CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Numbness and Tingling in the Hand and Arm

What you're feeling

You may notice tingling or numbness in your hand and arm. This often happens after surgeries elsewhere in your body, such as neck fusion or shoulder operations. The sensation can feel like pins and needles or a loss of touch. It might start in your fingers and travel up your arm.

The pain often flares at night or when you wake up. You might find it hard to sleep on your side because the pressure worsens the tingling. Daily tasks can become difficult. Reaching behind your back to fasten a bra may feel awkward. Tucking in a shirt might cause discomfort or weakness in your grip. You may drop things more often or struggle with fine motor skills like buttoning a shirt.

If you have had nerve issues in the past, such as ulnar nerve problems at the elbow, you are at higher risk for carpal tunnel syndrome, especially within the first two years. The severity of the tingling often matches how swollen the nerve has become. In some cases, symptoms do not improve with rest or basic care. If conservative treatments fail, your doctor may discuss surgical options. For many patients, decompression surgery leads to nearly 90% symptom resolution.

Your doctor will assess your position sense and touch to understand how this affects your daily life. You might feel frustrated that simple actions require extra effort. Understanding these symptoms helps your care team tailor your treatment. Whether the issue stems from the neck, shoulder, or wrist, the goal is to restore your comfort and function.

What's actually happening

Numbness and tingling in your hand and arm usually happen when a nerve gets squeezed or irritated. Think of a nerve like an electrical wire that sends signals from your brain to your muscles and skin. When something presses on that wire, the signals get blocked or distorted. This causes the strange sensations you feel, such as pins and needles, burning, or loss of feeling.

One common cause is median nerve entrapment neuropathy. This is a condition where the median nerve gets trapped in different parts of your arm. A specific type is called pronator syndrome, where the nerve is compressed near your elbow. Another well-known issue is carpal tunnel syndrome, where the nerve is squeezed

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at your wrist. Sometimes, you might have a double entrapment, meaning the ulnar nerve is compressed at both your elbow and your wrist. This is sometimes called double crush syndrome.

Your anatomy can also play a role. Some people are born with a bifid median nerve, which means the nerve splits into two branches. This extra branch can get caught by forearm muscles, leading to compression. Additionally, if you have had ulnar nerve issues in the past, you are at a significantly increased risk of developing carpal tunnel syndrome, especially within the first 2 years. As ulnar neuropathy at the elbow gets worse, the nerve itself can swell and increase in size.

Surgery in other parts of your body can also trigger these symptoms. For example, upper-extremity neuropathy can develop after nonupper extremity surgeries, particularly anterior cervical discectomy and fusion (ACDF). This is a neck surgery that fuses vertebrae together. If you have symptoms after shoulder surgery, they are often refractory to conservative management, meaning standard non-surgical treatments like rest or medication may not work well. However, surgical decompression for neuropathy following shoulder surgery led to nearly 90% symptom resolution.

Diagnosing these issues can be tricky. There is severe discordance between the estimated prevalence of mild-to-moderate carpal tunnel syndrome based on clinical signs and symptoms (73%) versus electrodiagnostic studies and ultrasound (51%). This means that just feeling symptoms does not always confirm the diagnosis. When signs and symptoms suggest mild-to-moderate median neuropathy, additional testing such as EDS or US increases the probability of confirming actual median neuropathy that can benefit from surgery. Your doctor uses these tools to pinpoint exactly where the nerve is trapped so they can relieve the pressure effectively.

What we can do about it

Start with simple changes at home. Rest your hands and avoid repetitive gripping. Your doctor may suggest wearing a brace at night to keep your wrist straight. This can reduce pressure on the nerve. Gentle stretching and nerve gliding exercises may help improve movement. These activities aim to reduce stiffness and encourage the nerve to slide freely. Give conservative treatment a fair chance. If you have mild symptoms, they may respond well to these non-invasive steps.

If rest and exercise are not enough, your doctor might discuss medication. Over-the-counter pain relievers or anti-inflammatory drugs can help calm swelling and ease pain. In some cases, hormone therapy is considered, particularly if hormonal changes are linked to your symptoms. However, this approach has trade-offs. It may not work for everyone and can have side effects. Your doctor will weigh these risks against the potential benefit for your specific situation. Always discuss any new medication with your care team to ensure it is safe for you.

If your symptoms remain severe or do not improve after trying the above steps, it is time to seek specialist input. Your primary doctor may refer you to a hand specialist or neurologist for further assessment. They might use additional tests, such as nerve conduction studies or ultrasound, to confirm the diagnosis. In some cases, a procedure may be considered to relieve pressure on the nerve. This is typically reserved for situations where conservative measures have failed. Your specialist will guide you on whether this next step is appropriate for your recovery.

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When to see someone

Ask for a specialist review if you have persistent numbness or tingling that does not improve with rest. Seek care if you notice weakness, instability, or if symptoms interfere with your sleep or work. Sudden worsening of these sensations also warrants prompt attention. Be aware that patients with a history of ulnar nerve lesions are at a significantly increased risk of developing carpal tunnel syndrome, especially within the first 2 years. Additionally, neuropathy symptoms following shoulder surgery were often refractory to conservative management. If you experience these issues, your doctor can assess whether additional testing is needed to identify the cause and guide your recovery.

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