

## Orthopaedic Connection

### **Is There a Carpal Tunnel Epidemic?**

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Some weeks in the office it seems like there must be a carpal tunnel epidemic. There appears to be a lot of it "going around". It is certainly a classical upper extremity diagnosis. Probably there is no more of it around than there ever was before. There is however, an increased awareness among the patients I see. It is rare nowadays for patients to have no knowledge of the condition.

#### **What is it?**

There is a large nerve coming out of the forearm headed for the hand that has to go through a canal at the wrist. The name of the nerve is the median nerve. It has a lot of company in the canal. Nine tendons and their synovial tissue covering accompany the nerve in the canal. Nerves are sensitive to pressure and if for some reason swelling in the canal causes pressure to build up, the median nerve begins to complain. Welcome to carpal tunnel syndrome! I don't like the term pinched nerve, but it does have some application here.

When pressure from swelling becomes great enough to affect the way the median nerve works, numbness, tingling and pain are felt in the hand and fingers.

#### **Cause**

We know what happens, but not always why. The tunnel is a closed space. Pressure on the median nerve can occur in several ways. Any injuries to the wrist or hand near the wrist can cause swelling of the lining of the tendons in the canal. Fractures, dislocations, even arthritis can cause it.

Fluid retention during pregnancy can cause swelling in the canal which often goes away after delivery. Thyroid conditions, rheumatoid arthritis and diabetes can be associated with carpal tunnel syndrome. There may even be a combination of causes.

#### **Symptoms**

Carpal tunnel syndrome symptoms include pain, numbness, tingling and decreased strength in grip. Clumsiness and a tendency to drop things are often mentioned. Picking up change is hard to do.

The symptoms classically affect thumb, index, middle and half of the ring finger because that is exactly the area of the hand that the median nerve supplies.

Symptoms are frequently worse at night, but can also be present with daytime activities such as driving or reading a newspaper.

In severe cases when symptoms are present for a long time sensation can be permanently lost and the muscles at the base of the thumb can shrink causing difficulty with pinch. If you think you have carpal tunnel syndrome, I advise you to have it checked sooner than later to avoid permanent impairment.

### **Diagnosis**

I diagnose it in several ways. I can usually be pretty sure it is CTS by history alone. Of course we always do a good physical exam and take plain x-rays to rule out other conditions. If I suspect an associated contributing medical condition, laboratory work will be ordered. At times a nerve conduction study may be done to confirm the diagnosis as well as check for other possible nerve problems such as a cervical disc protrusion.

Next week I will explain the various ways to treat carpal tunnel syndrome.

There is specific information about carpal tunnel syndrome on our office teaching website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) and Your Orthopaedic Connection.

Our goal is simple. To help people return to more pain free, functional lives.

Be well.

Dr. Haverbush