

Why carpal tunnel surgery over more conservative treatment programs?

This is to inform you of the most up to date medical literature supporting carpal tunnel release surgery over non-operative treatment modalities. Dr. Brown who invented the minimally invasive “Brown technique” of endoscopic carpal tunnel surgery in 1991 has evaluated nearly 15,000 patients, all of whom had positive EMG findings confirming the diagnosis and ultimately had the endoscopic procedure performed. He split the patients into two groups. Group1, the patients that were treated immediately with the minimally invasive endoscopic procedure as soon as the diagnosis was confirmed by EMG and Group2, those that had some sort of conservative treatment i.e. non-steroidal anti-inflammatories, steroid injections, galvanic stimulation, physical/occupational therapy, cold laser, night time splinting, the list of conservative treatments is endless, prior to undergoing the procedure. He found that those patients that were treated conservatively or non-operatively were more likely to have developed permanent nerve damage i.e. abnormal sensation or muscular atrophy than those who had the procedure performed and were not treated initially by conservative means.

These findings are not surprising when you consider why they come about. All the so called conservative or non-operative modalities work to some degree and patients do have improvement in symptoms, coming back and telling the doctor I feel great I only have mild numbness or tingling and the pain is much better it only bothers me once in a while. Rarely, do the symptoms completely resolve and if they do they are bound to recur or worsen over time until they are treated conservatively once again, to achieve symptomatic relief. This may go on for month’s even years before definitive treatment is provided by releasing the carpal tunnel and once and for all taking the pressure off of the nerve. All the conservative methods do is reduce pressure not eliminate it and the longer there is pressure on the median nerve regardless of the severity the greater the chance of permanent nerve damage. This was seen in all cases regardless of the severity, mild, moderate, or severe on EMG or nerve conductions. Therefore I feel the most conservative treatment is actually performing the minimally invasive endoscopic carpal tunnel release and eliminate the pressure, completely and not risk patients living with improved or reduced symptoms secondary to partial treatment with conservative means and therefore run the risk of permanent nerve damage.