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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Carpal Tunnel Syndrome

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Carpal tunnel syndrome is compression of the median nerve as it passes through the wrist, causing numbness, tingling, and pain in the thumb, index, and middle fingers — classically worse at night and relieved by shaking the hand. It is the most common nerve compression syndrome, affecting about 3-6% of adults.

How does it happen?

Anything that narrows the carpal tunnel or swells its contents: repetitive wrist use, computer work, pregnancy, diabetes, thyroid disease, wrist arthritis, and obesity. Often several factors combine. Nighttime symptoms happen because wrists flex during sleep.

Common symptoms

- Numbness and tingling in the thumb, index, middle, and half the ring finger
- Night symptoms waking you, relieved by shaking the hand ('flick sign')
- Pain radiating up the forearm
- Clumsiness: dropping objects, trouble with buttons or keys
- In advanced cases: constant numbness and wasting of the thumb muscle

How is it diagnosed?

The history and examination (Tinel's and Phalen's maneuvers) are strongly suggestive; nerve conduction studies confirm the diagnosis, grade severity, and rule out look-alikes (neck radiculopathy, generalized neuropathy). Ultrasound is an increasingly used alternative.

How is it treated?

Mild cases respond to conservative care: a neutral wrist splint worn at night (the single most useful measure), activity modification, and treatment of contributing conditions. A steroid injection into the carpal tunnel provides relief in most patients and is both diagnostic and therapeutic. For moderate-severe or persistent cases, carpal tunnel release surgery — a short outpatient procedure — has success rates above 90%.

What does the future hold?

Excellent with treatment. Night splinting and injections control many cases; surgery is highly effective when needed, with grip recovery over weeks to months. Long-standing severe compression with muscle wasting recovers more slowly and may leave residual numbness — which is why significant cases shouldn't be watched indefinitely.

Questions patients commonly ask

Q: Do I need surgery?

A: Usually not at first — splints and injections manage many cases; surgery is for persistent, moderate-severe, or progressive cases and works very well.

Q: Why are my symptoms worse at night?

A: Wrists naturally flex during sleep, raising pressure in the tunnel; that's exactly why a night splint that keeps the wrist neutral helps so much.

Q: Will it come back after surgery?

A: Recurrence is uncommon; the released ligament heals with a roomier tunnel in the great majority.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **American Society for Surgery of the Hand — HandCare** — handcare.assh.org
- **American Chronic Pain Association** — theacpa.org

(Organization contact details were current at the time of compilation; please verify online.)

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