PREOPERATIVE DIAGNOSES:

1. Right/ Left/ Bilateral carpal tunnel syndrome.

2. The patient has failed conservative options with night splinting.

PROCEDURE: Carpal tunnel injections with steroids Right/ Left/ Bilateral.

COMPLICATION: None.

ASSISTANT: None.

BLOOD LOSS: Scant.

Preoperative pain level:

Postoperative pain level:

Rationale:

Preoperative area: In the preoperative area, the patient was seen and assessed, and all the risks involved with the procedure were explained to the patient. The risks involved but not limited to are injury to the structures in the vicinity of the wrist, nerve damage, blood clot formation and infections. Understanding the risks and benefits, the patient consented for the planned procedure. The temporary nature of the pain relief was also explained to the patient. The patient was also appropriately marked for the planned procedure and gave us a full informed consent.

Operative procedure:

After obtaining full consent patient was wheeled into the operating area, and was identified head nurse. Patient was then positioned supine on a radiolucent table with a Mayo stand. I was able to nicely identify the palmaris longus muscle and the distal palmar crease and distal wrist crease of the \_\_\_\_ hand. I was then able to go ahead and identify the junction of the palmaris longus and the distal wrist crease. I then took a marker and marked the entry point, which was 1 cm proximal and medial to this point. I was then able to nicely prep the area. I also was able to administer the patient conscious sedation with Versed. Her/his vitals were being monitored. Surgical time out was then performed to confirm the patient's identification, diagnosis and allergies. Surgical site was also properly marked for the planned procedure.

I was then able to go ahead and use a 25-gauge needle loaded on a syringe, which had a premixed solution of 1 cc of 1% lidocaine, 1 cc of 0.25% Marcaine, and 1 cc of 40 mg/cc of Depo-Medrol. I was then able to inject that needle through the entry point directly towards the base of the thumb. There was no tingling, or any paresthesia generated when I was injecting the needle. I also asked the patient to move her middle 2 fingers, and there was no traction on the needle. I was able to negotiate the needle through the transverse carpal ligament and just placed the needle into the combined tendon sheath. At that point of time, I went ahead and aspirated the needle. There was negative aspiration of any fluid, following which I was able to slowly inject into that area, a total mix of 3 cc solution. I was then able to remove the needle and dress the wound with Band-Aid. The patient had immediate pain relief into her/his thumb area, where she/he was having pain. She/he had some numbness into the middle fingers and the radial fingers as well, which was expected. Patient had pretty good pain relief after this injection onto the \_\_\_\_\_ side. I was able to remove the needle and dress the wound with Band-Aid.

For Bilateral Procedures

A similar procedure was carried out on the other side, and I was able to nicely again place the needle and a similar amount of solution was injected. There was no adverse effect, and the pain relief was excellent onto the \_\_\_\_side as well, and the patient was also dressed with Band-Aid.

She was also told about the further postoperative course, to wear night splinting and to monitor the progress of the pain relief as well as to contact us for increased pain, weakness, tingling, numbness, or any signs of infection. She tolerated the procedure really well and was then discharged home in a stable condition after observing her for some time in the same day area. Patient was handed over with spine and pain clinic number and was asked to contact us with any further questions or concerns.