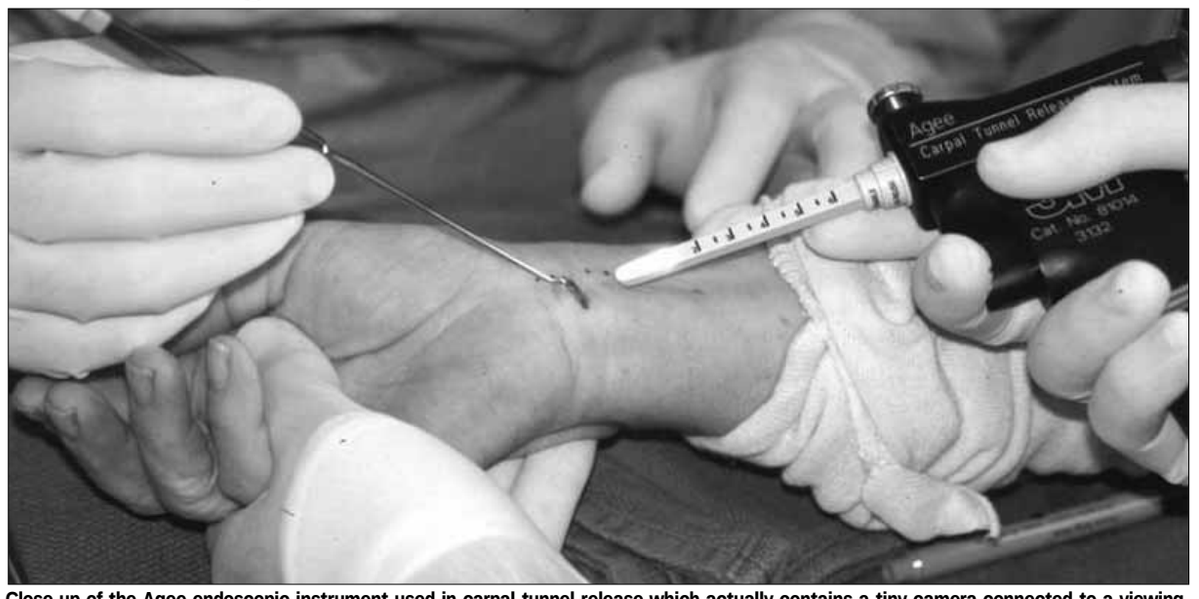
CARPAL TUNNEL SYNDROME (Part 4 of 10)

How I Finally Learned Fact from Fable

Today Cayman Net News continues the ten part series on Carpal Tunnel Syndrome written by ***Barbara Currie Dailey.*** *This educational series will run daily until Friday 3 August. This series helps to dispel some of the myths related to this condition and includes an interview with a leading Carpal Tunnel Syndrome specialist, Dr Alejandro Badia MD, FACS, who is based in Miami Florida. It is hoped that this series will be a benefit to the population of the Cayman Islands*

In part three of the series Barbara Dailey helps to demystify some come of the comman misconcetions about Carpal Tunnel Syndrome.

In part four of the series Barbara Dailey talks about the surgical procedure and the road to a quick and speedy recovery.



Close up of the Agee endoscopic instrument used in carpal tunnel release which actually contains a tiny camera connected to a viewing monitor. Note the fiber optic light source at the very end of tip.

In and Out (Quickly)—of the Operating Room

I have a phobia about anesthesia that's been my boogeyman for over 25 years. Thanks to one cocky doctor and his cavalier attitude I'd been scared of "going under" most of my adult life. I dreaded the pre-op meeting with the Miami Hand Center staff anesthesiologist the night before surgery but was relieved to discover that Dr. Angel Saavedra deserved his first name. He explained exactly how the local anesthesia and mild sedative he would use would affect me and answered any questions. I left feeling comforted and safe. The caring attitude and actions of the Miami Hand Center medical staff in the pre-op waiting area the next morning further reassured me.

Endoscopic carpal tunnel release and trigger finger release are outpatient procedures performed under local anesthesia (and a mild sedative to calm patient anxiety) in the Miami Hand Center's ambulatory surgical facility. Both procedures took less than 30 minutes. I was discharged immediately after and walked out with only a "light dressing," a bulky but lightweight gauze bandage, far more intimidating than the small incisions it protected. There was no wrist cast or splint required. My thumb and fingers were completely free and I could use them for light activities.

My discharge instructions ordered me to keep the bandage dry and my hand elevated above the heart level as much as possible for two days and perform "grabbing fistfuls of air" (finger extension/fist- making exercises) at least five times each waking hour throughout the day until the dressing was removed five days later. This was to promote circulation and range of motion and speed healing. I had to avoid any lifting, pushing or grabbing however.

Once the local anesthetic wore off several hours later, I was surprised by the amount of feeling I already had in my fingers. By the next morning, it was as if someone had flipped an "on" switch in my hand. I had declined a prescription for painkillers and needed only an Advil in the morning and night for the first few days. The promise of painless surgery proved true.

A patient representative called the next morning to check on me and answer any questions. She told me that by the third day after surgery, I could drive (automatic, but not a stick shift) but only if I was very careful and comfortable doing so. I could also use the computer for short periods but again –only if I felt OK doing it. Other light activities were fine, but nothing that put pressure on the hand or wrist while the bandage was on. That was great news! I was uneasy with the idea of driving with a bandaged hand —but I did return to the keyboard and met that next article deadline.

In the following days, I realized that numbness and tingling I had, but had ignored so long, was gone. It was a painful admission for an educated person: I didn't realize how badly I hurt —until I didn't hurt anymore. When the dressing was removed five days later, I had another surprise—the incision scars were as small as Dr. Badia described. Worrying what was beneath that huge gauze bandage had needlessly concerned me. More good news: the stitches on both incisions would dissolve on their own—I didn't need to worry about having them removed.

I was told to keep the incision areas dry after showering or swimming for the first week while they healed, but I could resume light activities— like lifting a coffee cup but not a gallon water jug. And I was advised to keep sessions on the keyboard brief and avoid anything else that would put pressure on the palm, index finger or wrist or keep the wrist flexed too long, for the first few weeks. That included activities like vacuuming, chopping vegetables, using a manual can opener or trying to open a jar for the first time. I could cope with those restrictions, and by the end of a month, I could do almost everything in my normal routine, but more slowly and deliberately.

Most patients don't need physiotherapy after carpal tunnel surgery. However, I wanted to better understand both conditions, as well as hand and wrist physiology. I also wanted to learn anything, such as recommended activity modification, that could speed healing. I opted for two, hour-long sessions with a hand therapist at Miami Hand Center. The information and treatments I received were invaluable and I would recommend it to anyone with this problem.

For further information: Visit Dr. Alejandro Badia's interactive and informative website, www.drbadia.com. You can watch videos featuring interviews with CTS patients and others with related conditions and view a non-graphic video describing the technique of endoscopic carpal tunnel release. The site features direct a link to Dr. Badia himself for answers to questions about carpal tunnel syndrome and other hand, wrist and shoulder problems. For consultation by appointment you can also reach Dr. Badia through his office at the Miami Hand Center at (305) 661-3000, 8905 SW 87th Ave., Suite 100, Miami, FL 33176.

Here I am back in action after an unbelievably short time. While recovery time from carpal tunnel release differs among patients and depends a great deal on attitude, mine was incredibly quick. In fact, in appearance it's hard to believe I had surgical procedures at all: the incision scars looks like nothing more than mosquito bites.

During the first few weeks, I learned to do quite a few things left-handed for the first time in my life, an interesting middle age accomplishment. But now I can once again use the computer, sign my name legibly, even slowly peel and slice mangos and breadfruit. I can't do pushups yet, and it's going to be a few months before I'm ready to use a machete or reel in a yellowfin tuna. But conch season is months away, so there's no need to worry about pounding anything right now.

My index finger is much better, although still a little painful and stiff in the morning but so are other parts of me. Dr. Badia assures me this is normal after such a short time and is pleased with my progress. Apparently mine was a pretty advanced case and may take several months to heal completely but I know those symptoms will completely resolve over time. On the bright side, that procedure already restored 90% of my index finger function, up from almost nothing. I could live happily ever after with that improvement.

I've had to change the way I do certain things and have gotten better at paying attention to physical reminders to focus, slow down and not overdo it right now. I take frequent breaks from the keyboard to stretch and do exercises, and try to avoid gripping things so aggressively (like the steering wheel) or using too much force with a knife when cutting or chopping food. My palm is a still a little tender at times and I have occasional twinges in my wrist if I lift something too heavy. I treat these as cues to avoid activities and awkward positions that put too much strain or stress on those areas. But these are nothing compared to the twinges of chagrin I feel from being so stubborn about seeking help in the first place.

Postscript: And the Moral of This Story Is…..

Don't procrastinate. If you have symptoms of carpal tunnel syndrome, see a medical doctor who is a hand specialist. In addition to the Miami Hand Center, there are hand specialists throughout the USA, UK and many other foreign countries who can provide an accurate diagnosis and treatment if necessary. And please don't waste your time or money shopping online for advice; reading New Age self-help books or experimenting with medically unproven therapies.

Unfortunately we live in a time when the media and drug manufacturers seem to be a conspiracy, ready to label every ache, aggravation or physical quirk of aging as a new syndrome or addiction, with a new pill to cure it. Every day brings a new drug we're urged "to ask our doctor about," if we survive listening to the list of possible side effects.

No wonder we feel lost and suspicious –it's hard to separate fact from fiction. Even people with solid common sense can be tempted to try "alternative" treatments if they fear carpal tunnel syndrome. Those "therapies" may keep us out of a medical doctor's office but offer only temporary–and often expensive—relief. They can't relieve compression of the median nerve and won't prevent symptoms from becoming worse. But they can reduce the swelling in your wallet.

For example, the cost of a thorough evaluation at Miami Hand Center by an experienced hand specialist, including exam, X-rays and nerve conduction studies, cost only slightly more than three, hour-long therapeutic Shiatsu and acupressure massages. While I enjoy massage and believe in its benefits, my sessions never provided more than brief relief from discomfort I later learned were worsening symptoms of long-ignored CTS.

While carpal tunnel syndrome isn't a life threatening condition—it can pose a very real threat to your *quality of life* if left untreated, by interfering with or even forcing you to give up favorite activities. Don't let that happen. Treatments are at your fingertips and provide a reassuring "light at the end of the tunnel."

For the remainder of the series, attention is turned to an interview with Dr Alejandro Badia, where talks about carpal tunnel syndrome, its misconceptions and who is at risk among other topics.