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Carpal tunnel release by limited I: Surgical palmar I: Surgical incision I: Surgical vs traditional open I: Surgical technique I: Surgical : randomized controlled trial.

AIM To compare a limited I: Surgical palmar I: Surgical incision I: Surgical for carpal tunnel release (CTR) with a traditional open technique, which is still considered the gold standard.

METHODS Seventy-two P: Sample size patients with a carpal P: Condition tunnel P: Condition syndrome P: Condition were individually randomized into the trial (limited incision I: Surgical CTR I: Surgical) (n=36) and control group (traditional technique I: Physical CTR I: Physical) (n=36). In the trial group, skin incision parallel to the thenar crease was made up to 2.5 cm in length, under an operating microscope and endoscopic transillumination I: Surgical . Skin incision in the control group began at the distal border of the carpal ligament, followed the longitudinal crease of the palm, and crossed the base of the palm in a zigzag fashion. Three months after surgery, the patients were asked about symptomatic relief and intervals between the operation and return to their daily O: Other activities and work, and examined for scar O: Physical tenderness O: Physical and esthetic outcome. Distal O: Physical motor O: Physical latency O: Physical , O: Physical conduction O: Physical velocity O: Physical , O: Physical scar O: Physical length O: Physical , O: Physical scar O: Physical width O: Physical , and operation O: Other time O: Other were measured.

RESULTS There were no differences between the two groups in symptomatic O: Physical relief O: Physical and electrophysiological parameters O: Physical . Intervals O: Other between O: Other the O: Other operation O: Other and return O: Other to O: Other daily activities O: Physical (median 5 days, range 2-15) were shorter in the trial group than in the control group (median 10 days, range 2-21; p<0.001), as well as the intervals between the operation O: Other and return O: Other to O: Other work O: Other (median 15 days, range 5-45 vs median 30 days, range 10-60; p<0.001). Scar/pillar O: Physical tenderness O: Physical , O: Physical scar O: Physical length O: Physical and width O: Other , esthetic O: Other outcome O: Other , and operation O: Other time O: Other were significantly better in the trial group.

CONCLUSION Limited I: Surgical palmar I: Surgical incision I: Surgical CTR I: Surgical is as effective and safe as traditional CTR technique, but with better postoperative recovery and cosmetic results.