

# Discharge Information

Orthopaedic Service,  
Wellington and Kenepuru  
Hospitals

Surname: ..... NHI: .....

First Names: .....

Date of Birth: ..... / ..... / ..... Sex: .....

PLACE PATIENT ID HERE



## Carpal Tunnel Release under local anaesthesia

You have had a Bilateral / Left / Right Carpal Tunnel Release

### Pain Relief

Take Paracetamol (2 x 500mg tablets) every 4 hours, whether you need them or not for at least 24 hours. Do not take more than 8 tablets in a 24 hour period (a day).

If you are allergic to paracetamol or have had a previous reaction to paracetamol medication, do not take the paracetamol and talk to your nurse.

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### How do I care for my wound?

Keep the outer bandage on for 48 hours. Then remove the bandage. Leave the waterproof dressing in place for 10-14 days.

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### Washing

Keep your wound dry. Cover your hand with a plastic bag, secured with tape before having a shower or bath.

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### Mobilisation after your surgery

- Move your arm and fingers as pain allows
- Keep your hand elevated on a pillow or in a sling. Start gentle movement for first two days to help lessen the pain and swelling
- From day 3 you can increase the amount you use your hand and arm as your pain allows
- Look at your hand and check it for warmth, colour, movement and sensation. Please contact your doctor if any of these have changed

### Stitches

Your stitches will be taken out by your doctor or practice nurse. You will need to make an appointment with them in 10-14 days.

OR

Your stitches will be removed at your Orthopaedic Outpatient appointment. The appointment will be sent by post to your home address.

### Work Certificate required

Yes  No

### Will I need a follow up appointment?

No follow up appointment is needed

OR

In .....days/weeks, you will be seen at the Orthopaedic Outpatients Clinic. The appointment will be sent by post to your home address.

[Continued]

## When do I need to contact my doctor?

- If you have pain that is not helped by pain medication
- You have any bleeding or swelling
- Your wound becomes hot or red
- Or your hand does not improve

please contact your doctor or an after-hours medical centre.

**Please take this information with you**

Date: \_\_\_\_\_ Nurse: \_\_\_\_\_

Fax copy to patient's GP.  (tick when faxed) Date faxed:

GP's name: \_\_\_\_\_