

# CTDCLINIC

## Plastic surgeon refines carpal tunnel surgery

*New twist to endoscopic treatment*

The outbreak of carpal tunnel syndrome connected with on-the-job work tasks has spurred the medical community to find new and less debilitating treatments.

Surgery requiring a four-inch incision into the palm and wrist and six weeks for recovery is no longer commonplace. Instead, physicians increasingly are turning to less invasive endoscopic surgery. Tools containing a video camera, a light and a retractable blade require two puncture incisions to perform the procedure.

But at least one surgeon is attempting to improve on the already promising results of "traditional" endoscopic surgery. Dr. Mark C. Komorowski, a plastic surgeon in Bay City, MI, uses an endoscopic device requiring only one incision. His patients often go back to work in two weeks or less.

In many endoscopic surgeries for carpal tunnel, two transverse incisions are made, one mid-palm and the other at center wrist. One portal is made for the camera and the other for the blade. The physician then cuts the carpal ligament to create more room in the tunnel, releasing pressure on the median nerve. Return-to-work averages run close to three weeks after this surgery.

Komorowski needs only one incision for the Agee Carpal Tunnel Release System (marketed by 3M Co.), which contains the camera, light and blade in one probe. A transverse incision at the wrist reduces the amount of tissue that needs to heal and allows the physician to pull the scope through the tunnel and follow the cut ligament to ensure the release is complete, according to Komorowski.

More importantly, the technique frees up the surgeon's other hand to "get his fingers on the tissue." Komorowski uses his free hand to manipulate the tunnel for a better view and the ligament for a more precise cut.

Komorowski, who has used the procedure since January, said he performed about 50 operations. About 50 percent of his practice is devoted to hand surgery and about one-third to carpal tunnel patients.

He said patients are normally splinted for about a week after surgery to promote healing and prevent the median nerve from re-entrapment during wrist flexion. Patients are advised to start lifting a gallon of milk for rehabilitation.

After the second week, the splint and sutures are removed, and patients who do not perform heavy lifting in their job are allowed to return to work without restrictions. Patients with heavy-lifting jobs usually do not return to unrestricted work until after the third week.

• For more information about the procedure, contact Dr. Mark C. Komorowski at 989-893-9393. ◊

## MAJOR STUDIES

### BOEING STUDY INCONCLUSIVE

Almost two years ago, the Boeing Co.'s Wichita, KS, facility set out to test the claims of a vibration-dampened tool. At the time, they were told that the recoil-less rivet gun could better protect its workforce from cumulative trauma disorders.

"This particular manufacturer was touting that its product would have an effect on the CTD rate in the workplace and we wanted to make sure the rivet gun did what the company said it would do," said Richard L. Clark, administrator at IAM-Boeing Health and Safety Institute.

In tandem with the International Association of Machinists and Aerospace Workers and the Boeing Health

and Safety Institute, a study was developed with more than 200 workers. Questionnaires and physicals measuring employee mobility and a carpal tunnel latency test were performed before, mid-term and after the one-year study. The study also included vibrometer and nerve pace measurements.

"The results were completely inconclusive," Clark told CTDNews. "Because of a situation beyond our control, we wasted a lot of time, effort and money on something that did not produce any firm conclusion."

Clark said Boeing's reduction in labor force and worker transfers irreparably damaged the study. "Doing these types of studies in the workplace is very difficult. You can't deny employee and company goals just for the sake of a study."

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