Darin W. Allred, MD
ORTHOPEDIC SURGERY & SPORTS MEDICINE

Carpal Tunnel Release — Full Pre-Op Instructions

"This is a small operation with a big payoff — a little preparation makes it go perfectly." — Dr. Allred

YOUR MOST IMPORTANT TASK

Take your Carpal Tunnel Class

A short online class that walks you through everything — before, the day of, and after. Point your phone camera at the code.

Scan →

darinallredmd.com/carpal-prep

What this surgery actually is

- Carpal tunnel syndrome is a pinched nerve at the wrist — the median nerve, squeezed under a ligament. The fix is simple: release the ligament so the nerve has room. Dr. Allred does this **ultrasound-guided and minimally invasive**: a tiny opening, the instrument guided by live imaging, no big incision to heal.
- **The procedure itself takes minutes.** You will be at the facility longer than the surgery takes.
- **Most patients are wide awake** with numbing medicine at the wrist — you feel pressure, not pain. If you would rather be sedated, tell us at your visit.
- **Recovery is fast:** most people are back to light activities in about 2 days and heavy activity in about 4 days, though full recovery can take a few weeks. **No physical therapy needed** — just move your fingers and use the hand as comfort allows.

As soon as surgery is scheduled

- [ ] **Take your rings off both hands now.** Swelling can make them dangerous, and we cannot operate with one on.
- [ ] **Line up a driver.** Your hand will be numb and bandaged when you leave — a driver is required even if you choose local numbing only.
- [ ] **Tell us every blood thinner you take** (Coumadin/warfarin, Eliquis, Pradaxa, etc.). Do not stop them on your own — we will give you a specific plan.
- [ ] **Choosing sedation or general anesthesia?** Schedule a history & physical (H&P) with your primary provider — required within 30 days of surgery. GLP-1 medicines (Ozempic, Wegovy, Mounjaro, Zepbound): for weight loss only, stop at least 2 weeks before; for diabetes, ask your prescriber.

One week before

- [ ] **Stop aspirin and anti-inflammatories** (ibuprofen, Aleve, naproxen) — unless your doctor prescribed aspirin for your heart. Tylenol is fine that week.
- [ ] **Stop blood-thinning supplements:** fish oil, vitamin E, garlic, ginkgo, ginseng, turmeric.

Five days before

- [ ] **Start the skin washes.** Buy CHG soap (chlorhexidine / Hibiclens 4%) and wash from the neck down daily for the 5 days before surgery, plus the morning of. Use a clean towel and clean clothes each time.
- [ ] **Do not shave your arms** during those days.

The day of surgery

- [ ] **Local numbing only: eat normally — have breakfast.** There are no fasting rules with local anesthesia. Take your normal medicines (minus the ones we stopped).
- [ ] **Sedation or general: no solid food, gum, or mints after midnight.** Clear liquids are encouraged up to 2 hours before your arrival time. Take routine medicines with a small sip of water — except diabetes medicines: hold those and bring them along.
- [ ] **Morning CHG wash; no lotion on your arms.** Wear a top with loose or short sleeves.
- [ ] **Jewelry off, valuables home, driver arranged.** Arrive at your scheduled time — a nurse will call the week before with details. Please pick up.

After surgery — the first week

- **Dressing:** if it feels too tight after an hour or two, you may unwrap and re-wrap it more comfortably. Keep it **dry for 48 hours**; after that, switch to Band-Aids and it may get wet — but no soaking (baths, pools, hot tubs) until healed, usually 2–3 weeks.
- **Elevate your hand for the first 24 hours** and keep the fingers moving. Do anything your comfort allows.
- **Pain:** alternate over-the-counter Tylenol and ibuprofen — one, then the other 2 hours later, within the label doses. **Narcotics are not needed** after this procedure.
- **Numbness** from the local wears off over a few hours. If your hand numbness is not improving after a few days, call for an appointment.
- **Back to it:** light duties in about 2 days for most people; heavy activity around 4 days, up to 4 weeks for some.
- **Follow-up:** most patients do not need a visit — book one around 4 weeks if you would like us to take a look.

When to call

- **Call 911** for any life-threatening emergency — chest pain, trouble breathing, fainting.
- **Call the office — or go to the ER after hours — for:** increasing redness at the incision; pain that is uncontrolled and increasing over hours; uncontrolled bleeding; fever over 101.5°F or shaking chills; painful swelling.

Prefer the phone? Call the clinic where your surgery is scheduled — the numbers are on our website and your paperwork. It is always better to ask than to guess.