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CARE PRIOR TO CARPAL TUNNEL SURGERY

What to do before surgery?

Use a chlorhexidine gluconate (CHG 4%) scrub brush to thoroughly wash the hand the night before, the morning of surgery, and at the time of surgery. Wash for at least 7 minutes. Wash using the sponge and water. These sponges can be purchased at most drug stores.

What will happen at the time of surgery?

Before going in for surgery, you will meet with Dr. Anzarut. This is a good opportunity to ask any remaining questions. Next, he will use a marking pen to mark your hand. Local anesthesia will be applied to ensure the area is numb for the surgery. You will repeat the chlorhexidine gluconate scrub for 5 minutes. A nurse will help you into a stretcher and prepare the area for surgery. On average, procedure lasts for 10 minutes.

CARE AFTER CARPAL TUNNEL SURGERY

This is a short surgery with a small incision; however, the recovery is not short and not small. Most patients can do all activities at 6 weeks and have full recovery by 6 months. Carefully follow the instructions below to ensure the best result.

Pain

The best ways to manage pain are *elevation, ice, rest, and medications*. Keep your hand elevated for the next 48 hours minimum. Think about 3 points – your hand, your heart, and the floor. For the next 48 hours, your hand should be the highest of those 3 points. **It is essential to ice the area.** Ice the area for 15 minutes ‘on’ and 15 minutes ‘off’ for the first 48 hours while awake. This can be done with ice packs or a bag of frozen vegetables. Always have something between the ice and the hand. You can use a cloth or the dressings. Ice directly against the hand can cause damage. Take 650 mg of Tylenol and 200 mg of Advil every 6 hours for the first 48 hours. Some patients prefer to use Tylenol with codeine (Tylenol #3) during the first 48 hours. If this is the case, please let Dr. Anzarut’s staff know and they will organize a prescription for this. Start the pain medications *before* the freezing comes out.

***** If you have an allergy or intolerance to Tylenol or Advil, please speak with Dr. Anzarut or your family doctor prior to taking these medications. Patients with liver disease, kidney disease, or a history of ulcers should not take these medications without first discussing it with their family physician.***

Things to watch for

Infection: Worsening pain, fevers, chills, or red streaks up the arm. If you have some or all of these symptoms, contact the office and / or Dr. Anzarut. If you are unable to contact Dr. Anzarut, go to the emergency room.

Compartment syndrome: Swelling can lead to a tight dressing. This may cause throbbing pain and discomfort. If untreated, this can lead to serious and permanent injury. If you are experiencing throbbing pain, elevate the hand for 10 minutes. If the pain continues, remove all the dressings so that the skin is exposed. If the pain does not resolve after another 10 minutes, contact Dr. Anzarut or go to the emergency room immediately.

Dressing instructions

Assuming there are no problems, leave the dressings on and keep them dry for the first 3 days.

Washing

After 3 days, take the dressings off. You must keep the wound clean to avoid infection. Clean the area by letting water drip over it. After cleaning or showering, pat the area dry. Apply a waterproof bandage over the incision. Repeat this daily until you are seen in follow up at the 2 week post operative visit. Do not soak the wound for the first 2 weeks [no baths or swimming].

Use of the hand

Move the fingers as soon as the freezing comes out. This is helpful for healing. You should be able to make a full fist by the 3rd week. During the first 3 weeks, avoid putting direct pressure against the incision and avoid heavy lifting. Excess activity early on will worsen the pain, slow the healing, and delay recovery. After 4 weeks, you can use your hand as tolerated. Avoid activities that produce discomfort. If after 3 weeks, you are unable to make a full fist, you may need formal physical therapy. If this occurs, please call Dr Anzarut. By 6 months, you should have full use of the hand without and discomfort.

Follow-up

Your sutures *may* need to be removed after 2-3 weeks. Other patients may have only dissolving sutures. Suture removal can be done at Dr. Anzarut's office or by your family doctor. If you have any questions or concerns prior to this, please call the office. *Please avoid having another physician treat problems related to your surgery.* If you have concerns, call the office (250.597.2064). If you are unable to get through to the office and there is an emergency, you can call Dr. Anzarut directly (250.510.4668).

When should I call the office?

- 1) Increasing pain
- 2) Infection
- 3) Unable to make a full fist by 3 weeks post operatively
- 4) *Any other concerns*