



Curtis Bush, MD
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Post Op Instructions

Carpal Tunnel Release

You have undergone carpal tunnel release. This protocol is to guide you through the two weeks.

BANDAGES/DRESSING/BATHING

You can remove the dressing on post op day number three. If you have drainage from the incision before day three you can change the dressing earlier. If present, leave the steri-strip tape across the incisions. The incisions can get wet when you shower but do not submerge them in water. Do not use Neosporin or other topical ointments or creams on the incision. If you are concerned about any redness or drainage of the incisions please call the office.

SWELLING

Some swelling of your arm, hand and fingers is normal. The swelling can be decreased by elevating your arm on a few pillows when lying down. Swelling can be further controlled by cold therapy over the surgical site. Flexion/extension of the fingers (opening and closing your hands) will also help to relieve swelling and prevent stiffness.

BRUISING

Some bleeding from the surgical site and subsequent bruising down the arm (and sometimes all the way to the hand) is normal, and will go away with time.

FEVER:

A low grade fever (less than 101°) is common within the first 3-5 days following surgery. If the fever is higher or lasts longer, or is accompanied by increasing pain at the site of surgery, you could have an infection. If this occurs, please call our office for advice.

ACTIVITY

Avoid any heavy lifting with the operative arm. Please call our office if you have any questions regarding your restrictions. Gentle finger range of motion exercises can and should begin the day of surgery.

SLEEPING

Patients often find that they are most uncomfortable when trying to sleep. Elevating the wrist/hand on stacked pillows, above the level of the heart, will help improve swelling and might help improve pain.

MEDICATIONS

You were given one or more of the following medication prescriptions before leaving the hospital. If you need a refill on your medication, please call the office by early Friday morning to insure that you will have our medications over the weekend.

Narcotics (Oxycodone, Hydrocodone): Some patients do not like to take medications but if you wait until your pain is severe before you take the narcotic pain medication, you will be very uncomfortable. Try to stay ahead of your pain. Always take the medications with food and do not drive while taking narcotic pain medications. Narcotic pain medications can cause side effects, the most common of which is nausea and constipation. If this occurs, trying taking zofran or phenergan to control the nausea. Also you might need to temporarily use a stool softener to alleviate the constipation.

Non-Steroidal Anti-Inflammatory Drugs (Advil, Motrin, Naprosyn): We do not recommend taking NSAID medications until the fracture is completely healed.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so be cautious when taking additional acetaminophen to control your pain. Daily intake of acetaminophen should not exceed 3500mg.

Anti-Nausea Medication (Phenergan, Zofran): Try to stay ahead of your nausea and take the medication as soon as you begin to feel nauseated.

Antibiotics (Keflex, Clindamycin, Levaquin): Depending on the procedure you may have been discharged home with a course of antibiotics, take them as directed.

FOLLOW -UP

You should be scheduled for a post-op appointment within the 10-14 days following surgery, at which time we will review your surgery, remove dressings and evaluate incisions, review your post-operative program and answer any of your questions.

Exercises:

You can start full range of motion exercises of the wrist on your own at home.

IN CASE OF EMERGENCY

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.