



[Home](#) → [Medical Encyclopedia](#) → Carpal tunnel biopsy

URL of this page: //medlineplus.gov/ency/article/003925.htm

## Carpal tunnel biopsy

Carpal tunnel biopsy is a test in which a small piece of tissue is removed from the carpal tunnel (part of the wrist).

### How the Test is Performed

The skin of your wrist is cleansed and injected with medicine that numbs the area. Through a small cut, a sample of tissue is removed from the carpal tunnel. This is done by direct removal of tissue or by needle aspiration.

Sometimes this procedure is done at the same time as carpal tunnel release.

### How to Prepare for the Test

Follow instructions for not eating or drinking anything for a few hours before the test.

### How the Test will Feel

You may feel some stinging or burning when the numbing medicine is injected. You may also feel some pressure or tugging during the procedure. Afterward, the area may be tender or sore for a few days.

### Why the Test is Performed

This test is often done to see if you have a condition called amyloidosis. It is not usually done to relieve carpal tunnel syndrome. However, a person with amyloidosis can have carpal tunnel syndrome.

Carpal tunnel syndrome is a condition in which there is excessive pressure on the median nerve. This is the nerve in the wrist that allows feeling and movement to parts of the hand. Carpal tunnel syndrome can lead to numbness, tingling, weakness, or muscle damage in the hand and fingers. Some of these injuries can be permanent, so it is important to have the condition addressed early.

### Normal Results

No abnormal tissues are found.

### What Abnormal Results Mean

An abnormal result means that you have amyloidosis. Other medical treatment and diagnostic tests will be needed for this condition.

# Risks

Risks of this procedure include:

- Bleeding
- Damage to the nerve in this area
- Infection (a slight risk any time the skin is broken)

## Alternative Names

Biopsy - carpal tunnel

## References

Buxbaum JN. The systemic amyloidosis. In: Hochberg MC, Gravallese EM, Smolen JS, van der Heijde D, Weinblatt ME, Weisman MH, eds. *Rheumatology*. 8th ed. Philadelphia, PA: Elsevier; 2023:chap 177.

Weller WJ, Calandruccio JH, Jobe MT. Compressive neuropathies of the hand, forearm, and elbow. In: Azar FM, Beaty JH, eds. *Campbell's Operative Orthopaedics*. 14th ed. Philadelphia, PA: Elsevier; 2021:chap 77.

## Review Date 8/27/2024

Updated by: C. Benjamin Ma, MD, Professor, Chief, Sports Medicine and Shoulder Service, UCSF Department of Orthopaedic Surgery, San Francisco, CA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

### Learn how to cite this page



A.D.A.M., Inc. is accredited by URAC, for Health Content Provider ([www.urac.org](http://www.urac.org)). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

