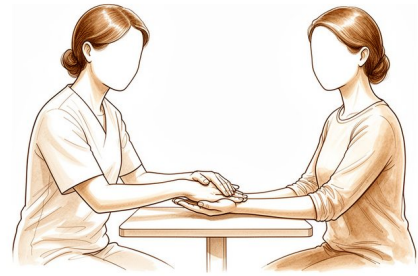


Carpal Tunnel Release

The carpal tunnel: a narrow space at the wrist where the median nerve runs alongside nine flexor tendons under a tight ligament. Carpal tunnel release surgery cuts that ligament to relieve pressure on the nerve.

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At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
1-2 weeks Most patients return to desk work and light daily tasks within one to two weeks, and to driving once the wound is comfortable and they can grip the wheel firmly. A UK consensus of hand surgeons and hand therapists put the expected return to desk-based work at 4 to 14 days and to driving at 5 to 14 days.	3-6 weeks Most patients return to heavier manual work within three to six weeks. A UK consensus of hand surgeons and hand therapists put repeated gripping at 14 to 28 days, and lifting over 10 kg or using vibrating tools at 21 to 42 days.	6-12 months Complete resolution of symptoms and plateau of patient-reported outcomes generally occurs by 6 to 12 months post-surgery.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your hand, and arrange imaging or nerve tests if they are needed. Carpal tunnel syndrome happens when a nerve in your wrist is squeezed, causing tingling, numbness and pain in your hand. We usually begin with non-operative care such as splinting, hand therapy or injections. Surgery is considered when those treatments have not given enough improvement. The operation is called a carpal tunnel release. It eases pressure on the nerve by cutting a tight band across the wrist. Significant improvements in symptom severity and hand function may be expected after this operation

regardless of age, other medical conditions, or workers' compensation status. We will discuss the options with you and decide together whether surgery is right for you.

Before the operation

Your surgeon will give you clear instructions, but here is what to expect. You will need to stop eating and drinking seven hours before surgery. We ask for seven hours rather than six so you can be brought forward if the theatre list runs early. Bring a list of your current medications, and tell your surgeon about any blood thinners, as some may need to be paused beforehand. Arrange for someone to drive you home afterwards. Wear loose, comfortable clothing with sleeves that are easy to remove. Some imaging, such as an X-ray, MRI or ultrasound, may be needed to plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, but most people do not.

On the day

On the day of surgery you come to the hospital's surgical admissions unit. Staff there check you in and prepare you for theatre. You then meet the anaesthetist, the doctor who gives the anaesthetic and looks after you during the operation. This operation can be done under local anaesthetic (an injection that numbs just the area of surgery, with you awake) or under general anaesthetic (fully asleep). Most people choose local: recovery is quicker and you can go home soon after. If you'd prefer to be asleep, that's also a reasonable choice; discuss it with your surgeon and anaesthetist. You are then taken into the operating theatre, where the operation is performed. Afterwards you wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Once you are stable you either go home or spend a short time on the ward, depending on the procedure and how you are recovering.

What the operation involves

The operation is called a carpal tunnel release. Your surgeon makes a single cut over the area being operated on, at the wrist and palm. Through this cut, your surgeon reaches the tight band of tissue that forms the roof of the carpal tunnel, a narrow channel in your wrist that the nerve passes through. Cutting that band opens the tunnel and takes pressure off the nerve. The band itself does not need repairing; it heals with more room inside for the nerve.

The cut is closed with stitches. A bulky padded bandage is then wrapped around your hand and wrist. You will keep this dressing on for about 10 days, as described in the next section.

The operation itself is short, and you go home the same day. Your surgeon will explain the steps again before you sign the consent form, and you can ask questions at any point.

After the operation

You will wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. Your hand will be in a bulky padded bandage, and we will give you pain relief to keep you comfortable. This is a day case, so you will go home the same day. Please arrange for someone to stay with you for the first 24 hours. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Keep your hand raised when resting, and use it gently for light tasks as soon as you feel able. Most people are back to driving within one to two weeks, once the wound is comfortable and they can grip and turn the wheel without protecting the operated hand. See [Driving after upper-limb surgery](#).

Recovery

For the first few days your hand will be sore and swollen, and the padded bandage will feel bulky. Keep your hand raised when you are resting, as this eases swelling and discomfort. Simple pain relief is usually enough. Many people do not need strong pain medication at all after this operation.

You will use your hand gently for light tasks as soon as you feel able. The dressing stays on until we see you, and once it is off you can wash and shower normally. Your stitches come out at your follow-up visit. Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. Ruby will guide your exercises and make a splint if you need one for comfort. Gentle movement helps the nerve settle, so you will be using your hand more as the weeks pass.

As the swelling settles, you will notice tingling and numbness easing and your grip returning. Once you can grip and turn without pain, everyday tasks feel normal again. Timely release of the pressure on the nerve allows sensation and function in the hand to return. If your symptoms were present in both hands, we can discuss operating on both at the same visit.

Recovery varies from person to person. Your timeline may differ, and your surgeon and therapist will guide you along the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Infection. A wound infection can look like redness spreading out from the cut, warmth, or oozing fluid. You might feel a deep, throbbing pain that does not ease with simple painkillers, or you might develop a fever. If you notice any of these, call the clinic the same day. If you feel unwell or the redness is spreading quickly, go to the emergency department. Some things can raise the chance of infection, such as a steroid injection into the wrist shortly before surgery or certain health conditions. We will talk through anything relevant to you before the operation.

Wound problems. Sometimes the wound edges take longer to heal or open slightly, or blood collects under the skin and causes swelling. You might see the stitches pulling apart or notice a firm, tender lump near the cut. Mention this at your follow-up visit, or call the clinic sooner if it looks worse.

Nerve irritation. The nerve being released sits close to the operating area, so it can be bruised or irritated during surgery. This usually feels like new tingling, numbness or pins and needles in the hand, or a patch of skin that feels different to before. Most nerve irritation settles with time, but some changes can last. Tell your surgeon at the next review if you notice new numbness that is not improving.

Symptoms that come back or do not fully settle. Occasionally the pressure on the nerve is not fully relieved, or the tunnel tightens again over months or years. You might notice the original tingling, numbness or night pain returning. If this happens, bring it up at your review. Further surgery is sometimes needed, and your surgeon will arrange tests to find out why.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most people recover without problems, but some signs need urgent attention. Call us if you have a fever, increasing redness or discharge from the wound, or pain that keeps getting worse. Call us if you notice new numbness in your hand that is not improving, or you cannot move your fingers. Go to emergency if you have sudden severe pain, calf swelling or pain, or shortness of breath. When in doubt, call the clinic and we will guide you.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [Carpal Tunnel Syndrome](#) page.

Carpal Tunnel Release

Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Reduced grip strength	10-20%	Temporary grip weakness for 2-3 months; returns to normal.
Pillar pain	7.0-14.4%	Aching and tenderness at the base of the palm in the thenar and hypothenar areas, occurring in approximately 48% at 4 weeks and resolving to 7-9% at 12 months.
Incomplete symptom relief or persistent numbness	5-10%	Numbness may persist if nerve damage is longstanding; symptoms improve over 6-12 months.
Recurrent carpal tunnel syndrome	2.5-8.4%	Carpal tunnel syndrome can recur, with 0.3-3% of patients requiring revision release, typically many years after initial surgery.
Complex regional pain syndrome	1.7-2.6%	Causes disproportionate pain, stiffness, swelling, and sometimes skin changes in the hand, requiring specialized pain management and intensive physiotherapy.
Wound dehiscence	1.1-3.0%	The wound may split open requiring resuturing, more common with open carpal tunnel release than endoscopic techniques.
Incomplete release	1-2%	Rarely the transverse carpal ligament may not be completely divided, resulting in persistent symptoms requiring revision surgery.
Scar tenderness	0.8-12.9%	Tenderness along the surgical scar is common and usually improves over 3-6 months with scar massage and hand therapy.
Sensory nerve injury	0.7-4.9%	Damage to the palmar cutaneous branch of the median nerve or digital sensory nerves may cause numbness, altered sensation, or painful neuromas.
Revision surgery	0.5-5.0%	Revision rates are generally low, though higher in workers' compensation populations and those with persistent symptoms.

COMPLICATION	REPORTED RATE	NOTES
Infection	0.2-2.4%	Wound infection may require oral antibiotics and wound care, with deep infections rarely (0.1-0.2%) requiring surgical washout.
Motor branch nerve injury	0.02-0.2%	Very small risk of damage to the thenar motor branch of the median nerve, occurring in approximately 1 in 500-5000 cases, which may result in weakness of thumb opposition and grip.
Vascular injury	Rare	Injury to the palmar arch is extremely rare.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT – PRINT NAME

SIGNATURE

DATE