



Pre & Post op Instructions for
CARPAL TUNNEL RELEASE AND ULNAR NERVE DECOMPRESSION

PERIPHERAL NERVE CONDITIONS

- 1) Carpal Tunnel Syndrome. This is a condition where a ligament protecting the peripheral nerve going into your hand (carpal tunnel) has become thickened causing entrapment or compression of the nerve. This may cause pain, numbness and tingling of the hand and fingers, or rarely weakness (thumb mostly). This condition is often manifested in people who do repetitive hand motions, such as typing, working of assembly lines, etc.
- 2) Ulnar neuropathy. This is a condition where the ulnar nerve is trapped by a ligament usually in the elbow area. This can cause arm and hand pain, numbness and tingling (much like pain caused when you “hit your funny-bone”), or weakness of many of the hand muscles.

WHAT IS THE PROCEDURE?

This procedure is done on an outpatient basis. You will go home following the surgery.

- 1) Carpal Tunnel Release (CTR). You will be taken to the surgery suite and a local anesthetic will be administered, along with some IV sedation. A small incision will be made in your palm just above your wrist. The ligament entrapping the nerve will be cut to free up the nerve. The incision will be closed with skin sutures.
- 2) Ulnar Nerve Decompression or Transposition. You will be taken to the surgery suite and a general anesthetic will be administered. An incision will be made across the inside of your elbow. The ulnar nerve will be decompressed by cutting the tissues which constricts it. The incision will be closed with the skin sutures or glue.

PRE-OPERATIVE INSTRUCTIONS:

- Your admission will be registered with the hospital by our office. We will contact your insurance company for pre-certification requirements. You will be responsible for inquiring whether a second surgical opinion is required by your insurance. If you have any questions regarding insurance pre-certification, please contact our office.
- You will be given Hibiclens solution to use to wash the skin where we plan to make your incision. For your particular surgery this will be the entire hand and arm, up to the axilla (armpit).
- Use the Hibiclens solution on a washrag or scrubby and wash the area gently for about 5 minutes. Then rinse thoroughly. If you are not given this at the preadmission testing area, it can be purchased at most any pharmacy.

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- The evening before your surgery, **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT**. This includes gum, mints and your morning coffee. The anesthesiologist will not administer anesthesia if you have had anything by mouth after midnight, and your surgery will have to be postponed.
- If you are on any medications, please check with the anesthesiologist to see whether or not you should take them on the morning of surgery. In general, you will be able to take all medications except diabetes medicines, some blood pressure medicines and blood thinners. If you are on any blood thinners or steroids, please contact our office. Unless otherwise instructed, you should stop using any anti-inflammatory medications such as NSAIDS (ibuprofen, Motrin, Advil, Naprosyn, Celebrex, Meloxicam, Diclofenac, etc.), any product containing aspirin, and any herbal supplements (such as: St. John's Wort, fish oil or other sources of Omega -3 fats, Vitamin E, etc.), 7 days before your surgery. These substances can cause bleeding problems and serious anesthetic reactions. Steroids must be discontinued in tapering doses. If your cardiologist or neurologist requires you to take aspirin this can, in most cases, be resumed immediately after surgery.
- You should consider stocking up on groceries, including easy-to-prepare meals before you are admitted, so that your return home will be as smooth as possible.
- **PLEASE REMEMBER:** It is important for you to be prepared for your discharge so that non-medical issues (like a ride home or someone at home to care for you) do not delay your discharge from the hospital. You will be discharged when the doctor feels you are stable, which is usually very soon after surgery. Plan ahead to avoid any problems!

THE DAY OF SURGERY:

Please bring the following items with you to the hospital:

- your insurance card or information
- a list of your medications and dosages
- a list of allergies
- any paperwork given to you by the hospital
- a living will, if you have one prepared (you may prepare one at the hospital if you wish)
- Photo ID
- Comfortable clothes to wear home
- Any discs containing X-rays, CT's, or MRI's that you have not turned into the office

Upon admission, you will be given a hospital gown to change into. Do not wear or bring jewelry. Do not wear make-up. Do not wear dark fingernail polish. You will be asked to remove dentures and contact lenses before surgery. You will be discharged from the hospital when you are medically stable to go home or to a rehabilitation facility. It is important for you to be prepared for your discharge so that non-medical issues (like a ride home or someone at home to care for you) do not delay your discharge from the hospital.

POST-OPERATIVE INSTRUCTIONS:

You will likely receive general discharge instructions from the hospital when you are discharged. If there is any discrepancy between those instructions and our instructions below, please default to our instructions.

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After you are discharged from the hospital you will need to call our office to set up your first post-op appointment, if this was not already done pre-op. This will typically be 10-14 days after surgery.

MEDICATION:

- You will be given a prescription for a narcotic pain medication (most often Norco). If you are taking medications other than those prescribed by Dr. Khajavi you should discuss possible drug interactions with your pharmacist or primary care physician.
- Take the narcotic medicine only if you need it. You should begin tapering off the narcotic medication within 1- 2 weeks of your discharge. If and when your pain is mild, you may take Tylenol (acetaminophen) at any time, or after 3 days an NSAID (Aleve, Motrin), instead of the narcotic. Keep in mind the narcotic medication has some acetaminophen in it, and you cannot exceed more than 3000mg of acetaminophen in a 24 hour period.
- Resume medications you were taking for other pre-existing medical conditions before you came into the hospital, unless otherwise advised by Dr. Khajavi. Do not resume blood thinners until cleared by Dr. Khajavi, usually 7-14 days after surgery.
- Constipation is a side effect of narcotic pain medication. You should use an over-the-counter stool softener like Colace or Senokot to avoid this problem. If you do become constipated, you should try Milk of Magnesia or an enema, or magnesium citrate, all are over the counter. Please notify the office if this problem becomes severe.

DRESSING CARE:

- If you had a carpal tunnel release, your wrist incision will be covered with a bulky dressing, a wrist splint, and an ace bandage that comes up your forearm. If you had a cubital tunnel release (ulnar nerve decompression), the dressing and split will cover your elbow incision. Both dressings are meant to protect the incision and keep the wrist or elbow immobilized. These dressing will remain in place until seven days after surgery. When showering or bathing, cover the bandaged arm with a plastic bag to keep everything dry.
- After 7 days you should remove the entire dressing and keep the incision open to air. If you had a cubital tunnel release (ulnar nerve decompression), we would like you to wear an elbow splint to keep the elbow immobilized for another couple of weeks.
- It is OK to get the incision wet after the dressing is removed, but do not soak it in water.
- The sutures will be removed about 10-14 days after surgery.

WHAT TO EXPECT AFTER SURGERY

- It is normal for your incision to be sensitive for a few days and for a little redness to occur. If you notice any excessive redness, swelling, drainage, warmth or discharge from the incision call the office.
- If you had general anesthesia (ulnar decompressions only), it is normal to run a low grade fever after surgery and is usually due to atelectasis. Reasons for atelectasis include not taking enough deep breaths and not walking enough. This can be prevented by performing the deep breathing exercises

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using the incentive spirometer you were given in the hospital and increasing your activity. You should use the incentive spirometer 15-20 times/hour while you are awake. Several (4-6) short walks a day are encouraged. If you have a fever over 102 or chills, please call the office.

- Although the nerve compression has been corrected with surgery, it will take time for the nerve to heal, and you may experience symptoms very similar to your pre-operative conditions at times. These symptoms can sometimes worsen temporarily and occasionally symptoms do not improve at all due to permanent damage to the nerve, but that is uncommon.
- After suture removal, you may begin exercising your hand by squeezing a small rubber ball. Numbness is usually the last symptom to resolve. Most of your pain should resolve over a period of 4 weeks. If pain persists much longer than this, it may be due to nerve damage from the previous compression of the median or ulnar nerves, from a different nerve, or from persistent compression that may need to be re-evaluated.

RETURN TO DAILY ACTIVITIES:

For about the first week following surgery, you will need to rest and do as little activity as possible, other than walking as much as possible. As previously mentioned you may feel sore, but by the second week you should begin to feel less pain. During your second post op week, you should be able to take more walks, go out to eat, or go shopping. Do not do any strenuous activities and do not use the hand/arm you had surgery on until you see your doctor at the first post op appointment. Gradually, over the next couple of weeks you will be able to progressively increase your activities. Use the following as a guideline:

- **Driving.** You should not drive for 1-2 weeks after surgery, but this may vary. You may drive sooner if you are not taking narcotic pain medication, as long as you can comfortably grip the steering wheel with both hands.
- **Working.** If you have a manual labor type job, you should not plan to return to work for 6 weeks or more following surgery. If you have a predominantly sedentary job, you can plan to return to work in a part-time capacity after 2 weeks. Caution and common sense should be used to determine whether or not you should engage in any activity.
- **Activity.** Move your fingers immediately after surgery, but do not move your wrist until you remove the dressing (7 days post op), and do not move your elbow for 3-4 weeks post op. If you had an ulnar nerve decompression you won't be using your arm for your everyday activities, so exercise your shoulder several times a day by raising your arm overhead. This will help prevent stiffness in your shoulder. Do **not** lift or use any object heavier than a cup until the sutures have been removed. Typing and writing right after surgery are allowed. Rest between activities, as you may find that you tire more easily after surgery if you had general anesthesia (ulnar nerve decompression).
- **Exercising.** Resuming exercise should be done carefully. Walking is one of the best exercises to improve your overall fitness and endurance level. Start with a few small trips a day and gradually increase the distance according to your tolerance. Don't try to do too much too soon! Do not participate in any contact sports for three months following surgery.
- Your first follow up appointment is generally 10-14 days after surgery. At this time the sutures will be removed, and we may recommend occupational therapy, depending on your specific situation. The therapist will teach you exercises to lessen the scarring around the incision, increase your strength and improve your range of motion. You can then gradually increase activities as tolerated but avoid heavy repetitive activities for 4 weeks after surgery.

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PLEASE NOTE: CONDITIONS WILL VARY BETWEEN INDIVIDUAL PATIENTS. IT IS VERY IMPORTANT TO DISCUSS YOUR PARTICULAR SYMPTOMS WITH DR KHAJAVI. THIS INFORMATION SHOULD BE USED AS A GENERAL INFORMATION SHEET ONLY AND SHOULD NOT BE USED IN LIEU OF MEDICAL TREATMENT. THE POST-OPERATIVE INSTRUCTIONS LISTED ABOVE ARE GUIDELINES. DR. KHAJAVI MAY HAVE SPECIFIC DO'S AND DON'TS IN YOUR CASE. ALL RESTRICTIONS APPLY FOR 4-6 WEEKS.

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