Carpal tunnel release

Goal: complete division of the TCL and decompression of the median nerve with preservation of the palmar cutaneous and recurrent motor branches of the median nerve.

1. The patient was positioned supine with the L/R arm abducted and the forearm supinated.

2. The proposed incision was marked starting at the distal wrist crease and extending distally in line with the third interspace and ulnar to the thenar crease.

3. The wrist was placed on a roll to provide gentle wrist extension.

4. The skin was prepped and draped in the usual sterile fashion.

5. A 2cm incision was made after local anesthetic was applied.

6. The subcutaneous fat and the palmar fascia were encountered.

7. Care was taken to preserve the palmar cutaneous branch of the median nerve.

8. A small, self-retaining retractor was placed.

9. The transverse carpal ligament was visualized and divided using a No. 15 scalpel.

10. A Woodson was used to elevate the ligament away from the median nerve to avoid injury.

11. The ligament was then carefully divided both proximally and distally.

12. A Senn retractor was used to elevate the skin and enhance visualization.

13. The distal TCL was incised until the deep palmar fat pad was noted.

14. The distal and proximal portions of the incision were probed with a dissector to confirm release.

15. The median nerve was inspected and no abnormal structures, tumors or cysts were noted.

16. Meticulous hemostasis was obtained prior to closure.

17. The wound was irrigated with antibiotic solution.

18. 4-0 Nylon horizontal mattress sutures were used to reapproximate the skin.

19. A sterile dressing was applied.

20. The patient tolerated the procedure well.

21. Loupe magnification and a headlight were used for this procedure.

22. The patient was found to have unchanged hand function at the end of the procedure and was taken to recovery in stable condition.

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