

FREQUENTLY ASKED QUESTIONS

Carpal Tunnel Release with UltraGuideCTR™ and real-time ultrasound guidance¹⁻⁶

1. When can patients typically return to work and normal activities?

Most patients can return to work and normal activities within 3-6 days.

2. Does the procedure need to be performed in the operating room?

CTR with ultrasound guidance can be performed in a procedure room or office setting.

3. Will the patient have to be put to sleep for the procedure?

Carpal tunnel release with UltraGuideCTR and real-time ultrasound guidance is typically performed using local anesthesia.

4. Will patients have to come back to have sutures removed?

The small incision is typically closed with adhesive strips or a bandage.

5. What do patients typically use to manage pain after the procedure?

Most patients only require Advil or Tylenol for pain management.

6. Are you able to do a release on both wrists on the same day?

When clinically indicated, a patient can have CTR with UltraGuideCTR and real-time ultrasound guidance performed on both wrists on the same day. There are several published manuscripts that include outcomes data on patients who had simultaneous bilateral releases.

7. Will the patient have to go to physical therapy post procedure?

Postoperative therapy is typically not required.

8. When can the patient start to use their hand post procedure?

Many patients can tolerate immediate motion of their hand for rapid recovery. Refer to the physician for post procedure instructions.

9. Is the procedure covered by insurance?

Carpal tunnel release is generally covered by commercial insurance and Medicare. Patient payment responsibility will vary based upon your benefit plan established by your insurance carrier and the "site of service" of the procedure. Check with your insurance carrier and care provider – prior to any medical services – to verify your financial responsibility.

For more information visit [SonexHealth.com](https://www.SonexHealth.com)

REFERENCES: 1. Rojo-Manaute JM, et. al. Ultra-minimally invasive sonographically guided carpal tunnel release: a randomized clinical trial. J Ultrasound Med. 2016;37:e37-45. 2. Fowler JR, Chung KC, Miller LE. Multicenter pragmatic study of carpal tunnel release with ultrasound guidance. Expert Rev Med Devices. 2022 Mar 10. doi:10.1080/17434440.2022.2048816. Online ahead of print. PMID: 35236202 3. Henning PT, et. al. Minimally invasive ultrasound guided carpal tunnel release: preliminary clinical results. J Ultrasound Med. 2018 Nov;37(11):2699-2706. 4. Joseph EJ, et. al. Clinical Results of Ultrasound-Guided Carpal Tunnel Release Performed by a Primary Care Sports Medicine Physician. J Ultrasound Med. 2020 Mar; 39(3):441-452 5. Chappell CD, et. al. Sonographic changes in median nerve cross sectional area following microinvasive ultrasound guided carpal tunnel release. J Ultrasound Med 2020;39: 693-702. 6. Nazarian LN, et. al. Minimally Invasive Ultrasound-Guided Carpal Tunnel Release Improves Long-Term Clinical Outcomes in Carpal Tunnel Syndrome. AJR Am J Roentgenol 2020 Sep 2. doi: 10.2214/AJR.20.24383. Online ahead of print.

Refer to the device instructions for use for detailed information regarding the procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. There are potential risks associated with UltraGuideCTR™. It may not be appropriate for all patients and not all patients may benefit. Talk to your doctor about the benefits and risks and whether carpal tunnel release with UltraGuideCTR is right for you. For more information about the risks, visit: [SonexHealth.com](https://www.SonexHealth.com)