**After Surgery Instructions**

**Carpal Tunnel Release**

**1st Week**

1. **Finger motion exercises** are begun on the way home from the hospital. They should be done slowly and gently, extending the fingers and thumb as straight as possible and then flexed or bent as far as the dressing allows. These exercises are not fast or forceful, being done approximately 50 repetitions an hour while awake.

2. **Elevation is important** for the first 3 to 4 days. Try to keep the hand between the ceiling and your heart, no matter what position you are in. At night, the hand and forearm can be rested on a pillow placed over your heart if you are on your back. Alternately, pillows can be placed at the side, or in front if you are sleeping on the non-operated side. Slings are to be avoided, since it is difficult to elevate the hand in a sling and much better to keep the elbow and shoulder moving.

3. **Local anesthetic** (numbing medicine) may be used at the end of the surgery, and usually lasts for 8 hours. It may occasionally last much longer, even up to several days. It is especially important to maintain elevation of the extremity if the numbing medicine is still in effect.

4. **Ice** may be applied over the palm side of the dressing, as long as the dressing is kept dry. The dressing is bulky, and not all the cold can get through, so the use of ice is optional. It may reduce pain and swelling, and should be used intermittently while you are awake.
5. **The dressing should be kept clean and dry.** If taking a shower, the dressing should be wrapped in a plastic bag or other waterproof cover. The dressing should not be changed until the first office visit after surgery. *If you have a carpal tunnel splint or brace in reasonably good shape at home, bring it with you to the first office visit after surgery.*

6. **A narcotic pain pill** prescription will be given to you at the hospital. These should be used as directed and as needed. Many patients do not need very many pain pills, or none altogether. If your pain can be managed by regular Tylenol or by an anti-inflammatory medicine like Advil, then narcotics may not be needed. If the narcotic pain pills are used, alcohol should not be taken, machinery not used, and no driving should be done.

7. **Light activity is permissible with the hand that has been operated on.** It is acceptable to use it to carry light objects, help with buttoning clothes, and simple tasks such as light writing. If the surgery has been done with the carpal tunnel as a work-related condition, then the restrictions are not to use that hand in the work environment for the first two weeks. Although light use of the hand at home is desired, repetitive use in a work environment is avoided for the first two weeks.

8. **If any problems or questions arise, call the Cedar Valley Hand Surgery office at 364-2697.** If possible, please call during normal office hours.

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**2nd Week**

1. **At the first office visit,** the bulky dressing is removed and a light dressing or large band aid is applied along with a carpal tunnel brace. The sutures (stitches) are left in place, to be removed at the next office visit. **The brace should be worn at all times except for showering.** After showering, the sutures can be cleaned with peroxide or alcohol. The dressing is replaced with a light gauze dressing or large band aid. The sutures should not be placed underwater, as in dishwater, bathwater, or swimming.

2. **It is important to keep the elbow and shoulder moving, and to continue finger exercises.** Finger exercises should be done several times a day. When the splint is off for showering, finger exercises are easier. Try to flex and extend the
fingers and thumb fully, touch each finger to your thumb, and touch your thumb to
the small finger side of your palm.

3rd Week

1. **The carpal tunnel brace will be gradually worn less and less.** It does not need
to be worn for sleeping beginning the third week. It should be removed for light
activities first, and worn for strenuous activities. In a work environment, the brace
should be worn for the full first 6 weeks.

2. **Strengthening exercises** are started at this point. Soft equipment, such as
racquetballs, stress balls, or nerf balls should be used initially. Exercise are done 3 to
4 times a day for 5 to 10 minutes. They can be done while reading or watching
television. As strength returns, more resistive equipment can be added to increase
strengthening. Drug stores, therapists, or medical supply stores often sell exercise
putty kits that may be beneficial. Grip strengtheners with coils or springs, often
found in medical suppliers or athletic departments can also be added. **Grip
exercises should be continued for at least 4 to 5 months after surgery.**

3. **Three days after the sutures are removed, the palm can be soaked** as in
bathwater or dishwater. The 3 to 4 day wait is to allow the suture holes to close over
first.

4. **Scar massage with hand lotion** is started 3 to 4 days after suture removal, again
to allow the suture holes to close first. Any type of hand lotion or cream is
acceptable, and **the lotion massage should be done twice a day for 3 to 5 minutes.**
Scar massage loosens up scar tissue, retrains nerve endings, and reduces swelling
faster. Scar massage should be continued for **4 to 5 months after surgery.**