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CARPAL TUNNEL SYNDROME

Carpal tunnel syndrome is a common source of hand numbness and pain. It is more common in women than men. The carpal tunnel is a narrow, tunnel-like structure in the wrist. The median nerve travels from the forearm into the hand through this tunnel in the wrist and controls feeling in the palm side of the thumb, index finger and long fingers.

Carpal tunnel syndrome occurs when surrounding tissues put pressure on the median nerve. Many things contribute to the development of carpal tunnel syndrome:

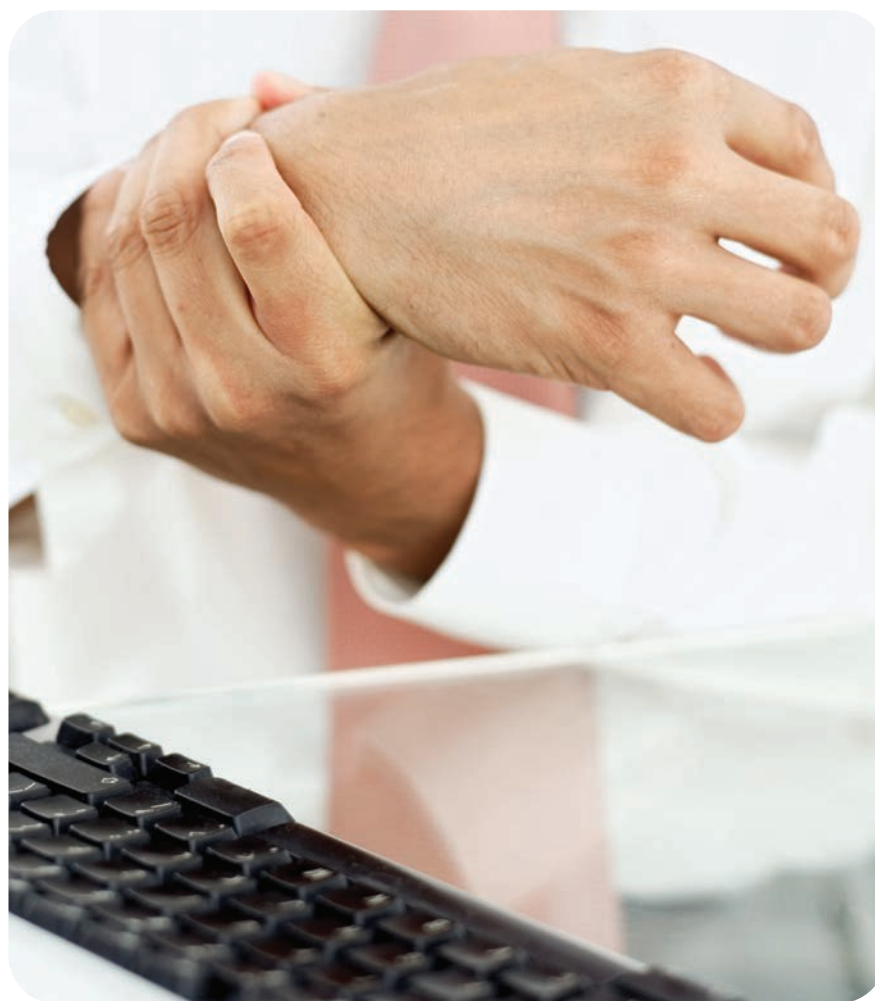
- Heredity is the most important factor
- Hand use over time can play a role.
- Hormonal changes related to pregnancy can play a role.
- Age — the disease occurs more frequently in older people.
- Medical conditions, including diabetes, rheumatoid arthritis, and thyroid gland imbalance can play a role.

The most common symptoms of carpal tunnel syndrome include:

- Numbness, tingling, and pain in the hand
- An electric shock-like feeling in the thumb, index, and long fingers
- Pain traveling up the arm toward the shoulder

Symptoms may occur at any time. Because many people sleep with their wrists curled, symptoms at night are common and may awaken you from sleep. During the

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day, symptoms frequently occur when holding something, like a phone, or when reading or driving. Moving or shaking the hands often helps decrease symptoms.

To determine whether you have carpal tunnel syndrome, your doctor will discuss your symptoms and medical history. He or she will also examine your

hand and perform a number of physical tests. Electrical testing of median nerve function is often done to help confirm the diagnosis and clarify the best treatment option in your case.

For most people, carpal tunnel syndrome will progressively worsen without some form of treatment. If diagnosed and treated early, carpal tunnel syndrome can be relieved without surgery. A brace or splint worn at night prevents the nightly irritation to the median nerve that occurs when wrists are curled during sleep. Simple medications such as ibuprofen can help relieve pain. Changing patterns of hand use to avoid positions and activities that aggravate the symptoms may be helpful. If work requirements cause symptoms, changing or modifying jobs may slow or stop progression of the disease. A corticosteroid injection will often provide relief, but symptoms may come back.

Surgery may be considered if you do not gain relief from non-surgical treatments. In most cases, carpal tunnel surgery is done on an outpatient basis under local anesthesia.

During surgery, a cut is made in your palm. The roof of the carpal tunnel is divided. This increases the size of the tunnel and decreases pressure on the nerve. Most patients' symptoms improve after surgery, but recovery may be gradual. On average, grip and pinch strength return by about 2 months after surgery.



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