

Carpal Tunnel Syndrome (Pressure on the median nerve in the wrist) Management Options

Brief Decision Aid

There are **five** options for the management of carpal tunnel syndrome:

- **Watchful waiting** - seeing how things go with no active treatment.
- **Physiotherapy** - can involve advice on position and working on soft tissues or the nerve.
- **Splinting** - wearing a splint on the wrist which reduces pressure on the nerve.
- **Injection** - of steroid (cortisone) into the wrist to reduce inflammation around the nerve.
- **Surgery** - decompression of (taking the pressure off) the carpal tunnel. This is a hospital operation under local anaesthetic (injection). **In certain situations, such as rapidly worsening symptoms, signs of muscle wasting/weakness, or when the hand is becoming difficult to use, your doctor is likely to recommend this option.**

In making a decision you need to ask yourself - What is important to me? This leaflet and your health professional can tell you the evidence and give their suggestions but you need to make a decision that is right for you. What are your preferences?

You might like to think about:

- Do I want relief quickly, but which might not last, or relief that is more gradual but might last longer?
- What do I think about having an injection?
- Is it possible for me, or am I prepared to wear a splint every night, and or during the day?
- Can I find time for physiotherapy and doing the exercises?
- Is the problem bad enough that I would want to have an operation?

Benefits and risks of watchful waiting

Treatment Option	Benefits	Risks or Consequences
Watchful waiting - no active treatment	About 25 in 100 people will find their symptoms resolve within six months. This is more likely if you are young (20-29yrs), female or pregnant. No side-effects or hospital treatment. You can choose another option any time.	About 75 in 100 people will still have symptoms after six months. It may already be having an impact on your life and well-being.

Benefits and risks of physiotherapy

Treatment Option	Benefits	Risks or Consequences
Physiotherapy This can involve advice on position, working on soft tissues or on the nerve.	May help if your symptoms tend to happen during certain activities and if you are found to have nerve or muscle tightness on assessment by a physiotherapist.	This may involve several sessions with the physiotherapist. There is limited evidence in formal trials of the outcomes of physiotherapy.

Benefits and risks of splinting

Treatment Option	Benefits	Risks or Consequences
Splinting This involves a splint that is strapped to the hand and wrist - sometimes worn just at night and sometimes during the day as well.	Between 50 and 70 in 100 people will have significantly improved symptoms at six months. It is especially good for night-time symptoms. Some clinicians can issue these straight away.	Between 30 and 50 in 100 people will not notice much of a difference in their symptoms. It can be worn during the day though some people may find this a nuisance or restricting. Sometimes you can only get the splint from a Physiotherapy Department or you might have to buy the splint.

Benefits and risks of injection

Treatment Option	Benefits	Risks or Consequences
Injection This involves injecting a small dose of steroid (cortisone) into the wrist to reduce inflammation around the nerve.	About 75 in 100 people will find their symptoms settle within 1-2 weeks of the injection. You may avoid surgery. The injection can be repeated after an interval of a month or two if necessary. Particularly useful if symptoms have occurred in pregnancy or if you have had hypothyroidism (low thyroxine level).	About 25 in 100 people will not get improvement following an injection. Less useful if symptoms are very severe, if you are diabetic, or if symptoms have been present for more than a year. There is a very small risk of damage to the median nerve - this could happen once in every 1000 injections and can lead to permanent pain or numbness The symptoms do recur in about 30-50 in every 100 people after a single injection. The injection is sometimes painful although most people cope with it very well.

Benefits and risks of surgery

Treatment Option	Benefits	Risks or Consequences
Carpal tunnel decompression This is an operation done in hospital under local anaesthetic. Can be done with an open cut (incision) or with use of an endoscope (keyhole surgery).	80 - 90 in every 100 people are satisfied with the operation at one year post-op. Performed under local anaesthetic so very little risk of side effects. Very low recurrence rate.	10 - 20 in every 100 people are not satisfied with the operation at one year post-op, with 8 in 100 feeling they are worse off at two years. Heavy lifting is not advised for two weeks after surgery. Heavy gripping/pinching is not advised for up to six weeks. There is a very small risk of injury to the nerve or surrounding structures. You are left with a small scar (3-5cm) on the inside of your wrist and there is a small chance of this becoming sensitive, painful or thickened.

Brief Decision Aids are designed to help you answer three questions: **Do I have options? What are the benefits and risks of these options, (and how likely are they)? How can we make a decision together that is right for me?**