# OPEN CARPAL TUNNEL RELEASE USING A PROXIMAL UNIPORTAL TECHNIQUE: EVALUATION OF THE RESULTS

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# To evaluate the efficiency and efficacy of a proximal uniportal minimally invasive technique of CTS release



 The most common entrapment neuropathy affecting 1% of the general population

70 % of patients report being satisfied
with the results of carpal-tunnel surgery



- Pain in hand, forearm, arm
- Numbress in median nerve distribution
- Symptoms aggravated by wrist flexion
- Positive Tinel sign at the wrist
- Thenar atrophy in advanced stages



## CTS: Methods of Surgical Treatment



- Arthroscopic
  - Proximal Uniportal
  - Distal Uniportal
  - Two Incisions

Minimally Invasive:

- Two incisions



CTS: Methods of Surgical Treatment

increased morbidity, scar problems

Endoscopic CTS release:



successful, decreased morbidity, less scar tenderness, significant complications, faster recovery

Minimally Invasive Techniques:

combine the advantages of both methods along with small morbidity

Patients -Methods Prospective study

87 patients treated for
idiopathic carpal tunnel syndrome

Age 47 to 91 years (mean 56)

Proximal, uniportal technique

Mean follow up 18 months



- scar tenderness
- relief of symptoms
- complications
- recurrence

## **Operative Procedure**

1.5 cm transverse or longitudinal incision

at distal forearm under LA and Tourniquet

Identification of proximal border of transverse ligament





#### Fashioning bluntly a subligamentous route

 Division of the ligament along the radial border of the ring finger



## **Operative Procedure**

## Radial Border of Ring Finger

### Skin Incision



## Symptoms and function scores improved significantly after the operation, while the complications were not permanent or significant.



# Immediate relief (the night of the operation) was achieved in 79 patients

Mild symptoms for the first 2 weeks in 16 patients



3 pts paraesthesias at 3 months

complete relief was obtained in 84 of the 87 pts
by the end of the study

Tenderness common during the first month, but it is not severe enough to interfere with daily activities.

 1 case of mild algodystrophy syndrome, treated conservatively



No hypertrophic scars were observed.

 9 patients complained of mild pillar pain at the third month, and just 4 patients did so at 1 year.

 All patients resumed daily activities in the first week after the operation.



 Minimal-incision open carpal tunnel release can be performed safely and is associated with good functional outcomes.

