

CARPAL TUNNEL SYNDROME (Part 3 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 of the common misconceptions about Carpal Tunnel Syndrome.

Demystifying Carpal Tunnel Syndrome

Dr. Badia understood my reaction, which mirrored the widespread public confusion about carpal tunnel syndrome he encounters all the time. He patiently explained the facts.

"Carpal tunnel syndrome (CTS) is a common but often misunderstood medical condition, even within the medical community itself. We understand what causes the symptoms, but researchers still don't understand the pathology. That is, we don't yet know what actually causes that thickening of the tenosynovium, or membrane surrounding the tendon, that creates pressure on the median nerve. That remains a medical mystery and medical researchers are working to discover the cause.

"However, we do know it's not caused by spending too much time on the computer or by so-called 'repetitive stress injuries' which in fact, are usually a form of tendonitis," he explained. "Certain repetitive activities that require exaggerated wrist positions for prolonged periods, like typing or playing a musical instrument—can aggravate symptoms after the onset of carpal tunnel syndrome—but they do not cause CTS."

"The wrist is the most complex joint in the human body. Carpal tunnel syndrome is a compression, *not* an infection or inflammation, of the median nerve located in the wrist, which controls sensation in the thumb and index through ring fingers. That nerve sits inside a complex 'tunnel' made up of eight carpal (wrist) bones that form the floor and walls of the tunnel, and held together by strong ligaments. The roof of this tunnel is made up of the transverse carpal ligament," Dr. Badia said, adding:

"The nine tendons that bend or flex the fingers also run from the forearm through the carpal tunnel. When these tendons become inflamed, often for reasons unknown, the membrane or sheath surrounding them thickens, putting pressure on the median nerve. The nerve itself is not damaged, but when it is compressed, this causes the symptoms of carpal tunnel syndrome. These can include: numbness and tingling in the thumb and fingers; a burning sensation in the middle and index fingers; hand and wrist pain, sometimes resem-

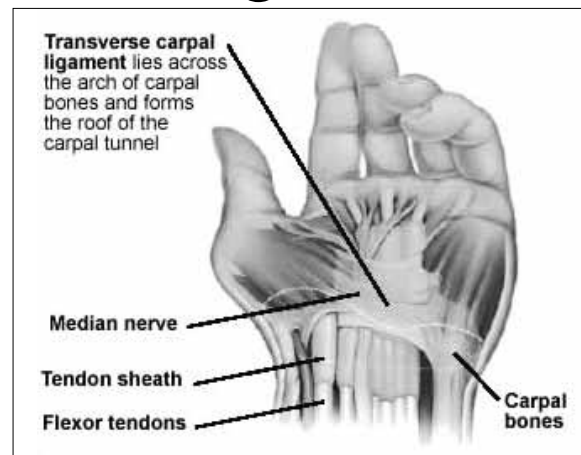


Diagram of the wrist showing the location and structure of the carpal tunnel and median nerve.

bling a sharp electric jolt. The symptoms are often worse at night and can interfere with sleep. If left untreated for a long time, they can get much worse, as I think you now know."

Carpal tunnel syndrome affects both men and women and occurs in a wide variety of occupations—from office workers to surgeons and musicians. It develops in socialites as well as housewives and professional women. However, CTS is most common in middle-aged women, especially perimenopausal and post menopausal. Women in their third trimester of pregnancy are also frequent victims, but the condition usually disappears within a month after childbirth.

Medical studies suggest there is a complex connection between CTS and certain hormone levels whose fluctuations cause fluid retention. In fact, menopause is prime time for the condition worsening.

CTS often develops in people with chronic metabolic conditions like diabetes, rheumatoid arthritis, thyroid disease or gout. Dr. Badia emphasized that CTS is *not a circulatory system problem*, often mistaken for one because of the numbness frequently associated with it.

Dr. Badia stressed that CTS symptoms develop gradually. Trigger finger is linked to carpal tunnel syndrome as are other several related disorders—but can occur in patients without CTS and vice versa. Although carpal tunnel syndrome cannot yet be prevented, it can be treated effectively in its early stages.

"The most effective treatment for mild symptoms is a night splint, which keeps the wrist in a neutral position during sleep. Most people bend their wrists when they dream and this puts pressure on the nerve, and a splint will help them sleep better. A small amount of medical data suggests high doses of Vitamin B6 may be helpful, acting as a physiological diuretic to decrease the swelling of the tendon sheaths. A corticosteroid injection within the carpal tunnel can also be an effective treatment.

For patients whose symptoms don't respond to these conservative treatments and those with a significantly positive nerve conductive study (meaning tests show compression of the median nerve) a minor surgi-

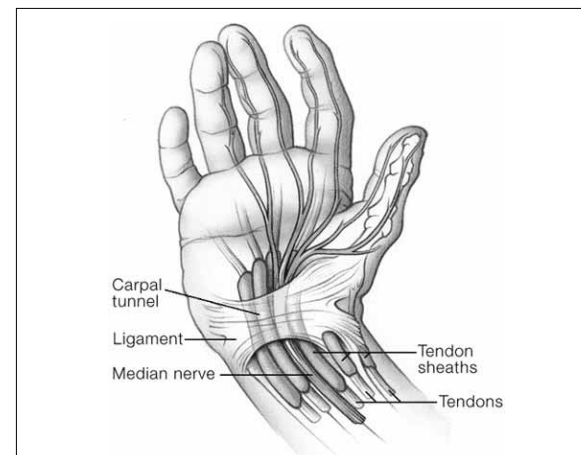


Diagram of the wrist showing the location and structure of the carpal tunnel and median nerve.

cal procedure is necessary to relieve symptoms," Dr. Badia explained.

I was in for another surprise: I was one of those people who needed that surgical procedure.

I Needed a Surgical Procedure: An Unexpected Diagnosis

"I *can* make your finger better," he said, taking my hand and pointing to the base of the finger (right along my life line.) "I simply make a small incision there in the palm at the base of finger" was all I heard before my brain fogged.

When I came back from outer space a few seconds later, Dr. Badia was saying.... "I would also take care of the carpal tunnel problem at the same time with a second procedure called endoscopic carpal tunnel release. Both are painless outpatient procedures and done under local anesthesia—and take less than 30 minutes. You will need someone to drive you home after."

Temporarily stunned by this unexpected diagnosis, I had to ask Dr. Badia to repeat everything.

"If you had come in for an evaluation much sooner, conservative treatment might have helped, including a corticosteroid injection within the carpal tunnel. But I'm afraid it's a little late because your nerve conduction studies were so positive. Right now, that trigger finger won't go away on its own," he advised.

That double whammy coupled with my own ignorance of this subject left me numb. I had heard disturbing stories about "dangerous and debilitating complications" from carpal tunnel surgery, second hand tales relayed by people who "knew someone with permanent wrist nerve damage" and other hearsay horrors. What's worse, I'd let myself be influenced by a friend several years younger than I (and I now realize, an unhappy lady of leisure) who had carpal tunnel surgery several years ago and turned it into a new hobby. She complained for months about pain and discomfort, wearing a bulky black brace like an orthopedic Purple Heart. Her chronic whining made me deaf to this subject and any anything involving my wrist and small knives.

What really worried me was that my wrist is so

small. My hyperactive writer's imagination came up with a sleepless 3 a.m. script filled with gory special effects on the operating table. They would sever an artery and I would bleed to death. The scalpel would slip and slice off my hand completely. I'd miss the deadline for my next column!

Dr. Badia calmed my anxiety by explaining the two surgical procedures. The trigger finger release required only a small incision in the palm at the base of the index finger.

"The other, called endoscopic carpal tunnel release, uses highly sophisticated fiber-optic technology and also requires only tiny incision, in the wrist. Both procedures are painless and the scars will be almost invisible within weeks. I treat hundreds of cases of CTS every year and have successfully performed more than 3000 carpal tunnel releases, just like the one I recommend for you, with NO complications." Dr. Badia explained and then shared two incredible stories.

"Last month I performed carpal tunnel release on a 101 year old woman. I had performed that procedure on her other hand when she was 98 and she was so relieved that she finally returned to have the other side done. Then her 80 year old daughter decided on surgery too.

"I also did bilateral carpal tunnel release on a pioneering heart surgeon from Florida's Gulf Coast. I operated on both hand simultaneously and he was able to perform valve replacement surgery only 8 days later. That story is posted on my website. We have many busy patients from out of town who will travel a good distance for this sophisticated endoscopic procedure that requires only minimal recovery time.

"Most patients experience immediate relief from the symptoms of numbness, tingling and pain. The finger will take longer to heal, probably a few months, but you'll feel relief from the worst symptoms quickly. Of course, a lot depends on your attitude. I can arrange to schedule the procedure next week. Perhaps even tomorrow if you are going to be in town for a short period. I see many out of town and overseas patients like you, who come in for 3 or 4 days to have this particularly easy surgical procedure," Dr. Badia said.

By now I had enough confidence in this doctor to feel I didn't need a second opinion. I made an appointment for surgery the following week.

During the next few days, I refused to listen to Second Opinions from individuals convinced I'd made the wrong decision. Some "helpful" people sent me "CTS shock sheets," web page printouts warning of "the risks of dangerous and unnecessary carpal tunnel surgery." They suggested alternative therapies ranging from chiropractic adjustments to electromagnetic gloves and other devices resembling instruments of medieval torture. I saved them all to laugh at later. Dr. Badia had already helped me overcome any fears and cured my ignorant misconceptions.

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