

Information for Patients

In many cases Carpal Tunnel Syndrome (CTS) will not require surgery and this should only be carried out when specific criteria are met. This is because medical evidence tells us that in most cases, alternative treatments should be tried first and can be just as effective.

About the condition

CTS occurs when there is pressure on the median nerve at the wrist. It causes tingling, numbness and pain in the hand and fingers. If it only causes minor symptoms then it requires no treatment.

It's important you and your doctor make a shared decision about what's best for you if CTS is causing you problems. When deciding what's best you should both consider the benefits, risks, the alternatives and what will happen if you do nothing.

What are the **BENEFITS** of the intervention?

Surgery prevents patients with constant numbness of their fingers from becoming worse and it usually improves the numbness and can restore normal sensation. It also has a high success rate in patients with intermittent symptoms who have had a good, but only short-term, response to other treatments which should be tried first.

What are the **RISKS** of the intervention?

Carpal tunnel release surgery is usually very successful, but has risks and complications which usually cause temporary problems such as pain, infection, scarring, tenderness and bleeding. Following surgery, the hand may be weak and sore for 3-6 weeks, but recovery of normal hand function is expected.

What are the **ALTERNATIVES**?

CTS can develop due to an underlying medical condition such as diabetes, arthritis, thyroid dysfunction, or being overweight, but often there's no underlying cause. Treating these conditions can sometimes improve symptoms. Adapting your workplace and getting support with daily activities may reduce your pain and tingling. If you have intermittent symptoms which interfere with everyday activities you should first be treated with corticosteroid injections or asked to try wearing a splint on your wrist at night. If these options fail to control the symptoms or they come back over time, then surgery can be carried out. If there is constant numbness of the fingers then surgery is the first advised treatment, rather than splints or steroid injections.

What if you do **NOTHING**?

The symptoms may gradually become worse, but may also improve without any treatment, which is often seen in pregnancy. Mild cases with intermittent symptoms causing little or no interference with sleep or activities should not require any treatment. If more severe cases are left untreated there is a risk of permanent nerve damage, with numbness in the fingers and weakness of the thumb, which may become so severe that it does not respond to treatment.

You can find out more about the [NHS Evidence Based Interventions](#) programme online.