

Patient leaflets from the BMJ Group

Carpal tunnel syndrome

If you have carpal tunnel syndrome, you get pain or weakness in your hand and wrist. There are treatments that can help the pain and stop long-term damage.

We've brought together the best research about carpal tunnel syndrome and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is carpal tunnel syndrome?

Your carpal tunnel is a narrow gap between the bones inside your wrist. The nerve that carries messages between your brain and your hand runs through this gap. If someone has carpal tunnel syndrome, the gap gets narrower and squeezes this nerve.

You may get carpal tunnel syndrome after an injury to your wrist. Or you could just be naturally prone to it. Some medical conditions, such as rheumatoid arthritis or an overactive thyroid gland, can cause carpal tunnel syndrome. Your doctor may want to do tests to make sure you don't have these illnesses.

What are the symptoms?

Carpal tunnel syndrome causes pain or numbness in your wrist and hand. Your grip may be weak and you might drop things. The pain may be worse when you make repetitive movements, or hold your hand in one position. Shaking your hand may make it feel better.

Carpal tunnel syndrome can affect both your hands. If it does, the hand you use most (your right hand if you're right-handed) is usually worse.

What treatments work?

It's important to get treatment for your carpal tunnel syndrome as early as possible. Otherwise you could get permanent damage.

Splints and ultrasound

Your doctor may suggest wearing a **splint to stop your wrist bending**. One study found that wearing a splint at night improved people's symptoms after two weeks. There's no research to say whether wearing a splint all the time would work any better. It's probably easiest just to wear your splint at night, or when you're relaxing at home.

You can buy wrist splints that support your wrist at a natural, slight angle. Or you can ask your doctor to have a splint custom-made to keep your wrist straight. Some people get pins and needles in their hand for a while when they take off their splint.

Physiotherapists have also tried **ultrasound** (high-frequency sound waves) to treat carpal tunnel syndrome. But there hasn't been enough good research to say whether it helps.

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Drug treatments

A **steroid** injection into your wrist will probably make your hand less painful. But there hasn't been enough research to say if the improvement will last longer than a few months. There's a small risk that the needle could damage the tendons or nerves in your wrist.

Steroid tablets may also help. But injections seem to work better, and tablets can cause side effects if you take them for a long time.

Non-steroidal anti-inflammatory drugs (NSAIDs) are painkillers that also reduce inflammation. They include drugs like ibuprofen (which you can buy over the counter) and naproxen (which you can only get from a doctor). You may find these drugs help, but there isn't any research showing that they work for people with carpal tunnel syndrome. NSAIDs can have side effects, including heartburn, nausea, and diarrhoea.

Some people have tried taking **large doses of vitamin B-6** (pyridoxine) for carpal tunnel syndrome. You can buy vitamin supplements from pharmacists. But there hasn't been enough research to tell us if they really help. **High doses of vitamin B-6 can damage your nerves** and cause tingling or numbness in your arms and legs. Taking more than 200 milligrams a day may cause these problems. Ask your doctor before taking vitamin B-6.

Surgery

Surgery can take the pressure off the nerve in your wrist. About 9 in 10 people who have surgery are better a year later. But there hasn't been enough research to tell us how much longer the benefits last.

You'll be given a local anaesthetic to make your wrist numb. Doctors can do the operation through a cut at the base of your hand. This will be about 5 centimetres (2 inches) long. Or they can use keyhole surgery, which is done through a smaller cut with the help of a tiny camera. Both operations work about as well as each other, but having keyhole surgery may mean you can go back to work sooner.

You should be able to go home the same day as your operation. Wearing a splint after surgery won't help you recover any quicker, and you may even get more pain. Side effects after surgery can include nerve damage, numbness, weakness in your hand, and pain in the scar. But these are usually mild and go away after a while.

What will happen to me?

Most people with carpal tunnel syndrome get better with treatment. Some people even get better on their own after a few months. Women sometimes get carpal tunnel syndrome when they're pregnant, and this can also get better on its own.

However, you shouldn't ignore carpal tunnel syndrome. It can get worse and cause serious nerve damage. Some people with severe carpal tunnel syndrome find they can hardly use their hand anymore. So, make sure you get treatment as soon as possible.

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