

Ultrasound-Guided Carpal Tunnel Release

Home instructions after your office procedure

Patient: _____ Surgery / procedure date: _____

This is the full Pacific Bone & Joint postoperative protocol. Patient-specific operative and discharge orders take precedence over this default pathway.

The first two days

Use your hand gently and keep your fingers moving while the small wound heals. Increase activity as comfort and hand control improve. Follow any changes written by your care team.

Follow-up appointment _____ Special instructions _____

Protect your hand today

- The local anesthetic may leave the hand numb for several hours. Avoid heat, sharp tools and lifting until normal feeling returns. Remove rings while the hand is swollen.
- Rest your hand above heart level when possible during the first 24-48 hours. Once feeling returns, a wrapped cold pack for 10-15 minutes may help. Keep the dressing dry and never place ice directly on skin.
- Arrange a ride home and do not drive on the day of the procedure.

Care for the wound

- Keep the original dressing clean and dry for 48 hours unless we tell you otherwise. If the outer wrap feels tight, loosen it without removing the strips or glue over the wound.
- After 48 hours, remove the outer dressing. If the wound is closed and dry, wash gently with soap and running water, pat dry and cover with a clean bandage. Change the bandage daily or whenever wet or dirty.
- Leave skin strips or glue in place until they loosen. Do not pick at them. If you have stitches, keep the planned removal appointment.
- Do not soak the hand, swim, use a hot tub or go in the ocean until the wound is fully closed and dry, usually about 10-14 days. Avoid peroxide, alcohol and ointment unless instructed.

Comfort and medicines

Use the pain medicines listed on your discharge instructions. Acetaminophen may help if your care team says it is safe; follow the label and avoid taking more than one product containing it. Use ibuprofen or naproxen only if cleared by your care team. Resume prescribed blood thinners only according to your individual plan.

A wrist splint and formal hand therapy are not routinely needed after an uncomplicated release. Use a splint only if we prescribe one for your situation.

Call promptly for worsening pain, new numbness or new weakness. A cold, pale or blue hand needs urgent medical evaluation.

Movement and return to activities

Your gentle exercise plan

1. Open the hand fully, make a loose fist, then open again. Do not squeeze hard.
2. Touch the thumb gently to each fingertip, one at a time.
3. With the forearm supported, slowly bend the wrist a small comfortable amount forward and backward. Avoid stretching firmly against the end of its movement.

Begin when the anesthetic has worn off. Do 5-10 repetitions, 4-6 times a day. Stop for sharp pain, increasing tingling or swelling. Do not start forceful nerve stretches, stress balls, putty or grip strengthening during the first week.

Build activity gradually

When: What you may do

First week: Light eating, dressing and short periods of typing as comfortable. Avoid heavy lifting, forceful repetitive gripping, power tools and pressure through the heel of the palm.

After 1-2 weeks: If the wound is closed and symptoms are improving, gradually increase gripping and lifting. Begin light strengthening only when cleared and comfortable.

Heavy work or sport: Return when grip, hand control and wound healing allow the task safely. Your care team may set work restrictions; a small incision does not mean the nerve and hand are fully recovered.

Do not drive until you have normal hand control, can grip and turn the wheel safely, and are no longer taking sedating medicine.

What to expect

Nighttime tingling may improve early. Constant numbness and weakness can improve over weeks or months, and longstanding nerve damage may not fully recover. Palm tenderness and temporary grip weakness may last several weeks. New or worsening loss of feeling or movement should be checked promptly.

When to call

Call (808) 439-6201 for fever of 100.4 degF (38 degC) or higher, spreading redness, pus, increasing pain, new weakness, or bleeding that continues after 15 minutes of firm pressure. Go to an emergency department promptly for a cold, pale or blue hand, or severe symptoms if you cannot reach us. Call 911 for trouble breathing or a severe allergic reaction.

Keep your follow-up, usually 7-14 days after the procedure. Call if it has not been scheduled. Therapy can be added for persistent stiffness, scar sensitivity or difficulty regaining function.

Clinical references: AAOS Management of Carpal Tunnel Syndrome Clinical Practice Guideline, 2024. <https://www.aaos.org/cts2cpg>. Eberlin et al. Expert Review of Medical Devices 2023. doi:10.1080/17434440.2023.2218548. Dressing and activity intervals are clinic protocol choices.