

You don't know you have it until it hurts — carpal tunnel syndrome.

Carpal tunnel syndrome affects all kinds of people; office workers, athletes, grocery clerks and musicians.

“Carpal tunnel syndrome is one of the most common orthopaedic problems affecting adults,” says **Dr. Thomas E. Trumble**, professor of orthopaedics and sports medicine at the UW.

What is carpal tunnel syndrome?

Carpal tunnel syndrome occurs when the median nerve in the wrist gets compressed. This nerve supplies feeling to the thumb, index, middle, and ring fingers.

The carpal tunnel is the space in the palm at the wrist. Two walls of the tunnel are formed by bones that support the wrist. The roof of the tunnel is the carpal ligament.

Several tendons and the median nerve pass through this tunnel. When tendons swell or the ligament thickens, the space in the tunnel gets smaller and the pressure inside it increases, restricting the flow of blood to the nerve. You might not even notice it until you flex or extend your wrist.

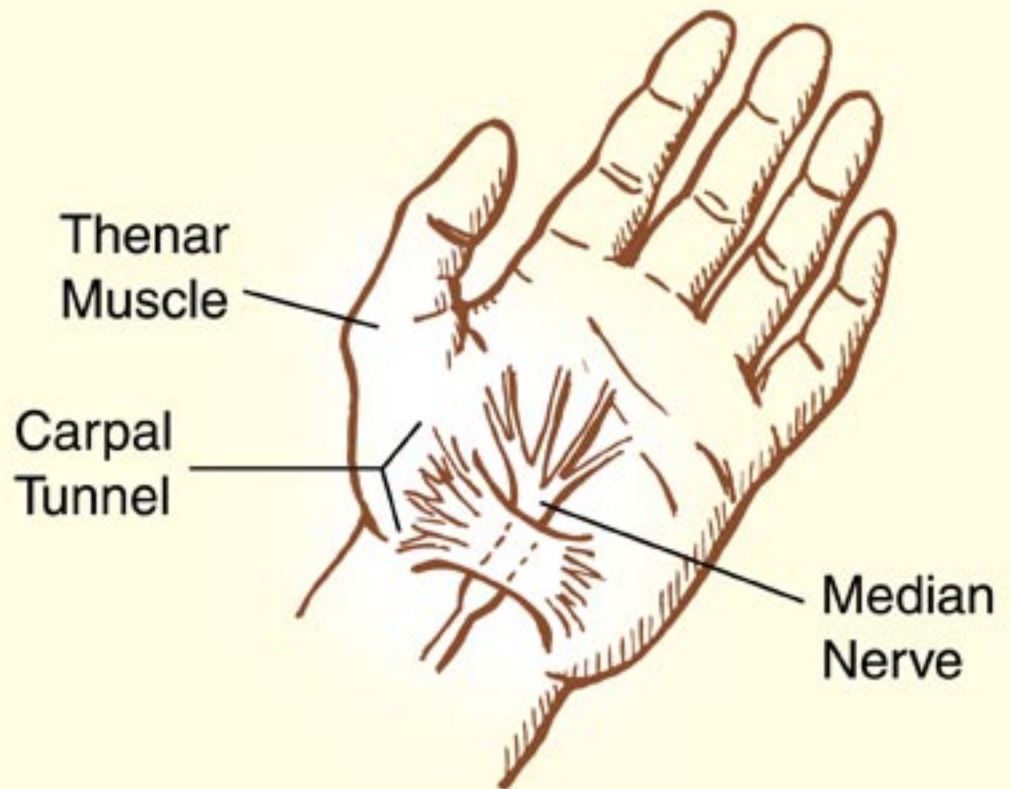


Dr. Thomas E. Trumble

CTS symptoms and diagnosis

Symptoms of carpal tunnel syndrome include tingling or numb fingers, especially in the thumb, index, and middle fingers. Pain may also occur, especially at night. Occasional hand weakness and loss of coordination or a travelling pain that moves up the forearm are symptoms of carpal tunnel syndrome as well.

Doctors diagnose CTS by evaluating the strength, sensation, and sensitivity of the hand. There are specific tests like an electromyogram and nerve



conduction velocity (EMG/NCV) tests that map the function of the nerve and help to confirm whether the CTS is mild or severe, or whether the problem is another disease or condition entirely.

CTS treatment

“We have made great strides in advancing treatment options,” says Dr. Trumble.

Physicians may prescribe a supportive wrist brace for a few weeks up to a few months for mild cases of CTS. Anti-inflammatory medicines, such as aspirin or ibuprofen, can reduce inflammation. Corticosteroid (Cortisone) injections can greatly relieve early CTS symptoms. In some cases, treatment of an underlying medical condition will relieve the problem.

For moderate and severe cases, surgery is generally recommended. Without surgery to relieve pressure on the nerve, these symptoms may become permanent.

After surgery, most people can drive within a couple of days and write within a week, but full grip strength does not return for 10 to 12 weeks and will continue to improve for up to a year.

For more information about carpal tunnel syndrome, contact the Bone & Joint Center or the Sports Medicine Clinic.

UW Bone & Joint Center
206-598-4288

Sports Medicine Clinic
206-543-1552

www.uwphysicians.org
www.orthop.washington.edu