

Post Op Instructions: Carpal Tunnel Release

OMAR RAHMAN, MD, MBA
Orthopedic Surgeon | Sports Medicine
ARTHROSCOPIC SURGERY | JOINT RECONSTRUCTION



PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE SURGERY CENTER OR VIA PHONE/EMAIL TO OUR STAFF AFTER ARRIVING HOME

WOUND CARE

- You will have a bulky dressing. Wrap hand in a plastic wrap when showering and keep the dressing dry at all times. Small amounts of drainage are normal.
- It is normal for the dressing to ooze following surgery — if blood soaks onto the bandage, simply reinforce with additional gauze dressing for the remainder of the day and re-check.
- You may remove the surgical bandage 3 days after surgery. Leave SteriStrips (clear Band-Aids) on. Please keep SteriStrips on when showering. It is OK if they fall off in the shower but do not rub the incision site. Do not use any ointments of any kind.

MEDICATIONS

- You can begin the prescription pain medication provided to you upon arriving home and continue every 4-6 hours as needed for pain.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per the directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative such as Dulcolax or Colace.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed (1-800-974-5633)
- Do not drive a car or operate machinery while taking narcotic medication.
- Ibuprofen 200-600mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce the overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

ICE THERAPY

- Use ice and elevation throughout the healing process. Beginning immediately following surgery, use the ice machine (when prescribed as directed for the first 2-3 days following surgery. Ice at your discretion thereafter.
- When using "real" ice, avoid direct skin contact > 20 mins to prevent damage/frostbite of the skin. Check the skin frequently for excessive redness, blistering, or other signs of frostbite. When using the ice machine, it is okay to ice continuously as long as you check the skin frequently.
- Use 1 to 2 pillows to elevate hand for at least 24 hours post op to help relieve swelling and pain.

ACTIVITY

- No strenuous activity or heavy lifting until cleared by your surgeon
- Wiggle fingers (Piano fashion)
- It is ok to sleep however you are comfortable.
- Do not engage in activities which increase hand pain over the first 7-10 days following surgery.
- NO driving. You will be cleared to drive after the first postoperative visit if narcotic pain medication has been discontinued.
- Air travel is permitted 14 days after surgery. Air travel and immobility increase the risk of blood clots. Unless you have been previously instructed to avoid aspirin products for medical reasons, or if you are under age 16, ensure that you are taking 81 mg baby aspirin twice daily beginning the day after surgery to minimize the risk of blood clot.

DIET

- Begin with clear liquids and light foods (Jello, soup, etc.).
- Progress to your normal diet as tolerated.

APPOINTMENT

- Your postoperative appointment will be made prior to surgery. You will receive a reminder from the office prior to the visit. This will be 10-14 days after surgery at your surgeon's office.

****EMERGENCIES****

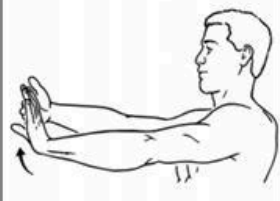
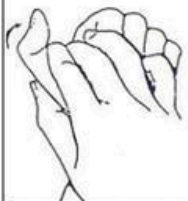


Contact the practice hotline at 1-800-974-5633 if any of the following are present:

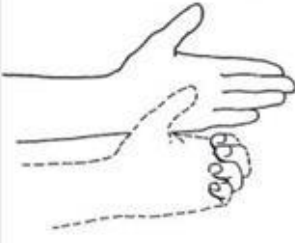


- Unrelenting pain, despite taking medications as prescribed.
- Fever (over 101°). It is normal to have a low-grade fever following surgery.
- Continuous drainage or bleeding from incisions (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting uncontrolled

DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM

HAND EXERCISES

Please start doing this exercise on the 2nd or 3rd day after surgery.

Wrist Flexor Long Arm Stretch		
		
Keeping elbow straight, grasp one hand and slowly bend wrist back until stretch is felt. Hold. Relax.		
Hold 10 Seconds. Repeat 3 times 2x/day		
AROM Thumb IP Flexion - Blocking	AROM PIP Flexion Blocking	AROM DIP Flex -Blocking
		
Brace thumb leaving tip free. Bend as far as possible, then straighten.	Pinch bottom knuckle of finger of to prevent bending. Actively bend middle knuckle until stretch is felt.	Pinch middle knuckle of finger of one hand to prevent bending. Bend end knuckle until stretch is felt.
10 repetitions 1x/day	10 repetitions each finger 1x/day	10 repetitions each finger 1x/day

Flexor Tendon Glide - Active Hook Fist	Flexor Tendon Glide - Active Straight Fist	Finger Opposition
		
With fingers and knuckles straight, bend middle and tip joints. Keep large knuckles straight.	Start with fingers straight. Bend knuckles and middle joints. Keep fingertips straight to touch the base of your palm.	Actively touch thumb to each fingertip. Start with index finger and proceed toward little finger. Move slowly at first, then more rapidly as motion and coordination improve. Be sure to touch each fingertip.
10 repetitions 1x/day	10 repetitions 1x/day	10 repetitions 1x/day