Carpal Tunnel Syndrome Surgery Indications

- Efficacy of dry needling with the fascial winding technique in reducing the percentage of surgery in carpal tunnel syndrome: A randomized clinical trial
- Aptis Distal Radioulnar Joint Implant: Management of Remarkable Complications
- Intraoperative Pain During Carpal Tunnel Release Performed by Experienced Surgeons: A Prospective Randomized Trial Comparing WALANT with Local Anesthesia and Tourniquet
- The Rate of Major Complications Following Distal Radial Fractures Treated With One Specific Volar Locking Plate: A Retrospective Study of 1,597 Consecutive Cases in 1,564 Patients
- A Rare Case of Localized Pigmented Villonodular Synovitis of the Wrist presenting as Carpal Tunnel Syndrome
- The effect of preoperative interventions on postoperative outcomes following elective hand surgery: A systematic review
- Regional Variation in Carpal Tunnel Release Utilization, Reimbursement, Practice Styles, and Patient Populations: A Temporal Analysis
- The Rising Popularity of Growth Hormone Therapy and Ensuing Orthopedic Complications in the Pediatric Population: A Review

Open carpal tunnel release is indicated in patients with carpal tunnel syndrome who meet one or more of the following criteria:

Failure of conservative treatment

– Persistent symptoms (pain, numbness, paresthesia) despite ≥6–12 weeks of non-surgical management (splinting, NSAIDs, steroid injections).

Severe clinical signs

– Thenar muscle atrophy

– Weakness in thumb abduction or opposition

– Persistent or worsening sensory loss

Electrodiagnostic confirmation of severe median neuropathy

– Markedly slowed nerve conduction across the carpal tunnel

– Evidence of axonal loss (reduced CMAPs/SNAPs)

Acute carpal tunnel syndrome (e.g., post-traumatic, hematoma, infection)

– Requires urgent decompression, usually via an open approach

Recurrent or persistent CTS after endoscopic release

– Open revision provides better visualization of residual compression

Surgeon or anatomical preference

– Open approach may be favored in cases with:

– Anomalous anatomy

– Space-occupying lesions (e.g., lipoma, ganglion)

– Prior wrist surgery or scar tissue

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Last update: **2025/05/09 17:33**