is to be worn overnight in bed.

Precautions

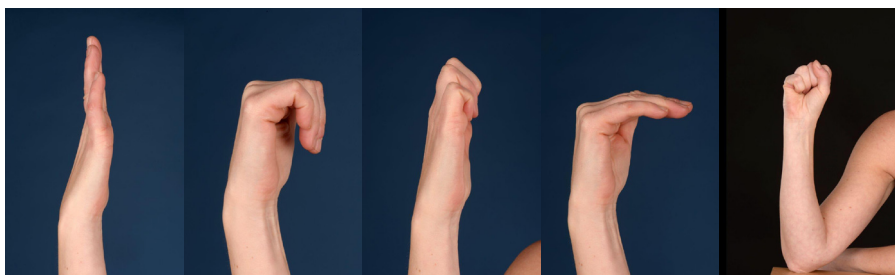
- Rubbing
- Increased pain
- Skin irritation
- Red marks lasting longer than 20 minutes
- Increased swelling
- An increase of, or new, 'pins and needles'
- Colour changes to your skin

Exercises

The exercises below may also be helpful. Please read carefully. The instructions will show you how to do the exercises and also advise you on how often to do them

1. Tendon Glides

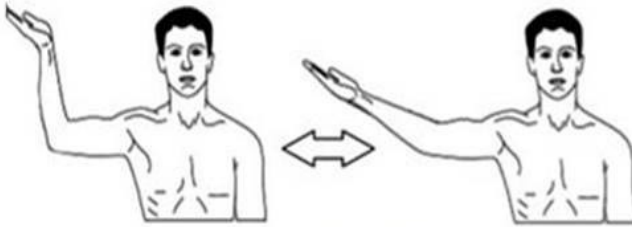
The following exercises have been suggested as being helpful in improving the movement of the tissues in and around your wrist. Learn the sequence of moving through positions one to five. Once you have learned the sequence, this should be repeated 10 times. Aim to do these exercises little and often throughout the day for example, three or four times a day.



2. 'Median nerve glide; arm

1. Hold your arm out to the side with your elbow bent, your palm facing up and your wrist extended back.
2. Straighten the elbow and hand three quarters of the way
3. Go between the two positions

4. Repeat five times, five times per day



With thanks to Oxford Neuroscience for permission to use this image.

3. Median nerve glide; wrist

- Bend your wrist down (flexion) and back (extension). Keep your fingers relaxed.
- Keep your elbow still whilst you do the exercise
- Repeat the exercise **five** times, five times per day.



Please note:

- It is normal to feel mild discomfort that lasts for a short time after your exercise. However, if you feel an increase in your pain or symptoms you should stop that exercise until you talk to your health care professional.
- Your exercises are an important part of recovery and will only help if you do them as instructed.
- This information is intended as a general guide only.

Other treatment and general advice

In many patients, symptoms from CTS can come and go for some time before either settling down or becoming a problem. If there is an underlying cause such as diabetes, thyroid disease, pregnancy, or even menopause in women, then treating this condition may help resolve symptoms.

CTS due to pregnancy will often get better after the baby is born.

Steroid injection

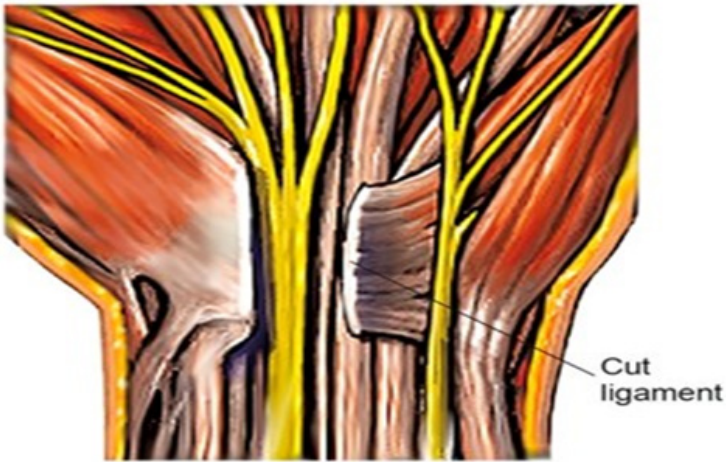
A single/one off steroid and local anaesthetic injection can be effective in select cases; for example, during/after pregnancy, where surgery cannot be undertaken safely, or when the patient opts not to have surgery.

Steroid injections work by reducing any inflammation within the carpal tunnel but not everyone with CTS is suitable for a steroid injection. Splints are easier to use, known to be beneficial and have less side effects than steroid injections. This is why you are often encouraged to try this before other, more invasive treatment options.

Surgery

In some patients with CTS where the symptoms are severe or deteriorating, surgery may be considered. Usually this would be after the splint, advice and

exercises have been tried and have failed to help. Surgery remains the most effective, proven long-term solution to CTS. The operation involves cutting the ligament over the front of the wrist to ease the pressure on the nerve. The surgery is routinely done under local anaesthesia as a day case procedure.



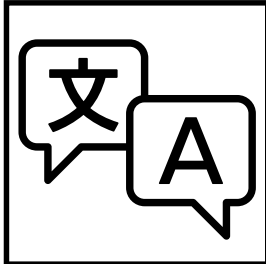
Surgery usually cures the problem. Night pain and tingling usually disappear within a few days. In severe cases, constant numbness and muscle weakness may be slow to get better or may not fully resolve. Occasionally pain can be felt in and around the wrist after surgery. It generally takes about three months to get back full strength and a comfortable scar. Your hand can be used for light activities from the day of surgery.

Although surgery is a relatively safe and effective option with there are risks attached. Some patients find their grip weaker, feel uncomfortable putting pressure over the scar and feel their scar can be initially be quite sensitive. These symptoms normally settle after a few weeks but can take longer in some patients.

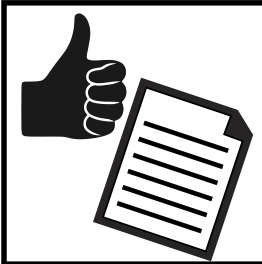
Overall, the results of open carpal tunnel decompression are excellent with around 96% of patients reporting good outcomes at one year. There are risks involved with all surgery, however, and you can read more about these risks on our general information on having a hand operation advice sheet:

[NHS Ayrshire & Arran - Wrist: General Information on Having an Operation on your Wrist/Hand \(MSK\) \(nhsaaa.net\)](https://www.nhs.uk/healthcareprofessionals/clinicalguidance/2017/07/17/nhs-ayrshire-arran-wrist-general-information-on-having-an-operation-on-your-wrist-hand-msk-nhsaaa.net)

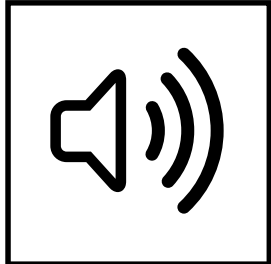
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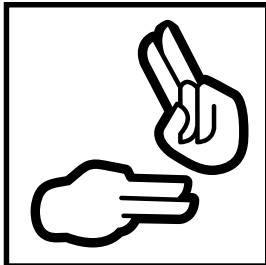
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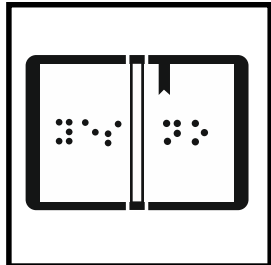
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