Patients refusing to undergo carpal tunnel release despite persistent symptoms after conservative therapy

MM Al-Qattan MB BS FRCSC, V Bowen MD FRCSC

The Toronto Hospital Hand Program, University of Toronto, Toronto, Ontario

MM Al-Qattan, V Bowen. Patients refusing to undergo carpal tunnel release despite persistent symptoms after conservative therapy. *Can J Plast Surg* 1994;2(4):171-172. Seven patients who presented to one surgeon with persistent carpal tunnel symptoms after conservative therapy and who refused to undergo surgery were studied. All patients were interviewed four to six years later by another surgeon to assess the severity of any persistent symptoms and to find out if any had surgical decompression at another institution. The possible reasons for refusing to undergo carpal tunnel release despite persistent symptoms after conservative therapy are also discussed.

Key Words: *Carpal tunnel, Conservative management, Surgery*

Refus des patients de subir une décompression du tunnel carpien malgré la persistance des symptômes après traitement conservateur

RÉSUMÉ : Sept patients qui ont consulté un chirurgien pour des symptômes persistants de compression du tunnel carpien après traitement conservateur et qui refusaient de subir une chirurgie ont été examinés. Tous les patients ont été interrogés de quatre à six ans après par un autre chirurgien afin d'évaluer la gravité de tout symptôme persistant et de découvrir si l'un ou l'autre avait subi une décompression chirurgicale dans un autre établissement. Les raisons possibles du refus de subir une décompression du canal carpien malgré la persistance des symptômes après traitement conservateur sont également présentées.

Earlier studies of carpal tunnel syndrome generally included patients with different predisposing factors and variable severity of symptoms (1). More recent studies have reviewed specific subgroups of patients with carpal tunnel syndrome such as those with severe symptoms (2), recurrent symptoms (3), strenuous work activities (4-6), diabetes (7) and pregnancy induced symptoms (8).

This paper reviews patients with persistent carpal tunnel symptoms after conservative therapy who refused to undergo surgical release. These patients do not usually come back for long term follow up and therefore have not been included in previous studies of carpal tunnel syndrome.

PATIENTS AND METHODS

The records of 100 consecutive patients who presented to one surgeon (VB) with carpal tunnel syndrome between 1988 and 1990 were reviewed. Only those who had persistent symptoms after conservative therapy and refused to undergo surgical release of the carpal tunnel were selected for this study. All patients were interviewed in March 1994 to assess the severity of any persistent symptoms and to find out if any had surgical decompression of the carpal tunnel by another surgeon.

RESULTS

Seven of the 100 assessed patients had persistent hand symptoms after conservative therapy and refused to undergo surgical release of the carpal tunnel. Patients' data at the time of initial presentation are shown in Table 1. The diagnosis of carpal tunnel syndrome was confirmed by nerve conduction studies in all patients. After failure of conservative treatment using splints (for at least six months), the surgeon recommended surgical decompression and discussed the possible risks and complications of surgery. All patients refused to undergo the surgical procedure and did not come back for any further follow up visits. Patients were not contacted again until the interview of this study in March 1994, which was performed by another surgeon (MMA).

None of the patients had seen another surgeon despite persistent hand symptoms. All patients continued to use wrist splints with or without analgesics. Patients over 58 years of age (cases 1, 2, 3 and 4) stated that they retired a few years earlier than planned and hand symptoms had improved since retirement. Two patients (cases 5 and 6) were still working and managing well but continued to use wrist splints at night. The symptoms in the young diabetic patient (case 7) became severe enough to require wrist splinting at all times and the patient requested an appointment to be arranged with the same surgeon (VB) for reassessment.

Correspondence and reprints: Dr MM Al-Qattan, PO Box 18097, Riyadh 11415, Kingdom of Saudi Arabia. Telephone 011-9661-456-9604.

TABLE 1: Patients' data at the time of initial presentation

Case	Sex/age	Occupation	Affected hand	Other predisposing factors	Duration of symptoms (years)
1	M/61	Butcher	Left	Old crush injury to hand	3
2	F/58	Factory worker	Bilateral	—	5
3	M/62	Electrician	Bilateral	Diabetic, previous right carpal tunnel release in 1982	10
4	F/62	Salesperson	Right	—	4
5	M/55	Construction worker	Right	—	4
6	F/32	Nurse	Bilateral	—	2
7	F/37	Computer expert	Bilateral	Diabetic	4

TABLE 2: Possible reasons for refusing to undergo carpal tunnel release despite persistent symptoms after conservative therapy

1	Patient did not like the surgeon (patient would likely see another surgeon)
2	Patient did not think the severity of symptoms warranted surgical release
3	Bad previous experience with carpal tunnel release (eg, recurrent symptoms)
4	Patient did not want a scar
5	Patient did not accept the possible risks and complications of the procedure
6	Patient did not want surgery because of significant health risks (unstable angina, reactions to anaesthetic agents, etc)
7	No specific reason

DISCUSSION

The differentiation between carpal tunnel syndrome and other sites of median nerve compression is based on both clinical and electrophysiological tests. The diagnosis in our patients was confirmed by nerve conduction studies. The two diabetic patients (cases 3 and 7) had evidence of diffuse peripheral neuropathy but the neurologist was still able to document the presence of localized median nerve compression across the carpal tunnel. The indications for recommending surgery to our patients were persistent sensory symptoms and failure of conservative treatment (wrist splints). None of the patients had steroid injections or vitamin B6 as part of their conservative therapy.

Possible reasons for refusing to undergo carpal tunnel release despite persistent symptoms after conservative therapy are shown in Table 2. Carpal tunnel release in Ontario is covered by the Health Insurance Program and hence 'cost'

was not considered as one of the reasons. The fact that none of the patients had seen another surgeon indicated that the surgeon was not the reason for refusing to undergo surgery. Consenting to surgery (9) should include informing the patient about all the known risks and complications of the procedure. We inform all our diabetic patients preoperatively that numbness might persist after carpal tunnel release because of their pre-existing diffuse peripheral neuropathy although nocturnal symptoms are likely to resolve (7). One diabetic patient in this study (case 7) did not accept this as a possible risk of the procedure and the other patient (case 3) had recurrent symptoms after previous carpal tunnel release (done at another institution). Two patients (cases 5 and 6) did not think the severity of their symptoms warranted surgical release. The remaining patients (cases 1, 2 and 4) had no specific reason and retirement provided significant improvement in their symptoms.

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