



Handing it off

Getting treatment for carpal tunnel syndrome

According to the most recent statistics, approximately 14 million people in the U.S. are experiencing some form of carpal tunnel syndrome, a common condition resulting in compression, or entrapment, of the motor and sensory nerve in the wrist.

“We typically see carpal tunnel in adults who do a lot of repetitive activities, such as typing, painting or hammering,” says Dr. Bruce Wolock, chief of Hand Surgery at St. Joseph Medical Center. “But it may also be caused by previous injury, arthritis, hypothyroidism, or the development of a tumor or cyst.”

Basically, carpal tunnel occurs when too much pressure is exerted on the median nerve at the wrist, according to Wolock. And, possibly because the “tunnel” in women is smaller than in men, women are three times more likely to develop the condition. People with diabetes or other metabolic disorders also are more likely to develop carpal tunnel syndrome.

Symptoms of carpal tunnel syndrome include numbness, tingling, “pins and needles” burning, and pain in the thumb, middle and index finger. The numbness may begin gradually and then occur more frequently as symptoms progress.

Often, someone with carpal tunnel syndrome may awake at night feeling pain and needing to “shake out” the wrist or hand. Clumsiness in the hand also may happen, making it difficult to grasp small objects, form a fist or do other manual activities. Grip strength also becomes weaker, causing you to drop things.

“Once the symptoms of numbness and tingling appear, carpal tunnel syndrome

frequently worsens, and permanent nerve damage may occur,” explains Dr. Michael Marion, director of Hand Services for St. Joseph’s Orthopaedic Institute.

But, carpal tunnel syndrome is highly treatable when diagnosed early, he adds.

Among those diagnostic tests are questions to determine the severity of symptoms; a physical exam of your hands, shoulders, arms and neck to determine the existence of a nerve problem; and simple nerve tests, X-rays, lab tests and/or electrodiagnostic tests.

“Electrodiagnostic testing, in particular, can help us to determine whether surgery should be a treatment option,” says Marion. Surgery is usually only recommended when there is severe numbness that non-surgical treatment doesn’t fix, you’re at risk for developing permanent nerve damage or your symptoms have continued for at least six months.

“If surgery is needed, there are several new minimally invasive endoscopic options that offer quick recovery and successful relief of pain and discomfort,” says Wolock.

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