Sawbones 571: Carpal Tunnel Syndrome

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[theme music plays]

Justin: Hello, everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Reaching across to me to grab your timer, Syd. You know why you didn't just ask me to hand it to you?

Sydnee: Uh, do you want to share with everybody why I didn't just ask you to hand it to me?

Justin: Yes, Sydnee. It was because, uh, last Wednesday I had carpal tunnel and cubital tunnel release on my left arm.

Sydnee: That's right, Justin, and that's what we're gonna talk about this week.

Justin: Yes.

Sydnee: Yes. Because I thought we would fully—like, you could share your experience, if you were willing.

Justin: Yes, I will. You know what? Now would be a wild time for me to clam up on you, Syd. I'm not gonna do that, 'cause we got the recording going and what-all.

Sydnee: Yeah. I'm really enjoying—

Justin: [yells] [laughs] You're really enjoying trying to watch me get settled in my chair? Oh, my—I'll tell you what the hardest, the real toll has been, in my fidgeting. It's so much harder to fidget now! I really have to work for every fidget! And you'd think a lesser man would just stop fidgeting, but no.

Sydnee: I was enjoying—we just changed your dressings, and my fingers still smell like Xeroform. Which is a petroleum jelly, like, implant dressing. It's like a yellow, gooey...

Justin: [simultaneously] Alright, Mary Catherine. [laughs] Mary Catherine Gallagher.

Sydnee: No. I love the smell of Xeroform. [laughs] It's a really wonderful dressing, if you're interested in good dressings for wounds.

Justin: You know what I like? Ranch.

Sydnee: No. Hm.

Justin: [laughs quietly]

Sydnee: No. I won't. I won't allow it. Justin, do you want me to talk a little bit about the history of carpal tunnel, and then you can fill everybody in on what your experience was like, for those...

Justin: I would prefer you do that, and I can talk about my personal journey. But I would love to know about the history—the history that I am now but a—but a mere thread in the grand tapestry of.

Sydnee: I think when we say carpal tunnel syndrome, first of all, it feels like a modern invention, doesn't it? Doesn't it seem like a...

Justin: Yes. It feels like one of those things that you started hearing about in the 80s, like IBS. [laughs]

Sydnee: Yes.

Justin: Which is—all of a sudden it became, like, a punchline on SNL, to mention IBS, or CTS, I guess.

Sydnee: Yes. But, I mean, it's certainly—it is likely that we have had carpal tunnel as long as we have had, you know, wrists.

Justin: Yes.

Sydnee: And median nerves.

Justin: It seems, though, that also the dialogue about it was very much tied to, like, "Well, we're chained to our desks."

Sydnee: Yes.

Justin: "So many hours a day. You know, us computer jockeys are all coming down with carpal tunnel syndrome!"

Sydnee: It really has become connected, I think, to using computers a lot.

Justin: Yeah.

Sydnee: Which, I mean, okay. At the... let's start with, what is carpal tunnel syndrome?

Justin: Yes.

Sydnee: I was gonna start with history, but I think we should start with, what is carpal tunnel syndrome? Um, Justin, would you like to describe your clinical—like, your symptoms of carpal tunnel?

Justin: Oh, man. Yeah. So I have had, with use, when I use my hands, for something like—that involves gripping or holding, things like using a tool or a game controller or a bike is another good example, my hands would start to go numb, and tingle, and sometimes hurt.

Sydnee: And specifically, what part of your hand? This is important.

Justin: What do you mean?

Sydnee: Which part? Like, which fingers?

Justin: The thumb and forefingers. Thumb and index and pointer [crosstalk].

Sydnee: Yeah. First—first three.

Justin: The thumb and middle, yes.

Sydnee: If you start with the thumb, fingers one, two, three.

Justin: Thumb, fingers, and middle.

Sydnee: Yes.

Justin: I have—this is all kind of muddy for me, because I also have problems with the other two, so people try to make these distinctions for me, and they're not so impressive to me, 'cause they're all kind of bad. [laughs]

Sydnee: So, carpal tunnel syndrome specifically is related to what's called the median nerve. So, there are different nerves that provide innervation, sensory—like, the feeling to different parts of your hand. And so the reason that we ask very specifically what fingers are numb, or tingly, or weak, where are you having the symptoms? Is because some of our fingers are innervated by the median nerve. Some by the ulnar nerve. And then the other part of our hand by the radial nerve.

So, depending on what isn't working, it tells us what nerve is the problem, right? And that's true for all over the body. That's, you know. We will narrow it down to where exactly—that helps us tell even to, like, what part of the spine might there be compression, or what part of the brain might a stroke have occurred in. It depends on what nerves are affected.

So, the median nerve, if you flip your hand over, you're looking at your palm, the median nerve runs down the middle of your wrist, there.

Justin: Mm-hmm.

Sydnee: Okay? And it mainly—I mean, it does a lot of stuff. But it's gonna innervate—and we're talking about feeling—just what you said, those first three fingers, starting at the thumb. The thumb, your pointer, and your middle finger, okay? Mainly on the palm side of your hand there, okay?

If that nerve is being irritated or compressed—and that can happen, because there's a lot of stuff that runs through your wrist, there. The wrist and hand, there's a bunch of stuff in there.

Justin: You're telling me.

Sydnee: And it's a small space. So you've got tendons, and you've got nerves, and you've got blood vessels. If something is inflamed inside your wrist, it puts pressure on the other structures, and can irritate them. And they all have to pass—they reason we call it a tunnel is because they all have to pass under the transverse carpal ligament, or flexor retinaculum. There's lots of names.

The point is, there's a band of tissue that goes across your wrist, and everything's passing underneath it, and if something's swollen, that's pressing on everything, and then you get the symptoms of carpal tunnel syndrome.

Justin: So basically, idea is like this. If you hold your hand weird for a long period of time, it'll fall asleep. This is sort of like an interior... same idea. Something is pinching the nerve and making it fall asleep. But you can't get in there and, like—it feels like you should be able to move it. If you've ever had that, like, sensation, then you know what the sensation's like. Except it's not like that. It's not caused by moving it or adjusting it. It just kind of persists.

Sydnee: Yes. So, that leads to the symptoms of carpal tunnel syndrome. On the surface, it can sound pretty benign. If I say, like—

Justin: Okay, Sydnee! I'm sorry! You know, maybe it's not the biggest deal in the world, you know? I get it. To hear me tell it, it probably doesn't sound like something that requires surgical intervention. I'm sorry! But you know, try living with, living with, living with, not dying of carpal tunnel syndrome for five to six years, as I have, Sydnee, and then tell me about it being benign.

Sydnee: Well, you're gonna feel really silly, 'cause I was about to say...

Justin: [wheezes]

Sydnee: ... it can seem benign. But it can actually lead to a decent amount of dysfunction, if you do not have it treated.

Justin: A decent amount of dysfunction.

Sydnee: Yes.

Justin: Did you hear that, folks? Hmm.

Sydnee: So, initially symptoms can just be some—

Justin: Boy who cried wolf? It doesn't seem like.

Sydnee: Some intermittent numbness or tingling, pins and needles sensation, like it's fallen asleep, in those fingers in that part of your hand. But it can lead to weakness, poor grip, dropping things. I mean, it can lead to the inability to use your hands. And you can even start to see the muscles in your palm on that side start to deteriorate. They'll start to get smaller and weaker, because the nerve isn't, you know, sending impulses to it anymore, because it is so compressed.

Justin: Yeah.

Sydnee: So it is a big deal.

Justin: There are also things that, uh, became harder to do. Like, just things that I couldn't physically do, like hold a game controller for more than 10 to 15 minutes. Which is, you know, healthy, according to some people. But, you know. I gotta game. You know me.

Sydnee: You gotta game.

Justin: You know me.

Sydnee: Um, we probably have had—if you look to, like, references to, like, writer's cramp, going back to, you know, people who would've been copying papyrus, you know.

Justin: Sure. Illuminations, back then. That probably took a lot of—that's a lot of finesse work.

Sydnee: Or if you think of, like, monastic work, if you're copying religious texts over and over and over again. Those are probably—and you see, like, discussion of those early physicians of a severe writer's cramp, or the inability to continue writing. Those could've been early descriptions of carpal tunnel syndrome. But what you really need are sort of those repetitive motion type of things to lead to more and more reports of it, right?

Justin: Maybe painting—painting hieroglyphs, for crying out loud.

Sydnee: Probably.

Justin: That's finesse work. You know?

Sydnee: Yeah, exactly. Um, and that's why I think—

Justin: Hieroglyphs—hierogylphist's cramp... [laughs] they call it.

Sydnee: Well, I mean, maybe. Because if you look at, like, the rise of the industrial revolution, that's when you really start to see more and more people kind of complaining about something that was probably carpal tunnel syndrome. And they're called things like factory hand, or tailor's cramp, or

telegrapher's cramp, or even just occupational neurosis. "I don't know. You work a lot and now there's something wrong with your hand."

Justin: Maybe someday it'll be, like, solar miner's cramp. You know what I mean? laser—laser miner cramps. You know? You never know.

Sydnee: Laser miner?

Justin: Like if you're a laser—

Sydnee: Like we'll mine for lasers?

Justin: Sydnee, obviously we'll use the lasers to mine the sun. [laughs quietly] That's how solar miners earn their [holding back laughter] space bucks! It's like you haven't read my books! You haven't read Soul Chronicles Three through Seven! You swore! You swore to me you've read 'em all!

Sydnee: Mm-hmm.

Justin: Clearly not.

Sydnee: Yeah. Well, I just didn't know if you were ready to share them with the public. I didn't want to—

Justin: No. And I've had to dictate them. [laughs] Since I've had my surgery. All seven volumes—

Sydnee: You're right-handed!

Justin: What?

Sydnee: You're right-handed!

Justin: [laughs] I know, honey. But you know how I type! [through laughter] It's a full body [unintelligible].

Sydnee: Oh. Well, I guess that—you would be typing.

Justin: [crosstalk] Yeah.

Sydnee: So, the first description of what we kind of understand as carpal tunnel syndrome specifically, so not just, like, "I've been using my hand a lot. It hurts."

Justin: Mm-hmm.

Sydnee: 'Cause that could be a lot of things. Not necessarily carpal tunnel. Probably comes from Paget, where we see a description from 1854 in a hospital in London of a man who had a fracture of his radius, and a nerve—and the median nerve was compressed. So, the nerve we're talking about got pressed on by this broken bone. And in specifically this case, there was this non-healing of that side of the hand.

There was, like, a ulcer. There was loss of feeling. There was loss of function. And it was all related to this compression on the median nerve. And it was only by relieving the pressure on the nerve that eventually the hand was able to function and heal again.

And so it was sort of connecting when something's going on with this part of the hand, this is the nerve responsible for it. I mean, that's what we have to understand, right? Like, a lot of early anatomy was, what does what?

Justin: And the hand is counter-intuitive in a lot of ways. It's wild, once you start figuring out what all is connected to what. Like, you would think that it would be pretty, uh... I don't know. It would take a lot of trial and error, I'd imagine.

Sydnee: It's—I will say, neurology—and I am not a neurologist. I'm a family physician. Um, but I think neurology is fascinating. It's a lot of puzzle solving. You would probably enjoy it, honestly, of all the medical disciplines. Because I remember a lot of—

Justin: You think I've got the—You think... you know me fairly well. You think I got the makings of a neurologist?

Sydnee: If you—yes.

Justin: Yeah, but, like, it's me, though.

Sydnee: Yeah. No, you could—yeah. Yes.

Justin: That's very flattering. Thank you.

Sydnee: No, it's true. I think you would enjoy neurology, because there's a lot of puzzles to it. Like, if things is where the symptoms are, where is the lesion? And so you have to think about, like, well, this travels through this, and this is affected, but this isn't affected. So, it must be further down the line, or further up the line. You know what I mean? Does that make sense?

Justin: Maybe I should—maybe I should pick it up! Neurology.

Sydnee: Well, I mean, you gotta go to medical—medical school and stuff.

Justin: Well, do I? These days?

Sydnee: Yeah, no. You gotta—yeah, you gotta go to medical school.

Justin: There's amateur, you know? You see the sleuths on TV. They don't all go to detective school.

Sydnee: No. I—we don't—

Justin: [crosstalk] amateur doctors.

Sydnee: Listen. Contrary to what RFK Jr. might tell you, we really don't go in for amateur doctors much. [laughs quietly]

Justin: [laughs quietly] Yeah.

Sydnee: We really prefer you have some formal medical training.

Justin: But when the cops say that in cop shows to the fun detectives, like, "Leave this to the cops!" Everybody's like, "No, you're not gonna leave it to

the cops! You're gonna let Super Granny do it!" Or whatever. Whatever the show is you're watching, right?

But you don't feel that way when people do that with doctor stuff. [laughs] Right?

Sydnee: Right.

Justin: It's like, you're not like, "Leave this to the doctors!" And people are like, "Yeah. You should actually leave this to the doctors. We agree."

Sydnee: No. I don't think you should dabble in neurology. I just think if you were to pursue medicine, neurology would be a good fit for you. You would like solving the puzzles.

Justin: Okay.

Sydnee: Yes.

Justin: But, you know, maybe I'll just dabble.

Sydnee: You can—[laughs quietly] you can just read about it. Just don't ever—don't ever try to treat any patients. How about that?

Justin: Okay. Got it. Perfect.

Sydnee: How about that? Okay.

Justin: Yeah.

Sydnee: [laughs quietly] So we kind of have this early description of carpal tunnel syndrome, to begin to understand the median nerve does this, so if you see dysfunction here, that must be the median nerve at this point in the hand being compressed.

Justin: And the carpal tunnel is not actually the—the—a nerve itself. It is—

Sydnee: [simultaneously] No, it's the—

Justin: Like, a pathway.

Sydnee: Yeah. It looks like a tunnel. Like, if you looked at a picture of the anatomy, like if you imagine your wrist in cross section, all of those little things that go into your hand have to pass under a band of tissue. And that's the carpal tunnel. We have created a tunnel.

It is a—carpal is referencing the hand. Like, the bones. They're carpal bones, metacarpals, and... they're bones—carpal is a reference to the hand. So there is a tunnel from the arm into the hand. It passes under a band of tissue, and when something is swollen in that tunnel, or when that band of tissue is too tight, you would get problems.

Justin: Makes sense.

Sydnee: Does that make sense? So that's the tunnel we're talking about. Um, everyone has a carpal tunnel.

Justin: Hmm. Yeah. It's not like something you develop over time. [laughs]

Sydnee: No, you have a carpal tunnel, whether or not you have a syndrome related to your carpal tunnel. You do. I do not.

Justin: Yeah.

Sydnee: Yes.

Justin: I used to. Now I only half do.

Sydnee: Now you only half do. So, we see a lot of attention paid to it in the 40s with Dr. George Phalen, who is a hand surgeon who made... really our understanding today of carpal tunnel came from his very—I love the title of this paper: The carpal-tunnel syndrome. 17 years' experience in diagnoses and treatment of 654 hands.

Justin: Maybe our podcast book would have been different if we had titled it, like, "15 years experience with 730 podcast episodes." Like...

Sydnee: I know, we should've, right? It is very impressive. He published this and everybody was like, "Well, there it is. This guy knows more about carpal tunnel syndrome than anybody else."

He coined the term carpal tunnel syndrome. That's where we get it. And he—

Justin: What if the Fast and Furious movies were titled that why? Like, this should just be called 37 explosions, many of which include planes. Like, sick. I'll go. You know?

Sydnee: Or cars.

Justin: Cars.

Sydnee: Like, you would assume most...

Justin: Cars.

Sydnee: Cars.

Justin: 17 minutes of Vin Diesel. [laughs quietly] It's got everything in there.

Sydnee: That is less—17 minutes of Vin Diesel is a less impressive title for a movie.

Justin: One Paul Walker dream sequence. Got to.

Sydnee: [laughs quietly] We actually get from Dr. Phalen Phalen's maneuver, or Phalen's sign, which is a test that you probably had done on you while diagnosing your carpal tunnel syndrome. I know you cannot do this right now because you're recovering from surgery, and I don't know if you can describe what I'm doing.

Justin: Uhh...

Sydnee: I have taken my hands, and I have put the backs of my hands together. Like the opposite of praying. Like, if you put your hand in a praying position, now put the backs of them—

Justin: [simultaneously] Yeah, like if you were praying backwards, upside-down.

Sydnee: —and completely flex them. So they're all the way flexed together.

Justin: I can't do that right now. Sorry.

Sydnee: I know, you can't do that right now. And I'm pressing the backs of my hands together. They're pointing down. They're completely flexed at the wrist. And I'm gonna hold them like this and see if my fingers, the thumb and first two fingers, go numb or get tingly.

Justin: Okay.

Sydnee: That's Phalen's sign.

Justin: Okay.

Sydnee: This could indicate carpal tunnel syndrome.

Justin: Okay.

Sydnee: Did you have this test done?

Justin: Yes. Absolutely. I've had—this has been ongoing for many, many years. So, yes, I've had a lot of different ones.

Sydnee: Yeah. And so there's—you can do the opposite. You can do the reverse Phalen, which is the praying position. If you imagine your hands in, like, a traditional, stereotypical praying position. And then there's also Tinel's sign can be used, which Tinel's sign technically can be used on any nerve. But it's basically where you tap on the nerve in question repeatedly, and see if—percuss it, and see if you can get the symptoms, replicate the symptoms. So this would just be you'd tap on the median nerve.

Um, these are just—again, these are tests that can be used to diagnose carpal tunnel syndrome, and this is one of the guys they were named for. So he published this series of case reports, described the symptoms, described the syndrome, and then also recommended some treatments. Things like steroid injections. If you actually take some steroids and inject them directly into that tunnel, so into the wrist, it should give you some relief. But how long does that relief last, Justin?

Justin: Uh, it varies, actually. It's longer at the beginning. You know, usually a few months. But by the last time I got the treatment, it was maybe, like, a month, a few weeks before it kind of wore off.

Sydnee: Exactly, exactly. And he warned of that, even back then, and said if you're going to fix it, you'd probably need to cut the ligament.

Justin: Yep.

Sydnee: Or do a release. Which is what you had done. So, we have this sort of description. We know what it is. But it was still—I wouldn't say a—I don't want to say it's an uncommon condition, but it wasn't the most common thing you were seeing, right? That's why it was so important that he published this 17 years of experience. And over that 17 years, I will say, 654 is an impressive collection of patients, but that was over 17 years. So that's not a lot of people per year getting carpal tunnel syndrome, necessarily.

Justin: Mm-hmm.

Sydnee: So, when did it become the very common thing we know now?

Justin: I don't know.

Sydnee: Well, I'm gonna tell you, but—

Justin: Oh, okay, good. What a relief!

Sydnee: —first we're gonna go to the billing department.

Justin: Let's go!

[ad break]

Justin: When did it blow up, Sydnee? When did carpal tunnel begin to swell to a point where we all got tingly for it?

Sydnee: So, we really start in the 80s. Um, and that is when we start to see a focus on occupational safety standards. You see more strikes from workers who are demanding safer conditions, and who are also looking for, like, workers' compensation to recognize injuries that people are sustaining while they are working.

Justin: A lot of repetitive stress injuries becoming a buzzword at this time.

Sydnee: Exactly, exactly. And this is—this was building on obviously decades of labor strikes to say, "Hey, you know, just telling me, 'Look, you're gonna do this job and you might get injured on this job, but that's not our problem. You knew the job was dangerous when you took it.' That's not good enough." Right? Like, there should be compensation if, in doing your job, you are then—especially if it keeps you from working or enjoying your life moving forward.

Justin: Sure.

Sydnee: So you see in the 80s specifically focused on the idea of carpal tunnel syndrome. And this really, as we move into, like, the late 80s and into the 90s, when computers become a thing, then you definitely—more and more people are tying their work—they would call it things like techy tendinitis or mouse shoulder.

Justin: [laughs]

Sydnee: Injuries related to sitting at—

Justin: Dweeb—dweeb's elbow! [laughs]

Sydnee: [laughs] And the idea of occupational—

Justin: Nerd's shoulder.

Sydnee: —carpal tunnel syndrome really became, you know, part of the public conception. And especially after they found that there were two plants where they tried to hide records of occupational carpal tunnel syndrome complaints. They had kept two books, basically. And so you see this sort of, like—I mean, probably, I would imagine. I was not aware enough at this time in history to have noticed. But probably a lot of commercials saying "Have you been experiencing these symptoms?"

Justin: Oh, yeah, yeah, yeah.

Sydnee: "Do you do a job where you sit at a computer for a long time?"

Justin: [simultaneously] During Maury Povich.

Sydnee: Right.

Justin: During the Maury Povich show.

Sydnee: Exactly. And so, there were a lot more workers' comp claims connected to carpal tunnel syndrome. That's when we really see an entry in, like, the really common public conception of what is carpal tunnel syndrome. Everybody ties it to computers, and they tie it to something that happens at work. And that's where you start to see, like, really strong, like, standards for if we're going to say somebody has carpal tunnel syndrome and blame it on their job, how are we gonna do that?

And in order to do that, one, you had to have a nerve conduction study to prove you had it. I thought maybe you could talk about firsthand, what is a nerve conduction study, Justin?

Justin: Um, yeah. So, it's this study—it's kind of weird, and the mechanics of it are wild. But basically they are putting a bunch of different sensors, like, into your skin. And then sending electrical impulses through them, and measuring basically the resistance on the line of those nerve—those impulses. Basically, like—

Sydnee: You mean, like, the velocity.

Justin: Yeah.

Sydnee: Yeah.

Justin: Like, well, velocity would be the inverse of the resistance. So...

Sydnee: Sure, yes.

Justin: Yes, right. How easily those signals can travel along the line.

Sydnee: And comparing them to what we understand to be the standard. Like, the common.

Justin: Right. And it's not really—

Sydnee: The mean.

Justin: There are some tests that, like, you—where it requires your input. As, like—this is not one of those. Like, no one are asking you how things are going. There is, like—they're testing it. Which is wild that the computer can test how conductive your nerves are, but it makes sense. But yeah, it doesn't require you to feel anything. It's just the computer testing you.

Sydnee: Yep. So, you had a nerve conduction study done, and those are required, if we're going to claim an occupational carpal tunnel syndrome. And certainly if you're gonna go so far as a surgery, I think most surgeons would prefer, let's have a test done that actually shows these symptoms are related to median nerve compression. Now, part of this is, you know, from an occupational standard, is to prove that you have the injury. But the other part is kind of what you've already alluded to, Justin. You don't just have symptoms in three fingers. You had some symptoms in your fourth and pinky, too.

Justin: That's right, yes.

Sydnee: Those would not classically be related to the median nerve.

Justin: Right.

Sydnee: Right?

Justin: Yes.

Sydnee: And so in those cases, it is really important to do a nerve conduction study so that we can see, where exactly is the problem coming from? Because obviously those nerves travel all the way up the arm and through—specifically through a big bunch in your armpit area.

Justin: Mm-hmm.

Sydnee: The brachial plexus. And there are all kinds of opportunities for nerves to be compressed in there, too. And if the problem is actually coming from up there and not down in your wrist, then cutting on your wrist is not gonna do any good. So there's a really practical reason to do this.

Now, in order to claim an occupational injury, of course they set up standards. And this is different state by state, where you had to have evidence on a nerve conduction study of carpal tunnel syndrome. You had to have a job that could theoretically cause carpal tunnel syndrome. And you had to have a doctor that said, "Yes, I link that job to that condition that I have diagnosed."

Justin: Okay.

Sydnee: And it's different state by state. And there is a lot—I will say, there is a lot of controversy in this area as to what exact jobs put you at highest risk, what repetitive motions are actually the most dangerous. You know what I mean? There's a lot of controversy as to—and I asked. It's interesting, 'cause I asked your surgeon, of all the activities you do, because you do spend a lot of time at the computer, and you have for a long time, you know? You were in journalism before your current career.

Justin: That's right, yeah.

Sydnee: So, I mean, you've spent a lot of time typing. You play video games. You are a woodworker. And more recently, you've gotten into some stuff like soldering and other kind of—

Justin: Electronics, yeah.

Sydnee: Yeah, electronics. So I was asking him, of all this stuff, you know, do you think it's just cumulative?

And he said, "I mean, probably." But the video games were the number one thing he pointed to as what he thought was responsible, more than likely.

Justin: I have not been good about—there are people who have played video games for a long time, or do so professionally, or regularly, really should be taking care to exercise and take breaks. And this is stuff that has not been—that has only really been talked about, I would say, since people started doing, like, esports and stuff. But yeah, I haven't been smart about doing the stretches and taking breaks like you should if you're playing video games regularly.

Sydnee: Mm-hmm. And there obviously are a lot of, depending on your, um—what your profession is, there a lot of precautions you can take in order to reduce the likelihood of having some sort of repetitive movement injury. The idea being that doing the exact same thing with a joint, with a tendon, with, you know, your hand, your foot, whatever, over and over and over again, it is—I mean, I think it makes sense, it's intuitive that that could cause an injury. And certainly there are tons of, like, keyboards and mou—mice? Is it still mice if it's the computer mouse?

Justin: [simultaneously] Meece. Meeces.

Sydnee: Is the plural of a computer mouse still mice?

Justin: Yeah.

Sydnee: That feels weird.

Justin: I know.

Sydnee: But there a lot of those things that have been made specifically to keep your wrist in what we call the neutral position, which is just hold your arms straight out in front of you. And that is how you reduce strain, is by not flexing the wrist constantly, over and over and over again.

Justin: I also have a bad habit of sleeping with that nerve compressed, sort of with my wrists bent underneath me. And that's something that a couple years back I started sleeping in braces to try to rectify that.

That is—in addition to, like I said, breaks, and then certain things, braces at night can help reduce that. Cold working environments are supposed to make it worse. A warm working environment is supposed to be better. I don't know.

Um, your posture in general. So it's not just your wrists, it's your whole body posture can affect the whole likelihood. And then there's also just—there's genetics. I mean, that was what your surgeon said to me several times, is genetics probably plays a bigger role in it than any of these things you do with your life.

Obviously any sort of fracture or dislocation there ever could increase the likelihood. If you have things like diabetes, if you have rheumatoid arthritis. Fluid changes, like pregnancy. So, shifts in where your fluid distribution is in your body. So, for instance, I had carpal tunnel syndrome during pregnancy.

Justin: Hmm, just 'cause things were shifting around.

Sydnee: Mm-hmm. It went away after I was no longer pregnant.

Justin: Hm.

Sydnee: Now, your surgeon did inform me that it was much more likely I was gonna get it again. [laughs quietly]

Justin: Right.

Sydnee: So, thanks. Um, but again, like, work duties specifically, we're still kind of not sure exactly which ones put you at the biggest risk.

Justin: It's gotta be tough to test that over time. Like, it's such a long period to have to—yeah.

Sydnee: Uh-huh. And it's hard to prove that it was that, especially if you do other—like, I garden. You woodwork.

Justin: Sure, how do you control for it?

Sydnee: There's so many other—right? And I'm a writer too. So, like, I spend a lot of time typing, outside of the notes I do at work, so which one—what pushed me over the edge, right?

Justin: Just life. Just living.

Sydnee: Yeah. The surgery very simply is to transect, or cut, that band of tissue.

Justin: Seems weird! Seems like you need it. Right? It kind of reminds me of the tonsils thing. [laughs]

Sydnee: Well, what happens is a scar forms. Scar tissue forms, but the result of that is that it lengthens that band of tissue and alleviates the pressure. It makes the tunnel bigger. So, that's the surgery that you had done. And then just on a side note, you also had a cubital tunnel syndrome, Justin. What was—

Justin: [simultaneously] Yes, just while we're here.

Sydnee: Yes, what was that?

Justin: Uh, that's a similar idea, but it's at the elbow.

Sydnee: Mm-hmm.

Justin: And that one, as I understand it, there's just, like, a different channel, sort of, at the elbow, that they kind of move the nerve to. They kind of scooch it over.

Sydnee: Well, they—same thing. There is a cubital tunnel retinaculum, a band of tissue that straddles—there's a gap there in your elbow. You can feel it. It's on the inside, what we call the medial side, on the back of your elbow. You can feel a little notch there.

And the ulnar nerve can get compressed there, and you do a similar thing. You cut the band of tissue, and then in your case, your surgeon mentioned specifically they actually kind of moved, like, booped the ulnar nerve up.

Justin: Just booped it.

Sydnee: On the other side of the elbow, so that it wouldn't be stretched so far when you bend your elbow. That causes symptoms. Same symptoms, but it just happens in the pinky and fourth digit as opposed to the first three digits. So same idea, similar surgery. Although, now you've had both done. So, what has this been like? 'Cause now you're recovering from this procedure. What was the whole experience like for you?

Justin: Uh, yeah. I mean, it was not... I didn't realize how major of a deal—so, this has been an ongoing thing for many years. I should've had this surgery done a while ago, and it just kept being hard to find time where I didn't need both of my hands, um, for weeks on end.

But, um, the surgery itself was not too bad. I mean, they put me under anesthesia. Coming out of that was a lot. I was kind of groggy, and it took a lot to get me down, apparently, so that was a lot.

Sydnee: [simultaneously] That was an interesting experience.

Justin: The anesthesia was a lot. Well, from your perspective. What do you mean, it was an experience?

Sydnee: Um, well—so, Justin, if I can share this about you...

Justin: Please.

Sydnee: As a patient, Justin tries to be—I mean, not just, like, polite and amicable, but I think entertaining to the medical staff.

Justin: Mm-hmm.

Sydnee: Like, you want them to enjoy you, I think.

Justin: As a person. I mean, yeah, that's my—I like to make people happy. [crosstalk]

Sydnee: I could see that...

Justin: [laughs]

Sydnee: ... need.

Justin: I don't think that's a sin.

Sydnee: Fighting through the Versed that was still in your system.

Justin: I was trying—what you're trying—what you are saying is... what you're saying is, it took high levels of anesthesia to make me stop being entertaining. That, like, I was like an entertaining, like, wild animal. Like an entertaining rhinoceros. And it took them, like, hitting me repeatedly before I would stop entertaining people. Is that what you're saying?

Sydnee: Yes.

Justin: That's how deeply seated the need is.

Sydnee: And I had to keep... you kept insisting in recovery that you were gonna drive home. And I kept—

Justin: [laughs loudly] That doesn't sound right! [snorts] I don't think so, J-man.

Sydnee: Well, and the staff, the nursing staff didn't know if you were joking or if I was really gonna—

Justin: Yeah, people get so worked up. [laughs quietly]

Sydnee: Well, I mean, I think—like, she was very—the nurse was really concerned that I was gonna have to wrestle you out of the driver's seat, and that this would be an ongoing—

Justin: [laughs]

Sydnee: She asked me multiple times, "Are you sure you can handle him?"

Justin: [wheeze-laughs]

Sydnee: And I kept saying, "Yes. It's just—"

And then she kept asking me, "Is he always like this?"

Justin: Wow, that's weird. Don't like that. [laughs]

Sydnee: And, I mean, the answer—

Justin: Doesn't feel good!

Sydnee: Well, no! Like, you'd never had fentanyl and Versed in your life, so no, you're not always like this.

Justin: [laughs loudly]

Sydnee: But, like, the general vibe was you. Like, it was you. It was just, uh...

Justin: Basically. Just—but—

Sydnee: ... amplified.

Justin: It was like me, only more so. Um...

Sydnee: [laughs]

Justin: The, uh—uh, yeah. So that—and honestly, I was not prepared for—the numbness of the hand was crappy, and that lasted for, like, a whole day. But they said. I mean, it was—you know how that dentist's office feeling, where you get the numbness and then tingling and you're like, "Oh my god, I need this to be over, because the numbness is making me feel... " it was like that, but it lasted for a full day.

So that was crappy, but honestly just, like, I just felt bad. Like, I just, like—it happened Wednesday, and we're recording this Monday afternoon, and I... just today am starting to feel pretty normal? And even now, like, I've just been hit with waves of, like, exhaustion, and getting so tired, and then, uh, the—just my mood for the day after was real, real off. It was really strange.

Sydnee: Yeah. I think it's a good reminder, though. I mean, the surgery itself, you're healing well. You were surprised to find staples, I think, in your elbow.

Justin: They don't talk you through that. Which is, like, fine. I don't need to be consulted. But yeah, there were staples.

Sydnee: And we are lucky in that I am a physician, and I'm well versed in wound care.

Justin: Yeah!

Sydnee: And so, you know, I am able to—we were able to change your dressings. I had the appropriate—I just have it here. I have, in one of my many medical bags—many. I had all the appropriate wound care supplies for you. And icing is important, elevation is important. Keeping up with the ibuprofen was really important. All these things were important for you.

And again, we were lucky in that I kind of knew what to expect, wound care wise.

I will say, I was a little caught off guard by how long the anesthesia has affected you, and I think that's an important thing that we can take away from this. Although I know that logically, and I have seen patients in the hospital who have had...

Justin: So, what do you—what do you—what do you mean—

Sydnee: [simultaneously] Like, the effects of anesthesia not wear off for days and days.

Justin: What do you mean by that? 'Cause yesterday we had, like, a birthday party for Cooper. [laughs quietly] So, like, what do you mean by that? What you're saying.

Sydnee: Yeah, but I had to take the lead on a lot of the social interacting for that.

Justin: Well, that's not exactly new.

Sydnee: Well, that's—and that's just sort of standard for us. I think it is a good reminder that when we put people to sleep, we kind of assume once they wake back up, they're done. The anesthesia's done. And sometimes that's true, right? Like, we talked about your colonoscopy. You were on Propofol. And pretty much later that day you were back to normal.

Justin: Yeah, I was fine.

Sydnee: Like, you were yourself, you know?

Justin: I was fine, yeah.

Sydnee: Um, other medications, even if they're technically out of your system, so to speak, I think the sort of—I don't want to say hangover, 'cause hangover has such a specific connotation, but you know what I mean. It's still in your body. And for up to a week afterwards, it can be affecting your mood, how you're reacting to things, your energy level, as you've spoken about, maybe your appetite. I mean, all of this—

Justin: Oh, the bloating is wild. Like, I just—you look at my face, like, I look super puffy. Like, I can feel. Like, things not fitting well.

Sydnee: We also, I will say, we thought the surgery was gonna be at 10. And I don't even know when you—I mean—

Justin: 1:30.

Sydnee: We were there all day. We were there all day. And so they pumped you full of a lot of saline.

Justin: No, yeah, I was there for a long time.

Sydnee: Yeah. He was there on saline for a very long time. Just fluids, just basic fluids. But, um, I think it's a good reminder. And if you have—if you go through surgery, or if a loved one goes through surgery, I think it is important to know that anesthesia will continue to affect you for a while. It is good because then you won't be scared.

I think it's always good to share these experiences, because when you demystify it, and when you recognize, like, this isn't something I need to freak out about and this is temporary, this will go away. 'Cause you do seem a lot more like yourself today, you know, than even yesterday and the day before. Each day it's gotten—but yeah.

Justin: Yeah, I feel better today. I feel a bit better. But yeah, it has been weird. It's just been kind of a grogginess for, like, days, which is very... it's kind of disconcerting. You know, if you're somebody who, like, already has, you know—my mental health is something I manage, so it is hard to, like, try to distinguish between, like, am I depressed? Am I tired? Am I depressed because my left arm is not properly functioning right now and that's in my head? I don't know. Kind of a combo of everything, I would say. [laughs]

Sydnee: And they tell you this any time you go under anesthesia that for 24 hours afterwards, don't make any major life decisions.

Justin: Mm-hmm.

Sydnee: I cannot underline that enough. Justin was trying to work that evening.

Justin: Yeah.

Sydnee: After we left the procedure.

Justin: I was on our production meeting on Thursday, and I did not make a lot of sense, I was informed later. [wheeze-laughs]

Sydnee: No. He was trying—I mean, he was trying to make business calls, and he kept—it was causing you a lot of distress, too.

Justin: It was.

Sydnee: You kept looking at me—

Justin: I felt very [crosstalk].

Sydnee: —very panicked about your inability to sort of think through things. And it was—I had to keep reminding you, it makes you sense you can't think through things right now. Your brain is not gonna let you right now.

Justin: Yeah.

Sydnee: So I think it's good to normalize that and understand it will go away. You will be fine.

Justin: Yeah.

Sydnee: Um... the pain is better. The numbness is still there. Your surgeon prepared you well for that. That you were going to have some numbness afterwards. Don't think, like, "Oh my gosh, I had this surgery and now it's worse."

Justin: Yeah.

Sydnee: That's expected.

Justin: Luckily, Sydnee has a lot of experience with helping me to accept the limits of my own intelligence. [laughs] It's kind of a daily struggle for me, so it is—it is a role which she is well equipped to handle.

Sydnee: I don't—no, no. I don't think that's fair. It's not the limits of your intelligence. Sometimes...

Justin: [laughs quietly]

Sydnee: [laughs quietly] ... you're very certain about things.

Justin: [laughs]

Sydnee: And I am a person who—

Justin: Hey, that's not my fault. I was raised a white man in the 80s. That's not my fault! It's society's fault! It's not my fault.

Sydnee: I approach everything in life with a very healthy amount of self-doubt and questioning. And I try to bring that to you.

Justin: Yeah. I appreciate that.

Sydnee: So I think we balance each other out.

Justin: Thanks so much for listening to our podcast. We hope you—if I'm still a little off today, I do apologize. It's not intentional.

Sydnee: No, you seem like yourself.

Justin: Thanks to The Taxpayers for the use of their song, Medicines, as the intro and outro of our program. And thanks to you for listening. I appreciate it very much. That's gonna do it for us for this week. Until next week, my name is Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: As as always, don't drill a hole in your head.

[theme music plays]

[chord]

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