SOUTHEASTERN NEUROSURGICAL SPECIALISTS

Pre & Post op Instructions for

# CARPAL TUNNEL RELEASE AND ULNAR NERVE DECOMPRESSION

**Please read these instructions carefully. This document will not only review the preoperative instructions, but also address a lot of questions you may have about your post-operative course. Your significant other or your caretaker should also read these instructions. Understanding what to expect after surgery, what is normal and what is not, will help alleviate any fears or concerns. This document is specific for patients undergoing a mini open carpal tunnel release or an ulnar nerve decompression, but some variation may exist in your specific case and will be discussed at your pre-op appointment.**

## 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.

## 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.

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 some diabetes medicines, some

blood pressure medicines and all 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, Mobic, 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 may be able to be continued before surgery, and in most cases can be resumed immediately after surgery. Please discuss all your medications with Dr. Khajavi's office.

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, not when it may be convenient. 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

**Important note:** if our office gives you a time to arrive at the hospital, and the hospital gives you a different time, please go with the time given to you by our office. It is best to show up early, since schedule changes can occur due to emergencies or other medical issues. Although you may be told that your surgery is at a specific time, keep in mind that that unless you are the first case of the day, the time you are given for your surgery is just an estimate. The actual time of surgery will depend how much time it takes to complete the cases before you.

Upon arrival to the hospital 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. Please note that in this time of Covid-19 pandemic spikes, family members may not be allowed to visit you once you are admitted to 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.**

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. Please keep in mind that the initial postoperative visit may be set up as a telemedicine visit, but if you have staples or sutures that need to be removed, or

if you are told you need x-rays, then you'll need to come to the office for that visit. Incision with a carpal tunnel release is always closed with sutures. The first postoperative visit is generally set up as telemedicine visit, primarily as a convenience for patients, but you are always welcome to come in and see us in person.

**MEDICATIONS**:

You will be given a prescription for an opioid (narcotic) pain medication like Norco (hydrocodone /acetaminophen). 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. Opioid pain medication should only be taken when you have pain.

Prescriptions are called in and refilled during office hours only (Mon-Thurs 8am - 4:30 pm, Fri 8am - noon), and you can expect a 24-48 hour turn-around time for prescription refills. Do not wait until the last minute to request medications. It is your responsibility to keep up with your medication needs. Due to FDA/DEA regulations, we are unable to call in any opioids and most other controlled substances. Opioid medication requires a signed script from a physician and generally must be picked up from our office in person, although the process of being able to electronically prescribe them may be an option. Refills of these medications are rarely needed after carpal tunnel release or other nerve decompression.

You should begin tapering off the pain medications within 1 week of your discharge. As soon as you are comfortable, take a nonprescription pain medication (i.e. Tylenol) for pain relief. Please keep in mind that the maximum amount of Tylenol (acetaminophen) that you can take in a 24-hour period is 4000 mg, and that there is usually already some Tylenol in the opioid pain medication you are given. 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. There are also over-the-counter medications that can thin your blood, such as NSAIDs (ibuprofen/Motrin, Naprosyn/Aleve, diclofenac, meloxicam, celebrex), fish oil, vitamin E, and omega-3 fatty acids among others, and these medications should not be restarted until one week after surgery. The one exception to this rule is baby aspirin. If you have a heart condition Dr. Khajavi may recommend that you continue daily baby aspirin before and after surgery without missing any doses. Please discuss this with Dr. Khajavi and/or his assistants.

Constipation is a common side effect of opioid pain medication and surgery. You should use an over-the-counter stool softener, drink plenty of fluids, and walk as much as possible. The benefit of walking cannot be overstated. If you do become constipated, you should try Milk of Magnesia, a Fleet's enema, a rectal suppository, or if necessary, Magnesium Citrate (if available, this was recently move to the market concerns about contamination). These are available over the counter at most pharmacies. Please notify the office if your constipation becomes severe.

**DRESSING/WOUND 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 dressings 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. You should cover the dressing with a plastic bag when showering during the first week after surgery. When

showering after the dressing is removed, you can use whatever products you normally use. There are no special requirements, except you cannot take a bath or go in a pool for 1 month after surgery. The sutures will be removed about 10-14 days after surgery.

**PREVENTION OF PNEUMONIA AND BLOOD CLOTS IN THE LEGS**:

Pneumonia can occur after surgery when patients do not take big, deep breaths, and from inactivity (sitting too long or even worse, laying down too much). Blood clots can also occur after surgery and inactivity plays a major role in their formation. A blood clot in your leg can cause one leg to swell, be painful, and if it breaks off, can travel to your lungs and be fatal. Using an incentive spirometer helps prevent pneumonia but walking as much as possible helps prevent both. If you did not receive general endotracheal anesthesia, then you probably did not receive an incentive spirometer in the hospital, but these can be purchased at a medical supply store if needed.

**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. A small amount of drainage it's also not uncommon, even if the incision is glued closed. The drainage is usually yellowish or pinkish color, and if it occurs you should just put a sterile 4 x 4 gauze on the incision with a couple pieces of tape. Change the dressing once a day until the drainage stops, which will usually be in a few days. If you notice any excessive redness, swelling, or warmth around the incision, or the drainage is excessive, or appears purulent (pus like), then please call the office. Some bruising around the incision is not uncommon and will improve with time.

It is normal to run a low-grade fever after surgery and is usually due to atelectasis. Atelectasis is when very small areas of the lung are not fully inflated, which causes the temperature. Reasons for atelectasis include not taking enough deep breaths and not walking enough. This can be prevented by performing the deep breathing exercises 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. Atelectasis is very uncommon if you don't receive general endotracheal anesthesia.

The goal of the operation was likely to take the pressure off the nerve to improve your hand pain. Numbness is usually the last symptom to resolve and can take several weeks. In general, most of your hand pain should resolve over a period of a few weeks. If you continue to have problems at the time of your one month post op visit, Dr. Khajavi may prescribe a form of conservative therapy, i.e. Steroids or physical therapy.

Incisional pain is expected after this type of procedure. Treat your pain with pain medication as needed. You can also use ice (do not place directly on the incision) for 10 minutes four times a day. In general, most of your pain should improve over a period of about 3-4 weeks. Finally, if you had an ulnar nerve decompression, we may inject a medication called Exparel around the incision, which is a long-acting numbing medicine like the Novocain you get at the dentist's office. It does not eliminate the incisional pain but reduces it for 3-4 days. Consequently, if 3-4 days after surgery you feel a little bit more pain around your incision, that is quite normal.

Although the nerve compression has been corrected with surgery, it will take time for the nerve and tissues around the area of the incision to heal. Therefore, you may experience symptoms very similar to your pre-operative conditions. These symptoms can sometimes worsen temporarily and occasionally symptoms do not improve at all due to permanent damage to the nerve.

**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 hand /arm may feel sore. By the second week, however, 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. We would advise you not to walk on the treadmill for the first 1-3 months after surgery and not to walk the dog, as these activities could lead to unintended falls. Do not do any strenuous activities including lifting, stretching, bending, pushing, or pulling. Gradually, over the next couple of weeks you will be able to progressively increase your activities. Use the following as a guideline:

1. Driving. You should not drive for 1-2 weeks after surgery, but this may vary. You may drive sooner if you are not taking opioid pain medication. You may ride in a car on short trips. You should not plan to travel for long distances for at least a month after surgery.

2. Working. If you have a manual labor type job, you should not plan to return to work for 8 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 2-4 weeks. At your one month return office visit, Dr. Khajavi will assess you and determine at what point you may return to work. Caution and common sense should be used to determine whether or not you should engage in any activity.

3. Activity. No lifting, pulling, or pushing objects over than 15 pounds. (Examples: infants, grocery bags, vacuum cleaners, lawn mowers). You may climb stairs at any time but use the handrails. It may be advisable to have someone with you the first few times. Rest between activities, as you may find that you tire more easily after surgery. This is to be expected, and it may take some time before your energy level returns to normal. You should abstain from sexual activity for at least 2 weeks following surgery. Sexual relations are permissible after this period but should not be too vigorous. Use your judgment.

4. 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 aerobic type activity (including tennis and golf) or contact sports for two to three weeks following surgery. Formal physical therapy will not begin until 2-3 weeks after surgery, but is usually not necessary.

**PLEASE NOTE**: CONDITIONS WILL VARY BETWEEN INDIVIDUAL PATIENTS. IT IS VERY IMPORTANT TO DISCUSS YOUR PARTICULAR SYMPTOMS WITH DR KHAJAVI OR HIS MEDICAL STAFF. 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.

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