CARPAL TUNNEL SYNDROME (Part 2 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 two of the series Barbara Dailey receives the diagnosis from Dr Alejandro Badia and recalls all of the potential warning signs.

An Education at the Miami Hand Center

THE Miami Hand Center waiting room was crowded with patients representing a wide variety of ages, occupations—and orthopedic medical problems. Many had suffered injuries that appeared to be very serious.

The waiting area (and as I later saw, examining room too) was also free from displays of glossy brochures touting the latest pain and arthritis drugs or orthopedic devices. That kind of blatant pharmaceutical advertising in a captive and vulnerable marketplace like a doctor's waiting room offends me and makes me suspicious. Its absence was a detail I noticed immediately and impressed me. But something else made a powerful first impression.

The efficient flow of patients in and out of both the examining rooms and busy nearby busy pain management and physiotherapy department was reassuring to watch. As patients exited, their faces almost universally reflected relief rather than anxiety—many were even smiling—regardless of casts, splints or bandages.

I was almost embarrassed by my sausage finger, which suddenly seemed minor compared to the problems around me. There were so many human interest stories here. We were a small multiethnic community united by a common bond: a need for comfort and healing.

A friendly older Hispanic lady sitting next to me had a large gauze bandage on her right hand. Because of her age, I assumed it was a wrist fracture. As we "chatted" using a combination of Spanglish and gestures, I learned she was 79 and it wasn't a fracture. I was surprised when she used the English words "carpal tunnel." I doubted this genteel septuagenarian had ever touched a computer and I must have looked surprised. But she said she'd had the surgery the week before and was there to have the dressing removed. It was her *second* surgery –her left hand was "fixed" several months earlier and she was very happy. Now soon she would to be able to cook and sew again, but more important than that: "not be afraid to hold her newborn grandson."

"Some said I was too old to do this, " she said, "but my time left is too precious to waste. How could I live and not hold my only grandbaby?" she said.

Her words touched and humbled me and made me ashamed of my skeptical reaction, which she must have noticed. That older woman's confidence in her own treatment and her doctor helped reassure me I'd made the right choice in coming here.

The Diagnosis: *Carpal Tunnel Syndrome and Trigger Finger*?

Once in the examining area, I was first asked to provide a detailed medical history, but contrary to what I expected, no MRI or CAT scan was required. Instead, I had X-rays of my right hand, followed by a nerve conduction study, during which electrodes attached to my fingers and wrist measured the nerve response in my hand.

Once these were completed, Dr. Badia came in for the physical exam and consultation. His friendly, direct approach and optimistic attitude immediately put me at ease. He examined both hands and asked me to perform a several wrist maneuvers, including one called a Phalens test. In this, the patient holds the wrists fully flexed for a minute—that one made my right hand go numb and I had to shake it awake after.

Dr. Badia assured me the X-rays had ruled out a fracture, tumor or dislocation, which was good news. It wasn't a sprained finger, or residual trauma from a serious car accident in March 2006—another little fiction I indulged in. So what was wrong?

"Your index finger problem is a condition called *stenosing tenosynovitis* or "trigger finger." The medical explanation is that it is essentially a tendonitis of the flexor tendon. Sometimes the membrane surrounding the tendon becomes so thickened it gets stuck within its tunnel and catches, or "triggers, causing the painful condition you've obviously had for awhile," Dr. Badia explained.

"Have you been experiencing any numbness and tingling or pain in your right hand, especially at night or in the morning?" Dr. Badia asked, puzzled as he studied my nerve conduction study test results.

I hadn't mentioned anything about that on my medical history questionnaire. I must have looked like the classic middle-aged woman suffering from White Coat Syndrome that causes instant symptom amnesia and makes you suddenly feel "fine."

Dr. Badia treats a wide range of patients with shoulder to hand orthopedic problems, like this young girl with a wrist fracture.

" No, not really, I replied, oblivious to the obvious as I sat on the examining table still alternately shaking my right hand and massaging the lower palm to wake it up—a frequent routine of mine throughout the day anyway.

Dr. Badia watched this and I saw his raised eyebrows above that surgeon's skeptical and omniscient look irradiating patient denial.

"That's surprising because your nerve conduction studies indicate substantial compression of the median nerve in the wrist leading to your right hand. The very fact that you have this kind of tendonitis in your index finger indicates a high likelihood of having carpal tunnel syndrome. Those same tendons pass through the carpal tunnel, the area of the wrist where the median nerve is located, causing additional compression of the nerve due to limited space," he said.

My high school anatomy was a little rusty and Dr. Badia rewarded my blank look with more information.

"The symptoms of trigger finger and carpal tunnel syndrome have the same underlying cause: a thickening or swelling if you prefer, of the membrane, or sheath, surrounding the tendon. Essentially, this is related to metabolic factors. It is NOT caused by repetitive activities like typing or computer use, as many people mistakenly believe. Because those swollen flexor tendons take up more space, this causes the median nerve to become compressed—in other words, a "pinched nerve" in the wrist. In turn, that causes the symptoms commonly associated with carpal tunnel syndrome: numbness, tingling and pain in the hand. Nerve conduction study is a sophisticated and highly accurate test for diagnosing carpal tunnel syndrome because it reveals any compression of that nerve. Your tests were definitely positive—they showed you have carpal tunnel syndrome in your right hand and it's pretty far advanced," Dr. Badia explained.

Carpal tunnel syndrome? How could that happen?

At 55, I was too old for that disease. I considered it a Generation X disorder of "techhies" and compulsive video gamers who spent too much time on the computer or control panel. It was an excuse to take sick leave or attract sympathetic attention by wearing an uncomfortable looking splint. Although I do spend a lot of time on the computer, I have many other interests too, from cooking and gardening to photography and watersports. I have never touched a Nintendo or Playstation 2. And since I'm self-employed, I certainly don't want time off from work.

There must be some mistake. Had Dr. Badia confused this condition with arthritis?

My mother had frequent numbness and pain in her thumb muscle and fingers for years, beginning when she was in her 50's. She blamed it on aging and arthritis and ran her hand under hot water in the morning and persevered. I learned to do the same, brushing off any suggestions of carpal tunnel syndrome. But arthritis, Dr. Badia explained, is a completely different painful medical problem, involving degeneration of the articular cartilage, not nerve compression. In reality, my poor mom probably suffered quietly from CTS for many years.

It was only then that I realized I'd been deluding myself, ignoring day and nighttime numbness and frequent hand pain for longer than I could remember. I attributed it "sleeping in a bad position", "a pinched nerve from all those car accidents," the humid tropics or not enough coffee. Whenever my hand went to sleep or became painful while driving or typing, I just shook it awake or did my little massage routine. This had been going on for *years*.

There's an old Caymanian saying that describes how I felt just then: *Floor swallow me!"* It means you feel so foolish you'd like to disappear. My hand woke up —and so did I.

So exactly what *is* carpal tunnel syndrome—and how had I missed this creeping affliction in my own body?

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