BARRINGTON
Orthopedic Specialists
"Specializing in You"

MATTHEW A. BERNSTEIN, M.D.
ORTHOPEDIC HAND & UPPER EXTREMITY SURGEON

MINI OPEN CARPAL TUNNEL RELEASE POST OPERATIVE INFORMATION:

Roxane Fanella x4381 • Katie Vodicka x4378

AN OPERATION WAS OR WILL BE PERFORMED TO DECOMPRESS THE CARPAL TUNNEL. THE TRANSVERSE CARPAL LIGAMENT AND A PORTION OF THE FOREARM FASCIA (THE LIGAMENT AND ADJACENT TISSUE THAT RESTRAINS THE CONTENTS OF THE CARPAL TUNNEL INCLUDING THE MEDIAN NERVE) IS SURGICALLY DIVIDED.

DRESSING:
There are one or more incisions under your dressings at the palm and/or wrist. Some leakage of blood may occur on the dressing. Excessive drainage or bleeding is not expected. If this is observed you should contact our office, your physician, or an emergency room facility for examination and or treatment. The dressing will typically be removed 2-5 days after surgery, typically by the Barrington Orthopedic Specialists Occupational Therapist, Physical Therapist, or an Assistant at Barrington Orthopedic Specialists. (See wounds)

PAIN:
Upon discharge, you should secure a prescription for pain medication if one has not been e-prescribed or phoned in already. Typically, this will be an analgesic with Codeine or codeine derivative, or a Tramadol product. Please inform us of any known drug allergies. Your pain medication may produce nausea, a fine skin rash, and or constipation. In that case, the medication should be discontinued, and our office contacted for alternate medication options. The application of an ice pack to the operative site will help with swelling and discomfort in the first 48-72 hours and as far out as 2 weeks from surgery. Do not exceed 30 minutes of ice application per hour and do not apply directly to your skin.

ANTIBIOTIC: 2-3 PILLS ONLY (Total of 24 hours of antibiotic coverage), unless specifically instructed by Dr. Bernstein. **DO NOT TAKE THIS PRESCRIPTION UNTIL AFTER (POSTOPERATIVE) SURGERY; YOU WILL RECEIVE INTRAVENOUS ANTIBIOTIC IMMEDIATELY PRIOR TO INCISION/SURGERY (PREOPERATIVELY).**
You received an IV antibiotic at the time of surgery. You will receive a prescription for oral antibiotic for after surgery, to be taken 3-6 hours after your last IV dose during surgery on the day of surgery to diminish likelihood of infection. The doctor will provide you written instructions on when to start taking the antibiotic

medication after surgery. Let us know if you are allergic, or sensitive to the antibiotic that has been prescribed. If you were on an antibiotic preoperatively, please continue taking that antibiotic postoperatively until it is all gone (generally no more than 14 days) unless otherwise instructed by Dr. Bernstein. If this issue was not clarified, please call the office for clarification.

WOUND:
You may unwrap and re-wrap the ace wrap portion of the extremity dressings for comfort. These dressings should otherwise remain clean and dry until your first dressing change with Therapy or Assistant at the office. DO NOT INTENTIONALLY GET HOT, SWEATY, OR DIRTY AS THESE FACTORS DO INCREASE THE RISK OF INFECTION WHILE YOU HAVE SUTURES/STAPLES IN PLACE. After your first dressing change, the area may be rinsed with warm soapy water, dried with a clean towel or dressing, and re-dressed with a dry gauze 4x4 (do not use general purpose sponges commonly available in pharmacies – they aren't the same as gauze) and conforming dressing and tape, or other dressing consistent with what the therapist will instruct you at your postoperative therapy visit on day 2-5 after surgery. The wound takes approximately 48-72 hours to seal. A quick shower may be taken on day 3 or after, assuming that there are no unusual concerns about the wounds at the time of your first dressing change or thereafter. The skin wounds should be healed between 10-14 days, at which time your sutures/staples will likely be removed. The day after suture/staple removal, you may perspire and even submerge the extremity/scar under water as in a swimming pool, or tub bath. Additional healing will occur on the inside, where the surgery was performed for up to 6 weeks, and scar tissue will mature for up to 2 years after surgery.

EXERCISES:
You should gently move all of your fingers and thumb through a full arc of flexion and extension (slowly, from fingers all the way straight, then to all the way bent down so that the finger tips touch the dressing at the palm), counting to 10 seconds at the end of full flexion and at the end of full extension. Motion starts immediately after surgery and continues as much and as often as possible while awake. Gentle short arc wrist motion is also encouraged to decrease swelling and prevent stiffness. *** You may gently move your wrist and hand in any direction, but DO NOT combine forceful wrist flexion and forceful finger flexion for 6 weeks following surgery. If you find that you are forcefully flexing the wrist and fingers at the same time, you may wear a wrist splint to prevent that combination of motions for those activities or times only. Assuming no complications, there are no restrictions after 6 weeks following surgery. Some patients may experience ongoing pillar pain for as much as two years but are encouraged to continue performing 10-15 time per day scar massage, and for activities where needed, wear a bicycling or weight training glove with padding across the heel of the hand.

PRECAUTIONS:
Early post-operative problems could be manifested by unusual escalation of pain, unrelieved by prescriptions, temperature elevation (101.5 degrees or above), progressive swelling or bleeding. If presented with any of these symptoms or wound problems you should seek consultation at our office, your own physician, or even an emergency room in some instances.

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ANESTHESIA INSTRUCTIONS

1. A responsible adult should be aware of instructions, accompany, and drive patient home.
2. Sedatives and anesthesia may make you feel tired for several days.
3. Do not drive the day of your surgery and/or if taking pain medicine thereafter.
4. Prior to driving, YOU must be confident that you can drive safely, and not be taking narcotic or narcotic-like pain medicines.
5. You may experience a sore throat and dryness in your mouth.
6. Muscle soreness may occur.
7. Be aware of dizziness and take extra time transitioning from laying to sitting, and from sitting to standing.
8. Do not drink alcoholic beverage for 24 hours after your surgery, or if taking any anti-inflammatory or narcotic pain medications.
9. Do not make any critical decisions on the day of surgery, or if taking opioid/narcotic medications.

For any procedure that will require an anesthesiologist, you will need to be off of any GLP-1 Agonists for 7 calendar days prior to your surgery (Dulaglutide: Brand name Trulicity, Exenatide: Brand name Byetta, Exenatide extended-release: Brand name Bydureon, Liraglutide: Brand names Victoza and Saxenda, Lixisenatide: Brand name Adlyxin, Semaglutide: Brand names Ozempic and Rybelsus, Tirzepatide: Brand name Mounjaro)

Contact the clinical assistant to Dr. Bernstein at

(847) 285-4303

(Please do not leave time sensitive, urgent messages on this extension)

- Typically, Dr. Bernstein's clinical team will call to check on you a few days after your surgery.
- **Your first post-operative visit will typically be with an occupational therapist.** If not already scheduled, or to confirm your appointment, please call to schedule your post-operative visit with the Occupational Therapists in 2-5 days. If necessary, you will see the therapists 0-3 times per week until you see Dr. Bernstein's clinical team.
- **Your second post-operative visit (first post-operative with Dr. Bernstein's clinical team) will typically be scheduled with Katie Pope, PA-C or Helaneh Nighoghsian, PA-C.** If not done preoperatively, please call to schedule your follow-up/suture removal/postoperative examination for 10-14 days with Dr. Bernstein's team.
- Dressings may be delivered to your home between surgery and your first postoperative visit. Please bring these with you to your first postoperative visit to receive instructions on proper use.

Thank you,

Barrington Orthopedics Specialist

ALTHOUGH THIS IS A POST OPERATIVE FORM, IT IS NOT SPECIFIC FOR YOUR CONDITION UNLESS OTHERWISE NOTED IN WRITING.

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Carpal Tunnel Commonly Asked Questions

Clarifications of the surgery and post-operative recovery.

1. Day of surgery is day 0.
2. Day 0 – post-op OT (day 2-5): may shower with covering over arm
3. Same day, but after the dressing change with OT day 2-5: You may shower without covering over arm. Remove dressing, quick shower, reapply dry dressings, DO NOT SCRUB the wound.
    - No heat (saunas). No excessive perspiration (don't work out), or dirt (don't move boxes, clean your house, or work on your car).
4. Dressing change (see above with OT at Dr. Bernstein's office day 2-5 after surgery).
5. The day following suture removal (suture removal is day 10-14 with Dr. Bernstein's clinical team) you can resume activities that involve getting hot, sweaty, and dirty. Continue to shower with dressings off. You may even submerge the wound under water and do dishes for short periods of time.
6. For 6 weeks post-op, no bending of wrist in the direction of finger flexion while squeezing or gripping or lifting. You may gently bend the wrist in any direction. You may grip and squeeze with the wrist in neutral. You may NOT bend/flex the wrist AND grip and/or squeeze.
7. Anticipate some degree of pain for 2-4 weeks. Less than 50% of patients take any postoperative opioids. "Pillar Pain", the #1 complaint after surgery, is pain that resides at the heel of the hand across the base of the palm and or along the thumb, small finger or long finger axis crossing the wrist crease and "always" goes away, but can be mild to severe, and last as long as 2 years.
8. "Even though the cortisone injection did not help me", there is still a 50-60% chance of good to excellent result (most or all of the symptoms improving). That leaves 40-50% of patients who remain symptomatic, though progression ceases. Regardless of initial results of surgery, 3 75% of patients will have recurrence. Average time to recurrence is 10 years, though I've seen it as late as 50 years and as early as 3 years post-op.
9. Dr. Bernstein indicated that there was ~1% chance of complication such as neurovascular injury, infection, or other peri-operative complication that could result in worsening of your condition or CRPS or other etiology of constant, incurable pain forever, and/or development of evidence of Dupuytren's contracture.

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Other typical questions from real patients.

1. If my interpretation of no bending, squeezing, gripping or lifting is correct, that means you would not be able to open your pill containers, floss your teeth, pull on your socks, pants or shirt, lift a glass of water or have a bowel movement. If my interpretation is correct, how do other patients perform these functions?
    - (See above. IF one were to find that they were forcefully gripping and flexing the wrist simultaneously, they can/should wear a cock-up splint to avoid the flexing portion of combined wrist flexion and gripping in order to allow for the forceful gripping part which you can do if your wrist is in a neutral position.)
2. I didn't ask, but does it imply that after 6 weeks you can swim, perform yoga, lift a carton of milk, etc.?
    - (See above, you may swim wearing a water friendly splint the day after the sutures are removed ~10-14 days post-op. You may lift a carton of milk on day 0 if your wrist is in a neutral position. Yoga you should wait until 6 weeks post-op at which time there are no limits that I place on body mechanics, so long as you are comfortable doing what you need/want to do after 6 weeks).
3. If Dr. Bernstein defines 50-50 with 50% chance of success even if the pain and numbness stay the same, does that mean that the other 50% means the surgery will make things worse? I.e. floppy wrist, more pain and numbness?
    - (See above. The 40-50% chance of not improving does not typically leave one worse, it simply does not afford you improvement in numbness, tingling, weakness or pain that were complaints pre-operatively. Surgery helps the most with intermittent symptoms of numbness, tingling, nighttime symptoms, and pain that is from the carpal tunnel syndrome. Surgery takes the longest to help with and is least predictable at improving symptoms that are constant such as constant numbness, tingling, weakness, pain. 75% of the total improvement of residual symptoms that are capable of obtaining has typically happened by 6 months postop, 90% by 1 year, and with few exceptions by 2 years you are no longer likely to obtain additional improvement)
4. What happens from day 2 or 5 dressing change until day 14? More dressing changes or no dressing changes? Office visit?
    - (See above. At your OT visit on day 2-5 you will be taught safe body mechanics, your wound will be inspected, and you will be instructed in a home exercise program as well as how to do your twice daily and additional as needed dressing changes.)

5. Will I need OT/PT? If so, when?
    - (Aside from the 1 visit with OT on day 2-5 in my office, it is unlikely that you will need ongoing therapy. Part of the evaluation at your OT dressing change is an assessment and if needed it is built into the prescription for OT to continue2-3 times weekly until you are seen by me in the office for your suture removal. Suture removal occurs post-op day 10-14 or sooner if there are any issues that I don't like with your wounds. Your job post-op is to gently move your fingers (not wrist) through a full arc of motion touching your fingertips to your palm and counting to ten, and then fully extending your fingers and thumb and counting to ten, and then repeat. You start doing this in the OR after your dressing is applied, and you continue until seen by OT for the first dressing change and wound check and instructions on HEP.
6. If I were you, would you recommend the surgery?
    - I do recommend the surgery for CTS and/or cubital tunnel syndrome to anyone who has virgin anatomy, a positive EMG/NCV and has symptoms consistent with the diagnosis that are not alleviated by splints/CSI's/Activity modifications (NEROE – Never ever rest on the elbows and avoid prolonged and/or repetitive elbow flexion greater than 90 degrees)(see below also)
7. How likely is it that I will continue to get worse if I leave this alone?
    - ~95%.
8. How quickly will I get worse if I leave this alone?
    - There is no way to know if you will worsen slowly or quickly. However good or bad you are at the time of surgery may be the best that we can get, because it is possible that the damage to the nerve is already permanent and the reason to not wait is that the more permanent damage you have, the less chance of improvement you have or the greater degree of ongoing symptoms you are likely to have.
9. What is Double Crush Syndrome?
    - When there is more than one area along the course of the symptomatic nerve, you are more likely to have symptoms than if you had the identical degree of compression at only one of the locations. You are less likely to have complete relief of your symptoms, and there is a chance that you could require evaluation and treatment with a Physiatrist (a non-surgical physician who typically specializes in care of neck and back conditions) or spine surgeon (orthopedic or neurosurgical), or Vascular Surgeon/Thoracic Outlet Syndrome specialty clinic if your Double Crush involves the brachial plexus at or about the thoracic outlet.

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