

# Carpal Tunnel Syndrome

Tingling fingers that wake you at night, a hand that drops things — carpal tunnel syndrome is the world's most common nerve entrapment, and one of the most satisfying to treat.

**Night tingling is classic · Splints work early · 10-minute surgery, high success**

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## What is it?

The median nerve travels into your hand through the carpal tunnel — a rigid passage at the wrist shared with nine tendons. When pressure inside rises, the nerve is squeezed, producing tingling, numbness and eventually weakness in the thumb, index, middle and half the ring finger.

The little finger is spared — a useful self-check, since it uses a different nerve.

## Causes & risk factors

Often no single cause. Contributors: repetitive gripping or wrist flexion, pregnancy (fluid retention — usually resolves after delivery), diabetes, hypothyroidism, rheumatoid arthritis, wrist fractures, and simple anatomy — some tunnels are just tighter.

It's most common in women aged 40–60 and frequently affects both hands.

## Symptoms

Early: pins-and-needles in the thumb-side fingers, characteristically waking you at night and eased by shaking the hand ('flick sign'); tingling while holding a phone, steering wheel or book. Later: constant numbness, clumsiness, dropping objects, and visible wasting of the thumb-base muscle.

Wasting and constant numbness signal advanced compression — don't wait for that stage.

## Diagnosis & investigations

The story plus provocation tests (tapping the nerve, holding the wrist flexed) usually make the diagnosis. Nerve conduction studies confirm it and grade severity — useful before surgery or when the picture is unclear.

Neck problems can mimic it; examination separates the two.

## Non-surgical treatment

For mild to moderate cases: a night wrist splint keeping the wrist neutral (very effective for night symptoms), activity modification, treating associated conditions (thyroid, diabetes), and a steroid injection into the tunnel — often giving months of relief and doubling as a diagnostic test.

Pregnancy-related carpal tunnel usually resolves within weeks after delivery; splints bridge the gap.

## When surgery helps

Carpal tunnel release divides the ligament forming the tunnel roof, permanently decompressing the nerve. It's a short procedure (10–15 minutes) under local anaesthesia, done open through a small palm incision or endoscopically.

It's indicated for constant numbness, muscle wasting, weakness, or symptoms persisting despite splints and injection. Success rates exceed 90%; night pain often disappears immediately.

## Recovery & rehabilitation

Fingers move the same day; the dressing comes off within days and sutures at 10–14 days. Light hand use resumes immediately, most desk work within a few days to 2 weeks, and heavier grip work by 4–6 weeks. Palm soreness settles over a few weeks to months.

Numbness recovery depends on how long the nerve was compressed — early surgery, complete recovery; long-standing severe compression may leave residual numbness even after release.

## Prevention tips

Vary hand tasks, keep wrists neutral while typing (avoid resting them bent on desk edges), take micro-breaks in repetitive work, and manage diabetes and thyroid conditions.

## Frequently asked questions

### Is carpal tunnel caused by typing?

Typing likely aggravates more than causes it. Evidence linking ordinary keyboard use to CTS is weak; forceful, vibrating or awkward-posture hand work has a stronger link. Either way, ergonomics help symptoms.

### Can carpal tunnel go away by itself?

Mild, recent-onset cases sometimes settle, especially in pregnancy or after modifying activity. Established cases with regular night waking usually persist or progress without treatment.

### Is the surgery risky?

Carpal tunnel release is among the safest and most effective hand operations. Serious complications are uncommon; temporary palm soreness is the usual complaint. Untreated severe compression is the riskier choice — nerve damage can become permanent.

### Both hands are affected. Can they be operated together?

Yes, both can be released in one sitting, or staged a few weeks apart — depending on your daily-life needs. Many patients stage them so one hand is always fully functional.

### Why do my symptoms come at night?

We sleep with wrists curled, which raises tunnel pressure; fluid also redistributes when lying down. That's why a night splint holding the wrist straight is so effective early on.

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**Questions about your specific case?** Book a video, audio or in-clinic consultation with an OssifiDE orthopaedic surgeon: visit [ossifide.com/consultation.html](https://ossifide.com/consultation.html), WhatsApp **+91 90760 79000**, or email [ossifide@gmail.com](mailto:ossifide@gmail.com).