

Carpal Tunnel Syndrome

The aim of this information sheet is to give you some understanding of the problems you may have with your wrist and fingers. It has been divided into sections, describing what we know about carpal tunnel syndrome and your treatment options. It is not a substitute for professional healthcare advice and should be used in conjunction with verbal information given by your GP or Physiotherapist.

What is it?

'Carpal' is a term that refers to the wrist bones. Carpal tunnel syndrome (CTS) is a relatively common condition where a nerve (the median nerve) is squashed as it passes through a short tunnel at the wrist. The tunnel contains the tendons that bend the fingers and thumb as well as the nerve.

As it is a small space, any swelling in this area can cause pressure on the nerve which can stop it working properly, this can cause pain, numbness and a burning or tingling sensation in the thumb side of the hand and fingers. The symptoms of CTS can range from mild to severe.

Causes of carpal tunnel syndrome

- Occupation: a job that involves repeated forceful movements of your wrist, e.g. using a screwdriver or vibration tools, or computer based activities
- Diabetes
- Inflammation of the tendons
- Fracture at the wrist
- Rheumatoid arthritis in your wrist joint
- Pregnant/menopause
- Thyroid problems
- Cysts in your carpal tunnel

Carpal tunnel syndrome is more likely to affect women than men. It tends to develop in people between 50 to 54 and 75 to 84.

CTS is also common during pregnancy, affecting up to 50% of pregnant women. It is thought that this may be due to the extra fluid that often occurs during pregnancy. This puts extra pressure in the carpal tunnel.

What are the symptoms?

altered feeling in hand, usually of the thumb, index, middle and ring fingers tingling that is often worse at night or first thing in the morning pain in the hands (and sometimes wrist or forearm) maybe worse when holding an object (hand elevated) weakness and wasting of the muscles at the base of the thumb weakness of pinch grip clumsiness and drop objects easily fingers feeling swollen or heavy

What tests can be done?

The main way we diagnose CTS is through what you tell us and by examining your wrist and hand. Movement, feeling and strength are tested. Tapping over the tunnel (Tinel's test) or quashing the tunnel (Phalen's test) is also done to assess CTS. Sometimes nothing abnormal is found.

In some cases, nerve conduction tests are needed to confirm the diagnosis. Blood tests are sometimes taken to see if there is any inflammation, or thyroid problems

What is the treatment?

General advice: Try not to over-use your wrist by lots of squeezing, gripping, wringing, etc. If you are overweight, losing some weight may help. Painkillers may be prescribed to ease the pain. If the condition is part of a more general medical condition (such as arthritis) then treatment of that condition may help.

Not treating may be an option: Sometimes carpal tunnel syndrome improves without any treatment after six months, especially if you're pregnant or under 30 years old.

The symptoms go without treatment within a year or so in 1 in 4 cases. So, not treating is an option, particularly if symptoms are mild. The situation can be reviewed if symptoms get worse.

Self-help: It's important to try to limit any activities that make your symptoms worse. It may help if you change the way you make repetitive movements, reduce how often you do them and increase the amount of rest you take between periods of activity.

Hanging your arm out of bed or shaking your hands when they are numb or tingling may help. Stretching your wrist back may also help. Reach forwards as if pushing a door open, then reach upwards as if pushing the ceiling. Try this 4 times a day, 10 times in a row.

A wrist splint is often advised as a first active treatment. The aim of the splint is to keep the wrist in a midline position. This may settle the problem if used for a few weeks. It is common to wear a splint just at night. This is often enough to ease symptoms.

Medication: Many people use medication to help them remain active and to cope with their pain and symptoms. It is recommended you take any medication as prescribed.

Work: It is usually recommended that you try to stay at work, or get back to work as soon as possible. You do not need to be pain or symptom free to return to work. Research has shown the longer you are off work the less likely it is that you return. Nerve tests are sometimes ordered to find out how badly the nerve is squashed.

A steroid injection into the carpal tunnel is an option, but this is only done by a suitably trained health care practitioner.

Surgery may be required. The operation involves opening the roof of the tunnel to reduce the pressure on the nerve. The surgery is usually done under local anaesthetic, but sometimes regional anaesthetic (injected at the shoulder to numb the entire arm) or general anaesthetic is required. It generally takes about three months to regain full strength and a fully comfortable scar. The hand can be used for light activities from the day of surgery. Surgery is usually successful but if you have had the symptoms for a long time there may be only partial recovery.

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.

Useful website: www.nhsinform.co.uk/msk/