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Subject: cardiovascular diseases / cancer / autism / other

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

AIM To compare a limited I: Surgical palmar I: Surgical incision I: Surgical for carpal tunnel release (CTR I: Physical) with a traditional I: Physical open I: Physical technique I: Physical, 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 CTR (n=36) and control group (traditional I: Physical 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 I: Surgical transillumination I: Surgical. Skin I: Physical 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 daily activities and were examined for scar O: Physical tenderness O: Physical and esthetic O: Physical outcome. Distal O: Physical motor O: Physical latency O: Physical, conduction O: Physical velocity O: Physical, scar O: Physical length 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. Intervals between the operation and return to daily activities (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 and return to 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 scar O: Physical length O: Physical and width O: Physical, esthetic O: Other outcome O: Other, and operation O: Other time O: Other were significantly better in the trial group.

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