Comment on Joshy et al.: Patient satisfaction following carpal-tunnel decompression: a comparison of patients with and without osteoarthritis of the wrist

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Received: 19 April 2007 / Revised: 22 April 2007 / Accepted: 23 April 2007 / Published online: 19 June 2007
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Dear Editor,

We have read with great interest the article by Joshy et al. titled “Patient satisfaction following carpal-tunnel decompression: a comparison of patients with and without osteoarthritis of the wrist” [1]. While reading the text, some comments came to mind, which we would like to submit to you.

Clinical symptoms of osteoarthritis can tend to aggravate the symptoms of carpal-tunnel syndrome (CTS) and can even trigger them. The optimal and generally adopted treatment of CTS is carpal-tunnel release (CTR), the effectiveness of which amounts to over 90% [2, 3]. This treatment, however, is ineffective in the case of osteoarthritis alone and can only relieve the coexisting symptoms. Patients with concomitant osteoarthritis and CTS will not recover totally and, therefore, their satisfaction following the operation will be lower than that of the patients with CTS alone, since they expect the total remission of symptoms. An important prognostic factor is the age of the patient, since, in elderly patients, the results of surgical treatment are usually worse than in younger patients [2]. In our studies on hand injuries, we showed that post-traumatic disability tends to increase with the patient’s age [4]. One of the causes of this disability is routine post-operative immobilisation of the hand, which, in elderly patients, leads more often to joint stiffness. The mean age of the groups of patients compared

by Joshy et al. [1] was 70 years. In such patients, the introduction of rehabilitative exercises as early as possible is especially significant.

Since January 2005, we have operated on 34 patients with CTS. A total of 38 CTR operations were performed. All of them were done by the same surgeon (M.T.), under local anaesthesia in a one-day surgery scheme. No intraoperative or healing complications were observed. However, we noted the patients’ complaints of stiffness of the wrist and difficulties in restoration of function after a 10- to 14-day immobilisation of the hand in a plaster cast. This problem affected mainly elderly patients. We therefore abandoned plaster immobilisation of the wrist in these patients, shortening in this way the post-operative period of rehabilitation, with no negative effect on the healing process nor on the final results of CTS treatment. This is in conformity with the reports by other authors [5, 6]. Initial results of CTS treatment according to this schedule revealed evident satisfaction of the patients in over 1 year of prospective assessment. We based our research on the Symptom Severity Scale as provided by Levine [3] and the Patient Evaluation Measure (PEM) questionnaire [2]. They enable a more precise evaluation of the results than the scheme provided by Joshy et al. [1]. The questionnaires were completed by the patients just before the planned surgery and then during the follow-ups at three and twelve months after the operation. It was found that the results obtained twelve months after the operation differed markedly from those obtained three months after the operation.

In our opinion, more rapid restoration of hand movement following CTR with no plaster immobilisation in the post-operative period seems particularly noteworthy in elderly patients.

A reply to this letter can be found at <http://dx.doi.org/10.1007/s00264-007-0387-9>.

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