

Description of Procedure

A transverse one centimeter incision is marked out just ulnar to the palmaris longus tendon within one to two centimeters of the distal wrist crease and two points are marked 3 and 4 centimeters distal to the distal wrist crease in line with the third web space. The extremity is exsanguinated with an Esmarch bandage and the tourniquet is inflated. The proximal transverse incision is made and deepened to the level of the volar forearm fascia which is entered in a transverse orientation.

The undersurface of the volar forearm fascia and transverse carpal ligament is cleaned of synovium with a synovial elevator and the obturator cannula assembly inserted parallel to the ligament bluntly and advanced to the distal edge of the ligament passed through the palmar fascia entering a subcutaneous plane.

A small vertical incision is made in the palm over the tip of the obturator and the assembly advanced out the distal portal. The obturator is removed the endoscope is placed through the distal portal and the undersurface of the ligament inspected making certain nothing is obscuring the ligament. The ligament is divided from a distal to proximal direction under direct vision of the endoscope. Complete division of the ligament is confirmed by rotating the cannula in a radial and ulnar direction visualizing the divided end of the ligament. The instrumentation is removed. The volar forearm fascia is divided proximal to the proximal portal incision to prevent a secondary site of impingement and the wounds closed with 5-0 nylon sutures.

Long acting local anesthetic solution is administered for post operative analgesia and a dry sterile dressing applied along with a small splint to prevent flexion of the wrist and bowstringing of the flexor tendons preventing the nerve from being pushed into the area of the divided ligament and becoming entrapped in scar tissue. Postoperatively patients are told to keep the hand elevated for the next day and then proceed with normal every day activities using the hand within the confines of the bandage. The dressing is left on for approximately one week, sutures are removed and no restrictions are given.