

Ordination

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CARPAL TUNNEL SYNDROME

SHORT INFO

Operation time:	ca. 30 minutes
Anaesthesia:	local
Hospital stay:	1 night
Presentable:	immediately
Sports:	after ca. 3 weeks (depending on the sport)

Carpal tunnel syndrome, where the median nerve (nervus medianus) is damaged by increasing compression in the carpal tunnel, is the most common indication for hand surgery. This leads to pain, tingling and numbness at the thumb, index and middle finger, and at the inner half of the ring finger. If it persists for a longer period of time, these fingers will usually become increasingly numb and the hand will also be weakened because of damage to the motor nerve fibres. The damage to the nerve at the carpal tunnel can be proven by way of an electroneurographic examination. If conservative efforts have not brought any improvement, surgery should be aimed for as soon as possible to take the strain off the nerve and prevent the damage from becoming irreversible.

After administering a local anaesthetic to the hand, the median nerve and its branches are exposed by way of two small, separate incisions in the palm and at the far distal flexor side of the lower arm, and the transverse ligament of the carpal roof is cleaved, along with constricting nerve sheaths of connective tissue, if required. This serves to eliminate the constant pressure applied to the median nerve, and hence the cause of the pain, allowing the freed nerve fibres to regenerate over the following months. After the wounds in the skin have been closed again, a splint is applied to the lower arm until the sutures are removed ca. 10 days later.

I not only prefer open exposure of the nerve by way of two small skin incisions over endoscopic techniques because of comparative scientific studies, but also out of my own personal experience.