Carpal Tunnel Syndrome: Should I Have Surgery?

Here's a record of your answers. You can use it to talk with your doctor or loved ones about your decision.

1. Get the facts
2. Compare your options
3. What matters most to you?
4. Where are you leaning now?
5. What else do you need to make your decision?

1. Get the facts

Your options

- Have surgery for carpal tunnel syndrome.
- Don't have surgery. Use rest, ice, medicine, wrist splints, and new ways to do some tasks.

Key points to remember

- Home treatments may be all you need if you've had mild symptoms for a short time. You may be able to treat carpal tunnel syndrome with rest, ice, medicine, and wrist splints. You also can learn to do some tasks in a way that doesn't hurt your wrist. Surgery may be a better choice if you've had very bad symptoms for a long time.
- Surgery for carpal tunnel syndrome may give you only a little relief if your symptoms are caused by other health problems, such as rheumatoid arthritis, hypothyroidism, or diabetes. Treating these problems often makes carpal tunnel symptoms get better or go away. But in some cases, you still might need surgery.
- Sometimes surgery is needed to prevent lasting nerve damage. You will likely have a nerve test to see if you need surgery.
- Symptoms of carpal tunnel syndrome in pregnant women often go away after childbirth. Unless your symptoms are very bad, you may want to wait and see if your symptoms go away after you have the baby.

FAQs

What is carpal tunnel syndrome?

Carpal tunnel syndrome (See figure in appendix) is a nerve problem that causes tingling, numbness, weakness, or pain in the fingers, thumb, or palm, and sometimes the forearm. These symptoms are caused by pressure on a nerve (median nerve) in the wrist (carpal tunnel).
This problem is often linked to hand and wrist motions that you do a lot. These are called repetitive motions.

Swelling or fluid retention in the wrist—which can happen during pregnancy or because of a health problem—also can cause carpal tunnel symptoms or make them worse.

**What problems can you have from carpal tunnel syndrome?**

Severe carpal tunnel syndrome that lasts a long time can lead to permanent damage to the median nerve. This can make it hard for you to use your hand.

You may have:

- Pain.
- Weak thumb muscles. This makes it hard for you to grip or hold objects.
- Loss of feeling and ability to use your fingers and hand well.

**How does surgery fix carpal tunnel syndrome?**

Surgery reduces the pressure on the median nerve in the wrist. The doctor cuts a ligament to relieve the pressure on the nerve.

The surgery is called carpal tunnel release (See figure in appendix). It can be done in one of two ways:

- **Open surgery** (See figure in appendix): Your doctor makes a small cut (incision) in the palm of your hand.
- **Endoscopic surgery** (See figure in appendix): Your doctor makes one small incision in the wrist, or one small incision in the wrist and one in the palm. He or she puts a lighted tube—called an endoscope, or scope—into the incision. Surgical tools are put in along with the scope.

You may decide to have surgery if you've had very bad symptoms for a long time and other treatments haven't helped.

Sometimes surgery is needed to prevent lasting nerve damage. You will likely have a nerve test to see if you need surgery.

**How well does surgery work?**

Most people who have surgery for carpal tunnel syndrome have less or no pain and numbness in their hand and better hand function after surgery.¹ It's not clear how long you should try nonsurgical treatment before considering surgery. But after people who have severe carpal tunnel syndrome have surgery, they typically have fewer symptoms and better hand function than people who continue using wrist splints or a combination of medicine and hand therapy.²
Both types of surgery—open and endoscopic—work equally well to improve symptoms. Talk to your doctor about which surgery might be best for you.

Major problems from surgery can happen, but they are rare. About 1 person out of 100 has a major problem after surgery, such as nerve damage, while 99 out of 100 people don't.

What can you do other than have surgery?

You can try several home treatments to help relieve your symptoms. This may be all you need to do for mild symptoms of carpal tunnel syndrome. Doctors suggest that you try these treatments for 3 to 12 months before you think about having surgery. It often helps to try several treatments at the same time.

You may try to:

- Rest your hand for 1 or 2 weeks. Stop activities that hurt.
- Put ice on the palm of your hand and wrist for 10 to 15 minutes at a time.
- Take nonsteroidal anti-inflammatory drugs (NSAIDs), such as naproxen or ibuprofen. Studies haven't shown NSAIDs to be effective for carpal tunnel syndrome, but they may help relieve your symptoms. Talk to your doctor before taking NSAIDs. They can cause side effects.
- Change the way you do certain hand motions.
- Wear a wrist splint. It's usually worn at night, but you can wear it during the day.

Other choices

- You can work with a physical therapist to learn how to do activities in a new way.
- If these home care treatments don't help, you may be able to take corticosteroid shots or pills to improve your symptoms.
- You can try yoga.
- Symptoms of carpal tunnel syndrome in pregnant women often go away after childbirth. Unless your symptoms are very bad, you may want to put off having surgery and see if your symptoms go away after you have the baby.

How well do other treatments help symptoms?

Rest, ice, and other home treatments may be all you need if you've had mild symptoms for a short time.

Your doctor may also suggest that you try wrist splints or corticosteroids to avoid or delay surgery. Splints are easy and inexpensive, and there is little risk to trying them. Studies show that:

- If you have very bad symptoms, a splint may not help your pain as well as surgery could.
- Corticosteroid shots and pills give short-term relief from symptoms.

Why might your doctor recommend surgery for carpal tunnel syndrome?
Your doctor might recommend surgery if:

- You've had very bad symptoms for a long time, so you're at risk of having lasting nerve damage.
- Test show that you have nerve damage.
- A wrist splint, medicines, and other treatments haven't helped your symptoms.

2. Compare your options

<table>
<thead>
<tr>
<th>Have surgery for carpal tunnel syndrome</th>
<th>Try other treatments</th>
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<tbody>
<tr>
<td><strong>What is usually involved?</strong></td>
<td></td>
</tr>
<tr>
<td>- You have local anesthetic, so you are awake but won't have pain.</td>
<td>- You can try several home treatments to ease symptoms of carpal tunnel syndrome, including:</td>
</tr>
<tr>
<td>- You go home on the same day.</td>
<td>- Rest.</td>
</tr>
<tr>
<td>- You need to avoid heavy use of your hand for up to 3 months.</td>
<td>- Ice.</td>
</tr>
<tr>
<td>- You may be able to go back to work after a couple of days if surgery is on the hand you don't use as much. If surgery is on the hand you write with and use most often, it may be 6 to 12 weeks before you can work again after open surgery or 4 weeks after endoscopic surgery.</td>
<td>- A wrist splint.</td>
</tr>
<tr>
<td>- Surgery can make symptoms get better or go away for most people.</td>
<td>- New ways of doing tasks.</td>
</tr>
<tr>
<td>- It can prevent lasting nerve damage.</td>
<td>- Yoga.</td>
</tr>
<tr>
<td>- Other treatments might not work.</td>
<td></td>
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<tr>
<td>- Your symptoms may come back.</td>
<td></td>
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<tr>
<td>- Major problems from surgery, such as infection or a problem from anesthesia, are rare.</td>
<td>- Other treatments might not work.</td>
</tr>
<tr>
<td>- If you have very bad symptoms and wait too long, you could have lasting nerve damage.</td>
<td>- If you have very bad symptoms and wait too long, you could have lasting nerve damage.</td>
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<tr>
<td>- Temporary increase in pain, or a small chance of nerve damage, after a corticosteroid shot.</td>
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Personal stories

Are you interested in what others decided to do? Many people have faced this decision. These personal stories may help you decide.

Personal stories about surgery for carpal tunnel syndrome

These stories are based on information gathered from health professionals and consumers. They may be helpful as you make important health decisions.

"One of the most annoying things about my carpal tunnel syndrome is the night pain in my hands. If I don't wear the splints, it wakes me up almost every night. But with the splints, I can get a good night's sleep, and my doctor says that my thumb and hand strength are not too bad. I'm nervous about any kind of surgery, so when my doctor said it would be okay to wait awhile, I said, "Great." If the splints stop working, though, I'll probably be back in my doctor's office!"

— Dave, age 55

"I own a landscaping business, and a few months ago I started having a lot of pain when putting in backyard fences. Then the pain started to wake me up at night and keep me awake. My doctor said I had a classic case of carpal tunnel syndrome. I tried some of the home treatments that she recommended, and the problem didn't get any worse, but it didn't get any better, either. So I went back and asked about surgery. It sounds like the surgery has a good chance of taking care of the problem, so I'm going to give it a try. When you own your own company, it's too expensive to keep missing work. But I'll have to wait till the slow season, because I'll have to take a few weeks' break to recover."

— Javier, age 46

"I thought for sure that I was going to have to have surgery for my carpal tunnel. I'm an order-taker for a mail-order catalog company, which means I type a lot, and my symptoms were really getting bad. My fingers were numb, so I kept hitting the wrong keys on the keyboard and making errors. The pain was waking me up at night, and it was even starting to hurt during the day. I went to my boss and the human resources manager at work, and together we worked out a job-sharing arrangement that lets me take orders for part of the day and work in the mail room the rest of the day. I am going to see how that helps, along with the exercises and the splints."

— Catherine, age 40

"When I dropped my third coffee cup in a week, I decided it was time to do something about my hands. I've had this carpal tunnel problem for a couple of years now, and I'm tired of wearing the splints and getting occasional steroid shots in my wrists. My doctor says that whether I have surgery or not is really up to me at this point. I think I'm ready for it."

— Danitra, age 36
3. What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

<table>
<thead>
<tr>
<th>Reasons to have surgery</th>
<th>Reasons not to have surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>I tried other treatments, but my pain is still bad.</td>
<td>I can live with the pain while I give other treatments some more time to work.</td>
</tr>
<tr>
<td>More important</td>
<td>Equally important</td>
</tr>
</tbody>
</table>

| I don't mind having surgery if it can get rid of my symptoms. | I just don't want to have surgery. |
| More important | Equally important | More important |

| I'm not worried about the small chance of problems from surgery. | I don't want to take even a small chance of something going wrong with surgery. |
| More important | Equally important | More important |

| I'm afraid of having lasting nerve damage from carpal tunnel syndrome. | I'm not worried that I'll have lasting nerve damage from carpal tunnel syndrome. |
| More important | Equally important | More important |
My other important reasons:

More important
Equally important
More important

4. Where are you leaning now?

Now that you've thought about the facts and your feelings, you may have a general idea of where you stand on this decision. Show which way you are leaning right now.

Having surgery

NOT having surgery

Leaning toward
Undecided
Leaning toward

5. What else do you need to make your decision?

Check the facts

1. Home treatments may be all I need to get rid of mild symptoms from carpal tunnel syndrome.
   - True
     - False
     - I'm not sure

   That's right. Home treatments often work for mild symptoms from carpal tunnel syndrome. You can try rest, ice, and doing tasks in a new way.

2. Surgery may not be a good choice if my symptoms are caused by pregnancy or a health
problem.

- **True**
  - False
  - I'm not sure

That's right. Symptoms often go away after childbirth or after treatment for the health problem.

3. I have a good chance of improving or getting rid of my symptoms with surgery.

- **True**
  - False
  - I'm not sure

That's right. Surgery is likely to improve or get rid of your symptoms. But it doesn't work all the time.

**Decide what's next**

1. Do you understand the options available to you?
   - Yes
   - No

2. Are you clear about which benefits and side effects matter most to you?
   - Yes
   - No

3. Do you have enough support and advice from others to make a choice?
   - Yes
   - No

**Certainty**

1. How sure do you feel right now about your decision?

<table>
<thead>
<tr>
<th>Not sure at all</th>
<th>Somewhat sure</th>
<th>Very sure</th>
</tr>
</thead>
</table>

2. Check what you need to do before you make this decision.
   - I'm ready to take action.
   - I want to discuss the options with others.
   - I want to learn more about my options.
3. Use the following space to list questions, concerns, and next steps.

Credits and References

Credits

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References

Citations


Appendix

Topic Images

Figure

Carpal Tunnel Syndrome
The carpal tunnel is a narrow space in the wrist. It contains wrist bones and a ligament (transverse carpal ligament) across the wrist where the palm and forearm meet. Tendons and the median nerve pass through this space to your hand. The median nerve supplies feeling and some movement to part of the hand.

Carpal tunnel syndrome is usually caused when an illness or other problem makes the carpal tunnel space too small. This puts pressure on the median nerve and causes pain, tingling, and other symptoms.
Carpal tunnel release surgery is used to reduce the pressure on the median nerve in the wrist. This is done by cutting the ligament that forms the top of the carpal tunnel. Cutting this ligament relieves pressure on the median nerve. Any other tissue (such as a tumor) that may be putting pressure on the median nerve can also be removed during surgery.

**Open Carpal Tunnel Release Surgery**

In open carpal tunnel release surgery, the transverse carpal ligament is cut, releasing the median nerve. The size and shape of the incision may vary.

**Endoscopic Carpal Tunnel Release Surgery**
In endoscopic carpal tunnel release surgery, the transverse carpal ligament is cut. This releases the median nerve.

Endoscopic surgery uses a thin tube with a camera attached (endoscope). The endoscope is guided through a small incision in the wrist (single-portal technique) or at the wrist and palm (two-portal technique). The endoscope lets the doctor see structures in the wrist (such as the transverse carpal ligament) without opening the entire area with a large incision.

The cutting tools used in endoscopic surgery are very tiny. They also are inserted through the small incisions in the wrist or wrist and palm. In the single-portal technique, one small tube contains both the camera and a cutting tool.

During endoscopic carpal tunnel release surgery, the transverse carpal ligament is cut. This releases pressure on the median nerve. So the symptoms of carpal tunnel syndrome are relieved.

Note: The "printer friendly" document will not contain all the information available in the online document. Some information (e.g. cross-references to other topics, definitions or medical illustrations) is only available in the online version.

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