Carpal Tunnel Release / Lacertus Fibrosus

Patient Recovery & Exercise Guide

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This guide explains what to expect after your carpal tunnel release with Dr Mark Robinson — from leaving hospital, to caring for your hand at home, to the exercises that will help you get back to your usual activities. Please keep it handy and bring it to your appointments.

Everyone recovers at their own pace. Your surgeon and hand therapist will tailor the timeframes to your surgery and your progress.

ABOUT YOUR SURGERY

The **median nerve** is one of three major nerves in the arm. It controls muscles in the forearm and thumb and gives feeling to the thumb, index finger, middle finger and half of the ring finger. It is formed from nerve roots that exit the neck, run down the inside of the upper arm, cross at the front of the elbow and travels through the forearm to the hand, entering through a narrow passage at the wrist called the carpal tunnel.

The nerve is most commonly compressed inside the **carpal tunnel**. The sides and floor of the tunnel are formed by the wrist bones, and the roof by a tough band of tissue called the **transverse carpal ligament**. Less commonly, compression can occur at the front of the elbow (**lacertus fibrosus**), and rarely just above the elbow (ligament of Struthers) or in the upper forearm (pronator teres).

In **carpal tunnel syndrome**, the nerve is squashed inside the tunnel. This causes numbness, tingling and pain in the hand, often waking you at night, as well as clumsiness and dropping things. In more severe cases, the muscles at the base of the thumb can become weak and wasted.

In a **carpal tunnel release**, the transverse carpal ligament is divided through a small incision in the palm to take the pressure off the nerve. From the day of surgery night-time pain, pins and needles usually resolves. Tenderness at the base of the palm can occur post-surgery but usually settles over about 3-6 months.

BEFORE YOUR SURGERY

Diet / Vitamin C

In the weeks before and after your operation, Dr Robinson encourages you to eat a healthy, balanced diet rich in protein, vitamins and minerals. Include plenty of lean meat, fish, eggs, dairy, legumes, wholegrains, fruit and vegetables, and keep well hydrated.

Dr Robinson recommends taking 1000–1500 mg of vitamin C daily, starting 2 days before your surgery and continuing for 6 weeks afterwards. Vitamin C supports the body's natural healing processes, including the repair of bone, skin and soft tissue. Vitamin C supplements are available from your local pharmacy or supermarket.

No Smoking

Smoking significantly slows healing and increases the risk of complications, including wound infection, delayed bone healing and problems with anaesthesia. We strongly recommend that you stop smoking before your surgery and avoid smoking throughout your recovery. This includes cigarettes, vapes and other nicotine products. If you would like support to quit, speak with your GP or contact Quitline on 13 78 48.

GOING HOME

Discharge

You will go home on the day of surgery.

Wound, Dressings & Showering

You can remove the bandage the day after your operation. Leave the adhesive dressings in place until your 2–3 week review, when we will remove them. The dressings are water resistant, not waterproof, so showering is fine but please try to keep them mostly dry until your post-op appointment.

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Swelling / Elevation

- To help reduce swelling, keep your hand raised for the first 24–48 hours, including while you sleep (for example, resting on a pillow higher than your elbow). Moving your fingers regularly also helps.

Pain Relief & Medications

In general, take **paracetamol** regularly for the first 24 hours, followed by **anti-inflammatories** if needed. Stop these medications as soon as your pain allows.

Vitamin C

Dr Robinson recommends taking Vitamin C 1000–1500 mg daily for at least 6 weeks after surgery.

Hand Therapy

Most people recover well with the home exercises in this guide. Hand Therapy can help if you need extra support with stiffness, scar care and tenderness in your palm, sensitivity or slow return of feeling, rebuilding grip and pinch strength, or getting back to heavy work or sport. Ask at your 2–3 week review. Hand therapy appointments are booked and paid for separately from your surgery.

YOUR FOLLOW-UP APPOINTMENT

WHEN	WHAT HAPPENS
2–3 weeks	Your post-op clinic review. A nurse will remove your dressings and check your wound.

KEY PRECAUTIONS — FIRST 2–3 WEEKS

- **Keep your fingers moving:** start your exercises the day after surgery. Making a full fist and fully straightening your fingers helps prevent stiffness and keeps the tendons and nerve gliding.
- **Use your hand for light tasks:** eating, dressing, typing and writing are fine as comfort allows.
- **Protect your palm:** avoid heavy gripping, lifting, and pushing up through your hand (for example, getting up out of a chair) until your wound has healed.
- **No vibrating tools** (sander, grinder, mower) for 6 weeks.

When to contact us

Please contact our clinic straight away, or see your local doctor, if you notice:

- Swelling that is getting worse rather than better
- Redness, warmth or discharge around the wound
- A fever, or feeling generally unwell
- Pain that keeps increasing or isn't controlled by your medications
- Numbness or weakness in your hand that is worse than before your surgery

Phone (07) 5346 8000 · Email admin@balanceortho.com.au

After hours: go to your nearest urgent care clinic or hospital emergency department.

RETURNING TO WORK, DRIVING & ACTIVITIES

Work

A reasonable goal for returning to office or desk work is 1–2 weeks. For more physically demanding jobs, the usual target is 4–6 weeks, as gripping and pressure through the palm can stay uncomfortable for a while.

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Driving

Driving short distances can commence the day after surgery. Driving long distances should be delayed until after 3 weeks. Please check with your Dr Robinson if you are unsure.

Return to activities

These timeframes are a general guide. Please check with your surgeon or hand therapist before starting an activity.

ACTIVITY	EXPECTED TIMEFRAME	NOTES
Driving	Within 1 week	Once you can grip the wheel comfortably
Desk / computer work	1–2 weeks	
Running	Within 1 week	
Swimming	Once your wound has healed	Usually after your 2–3 week review
Physically demanding work	4–6 weeks	Build up gripping gradually
Gym / weights	6 weeks	Avoid push-ups or weight through your palm until comfortable
Tennis	6 weeks	Build up grip gradually
Golf	6 weeks	Build up grip gradually
Vibrating tools (sander, grinder, mower)	6 weeks	

YOUR RECOVERY AT A GLANCE

WHEN	GOALS	WHAT YOU'LL BE DOING
Phase 1 **Day 1 – 2/3 weeks** Healing	• Wound healing • Settle swelling • Full finger movement	• Remove the bandage on day 1; keep the adhesive dressings on • Raise your hand for the first 24–48 hours • Start your exercises the day after surgery • Light everyday use of your hand • Driving and running within 1 week; desk work from 1–2 weeks
Phase 2 **2/3 – 6 weeks** Getting back to normal	• Normal use of your hand • Scar care • Rebuild grip	• Dressings removed at your 2–3 week review • Swimming once your wound has healed • Physically demanding work from 4–6 weeks • Hand therapy if needed for stiffness, scar care, palm tenderness or strength
Phase 3 **6 weeks +** Full activity	• Return to sport	• Gym, tennis, golf and vibrating tools from 6 weeks • Palm tenderness usually settles by about 3 months • Feeling and hand strength may keep improving for several months

YOUR EXERCISE PROGRAM

Start these exercises the day after surgery. Let pain be your guide and don't continue any exercise that hurts. These exercises are a guide only, and your physiotherapist or hand therapist may give you a more specific program, including nerve gliding exercises.

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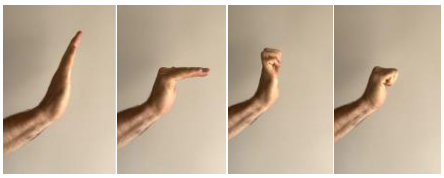
Start the day after surgery

- Repeat each exercise **5–10 times** per session.
- Aim for **3–5 sessions a day**.

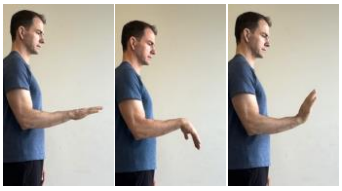
1. Tendon gliding ▶ Watch the video

- Start with your hand open and fingers pointing up, held together.
- Bend your fingers at the base knuckles to 90°, keeping the rest of your fingers straight (a “tabletop”).
- Bend your middle knuckles, keeping your fingertips straight.
- Bend your top knuckles to make a full fist.
- Straighten your fingers and open your hand back to the starting position.



2. Wrist bends (flexion & extension) ▶ Watch the video

- Hold your arm out with your wrist straight and palm facing down.
- Bend your hand up towards the ceiling, then let it drop down towards the floor.
- For a more advanced stretch, use your other hand to gently pull your wrist back by your fingers, holding for 10–30 seconds.



3. Thumb opposition ▶ Watch the video

- Hold your hand open.
- Touch your thumb to the tip of each finger in turn, from your index finger to your little finger, then back again.
- Repeat 3–5 times in each direction. This helps with coordination for tasks such as picking up small objects.

4. Nerve flossing ▶ Watch the video

- Extend your arm out with your fingers and wrist extended, then gently fold them across to touch the opposite armpit.
- Repeat this exercise 10 times, 3 times per day.

These notes are a general guide only. Details may vary depending on your individual circumstances and at the discretion of your surgeon.

5. Scar massage (once your wound has healed)

- Once your dressings are off and the wound has fully healed, gently massage the scar with a non-perfumed moisturiser.
- Use firm, small circular movements along and around the scar for a few minutes, 2–3 times a day.
- This helps soften the scar and reduce tenderness in your palm. Your hand therapist can show you how.

Watch the exercises on YouTube

Most exercises in this guide are demonstrated in a short video on our YouTube channel. Tap "▶ Watch the video" next to an exercise or scan the QR code to see all of our videos.

youtube.com/@BalanceOrthopaedics

This guide has been developed with reference to published post-operative guidelines for carpal tunnel release. It is a general guide only and does not replace individual assessment and advice from your surgeon and hand therapist.

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