

Patient Information

My name is Dr. Woloszyn; I am board certified in general surgery, plastic surgery and have a certificate of added qualification in surgery of the hand.

I have performed thousands of carpal tunnel release procedures in a manner most people are unfamiliar with (don't know about). I would like to introduce you to the minimally invasive technique of intracarpal decompression developed by Dr. Brown, with whom I trained shortly after the development of this technique, over 15 years ago. To date I have performed thousands of endoscopic carpal tunnel release procedures. Virtually none of my patients experienced the same symptoms after the procedure indicating persistent carpal tunnel syndrome requiring an open carpal tunnel release procedure secondary to a failed release.

The number of patients that I have needed to perform re-do open procedures secondary to recurrence is nearly nonexistent. None of my patients have developed permanent palmar tenderness as a result of this procedure. This is a common finding after traditional open carpal tunnel procedures. There have been no iatrogenic, inadvertent or accidental injuries in my experience. I have not been required to convert any case to open as a result of inadequate visualization which frequently occurs with other endoscopic procedures. The procedure has had 98% success in alleviating pain secondary to the pinched nerve in my hands and less than a 5% recurrence rate at 15 years.

Most patients return to work in an average of 7-14 days. Open carpal tunnel release procedures have traditionally kept people out of work for several weeks and usually months.

Carpal tunnel release prevents further progression of the disease process and halts the nerve degeneration thusly preserving present motor function, strength and sensation. Patients with normal sensory findings before surgery and only numbness and tingling or pain which comes and goes generally have a complete resolution of symptoms following this procedure. If you have abnormal sensory findings preoperatively your sensation may not completely return but can continue to improve for as long as 6 months to a year, hopefully returning to normal. The same goes with muscle strength of your thumb. If you have normal muscle strength before surgery, nerve decompression will prevent any further damage and potentially permanent damage. If you already have weakness and muscular atrophy of the thumb muscles as a result of long standing carpal tunnel syndrome before surgery you may or may not regain complete strength after an intracarpal decompression but at least you will not continue to lose further muscular strength.

These changes are a result of permanent nerve damage from having increased pressure on the median nerve for a prolonged period of time. That is why anyone diagnosed with carpal tunnel syndrome, confirmed by EMG should probably have a carpal tunnel release performed. Preferably utilizing the intracarpal, minimally invasive, endoscopic technique that I have been performing for over 15 years, thusly, minimizing the recovery process. I feel that patients that are treated, so called conservatively, with wrist splints, anti-inflammatories, steroid injections, therapy, acupuncture, galvanic stimulation, or any of a myriad of potential so called cures only improve symptoms but don't treat the

underlying cause. This makes it tolerable for people to live but incompletely treats the condition, still leaving pressure on the nerve.

The longer there is pressure on the nerve the greater the chances of permanent damage to that nerve and that is why I recommend if you have EMG proven carpal tunnel syndrome, you should have an intracarpal decompression performed by someone who has extensive experience with this particular procedure to take pressure off the nerve as soon as possible to prevent any further damage and decrease the chances of permanent nerve damage.