

# Getting a Grip

Cape Girardeau neurosurgeon offers patients innovative endoscopic procedure for carpal tunnel relief

By Sally Owen

It can happen to anyone. Cape Girardeau neurosurgeon Scott R. Gibbs, M.D., has seen it in meat cutters, computer programmers and operating room nurses. It's aggravating, and it hurts.

Carpal tunnel syndrome (CTS), a repetitive strain injury caused by a pinched nerve in the wrist, affects one in 10 Americans. CTS does not discriminate, he adds. "Young people get it, usually because of repetitive strain injury. In older individuals, carpal tunnel syndrome

may be associated with other medical conditions such as arthritis."

The most compelling symptom that drives people to seek relief from CTS is the disturbance in sleep, Gibbs says. "When a person wakes up three or four times a night with tingling and/or numbness in the hand, it doesn't take long to become sleep deprived."

When CTS is the diagnosis, Gibbs generally encourages patients

to first try anti-inflammatory medications, wrist splints and reduction of repetitive stress. If those measures do not significantly reduce pressure on the median nerve, surgery may be an option.

Gibbs is the only neurosurgeon in the region to perform endoscopic carpal tunnel release, an innovative procedure that is minimally invasive, causes patients less discomfort and allows a quicker return to work or normal activities. Since Gibbs began performing endoscopic carpal tunnel release 10 years ago, he has further refined it to "no stitch" surgery.

Patients may elect to have either a regional or general anesthetic for the short outpatient procedure, which utilizes an endoscope (a small fiberoptic TV camera) to look into the carpal tunnel through a tiny incision in the wrist. The pinpoint wrist and palmar incisions require only small bandages, and the patient wears a splint for 10 days.

Traditional open carpal tunnel release, which requires an incision of



Cape Girardeau neurosurgeon Scott R. Gibbs, M.D., explains endoscopic carpal tunnel release and its benefits to a patient. Women are four times more likely than men to suffer from carpal tunnel syndrome, possibly because the carpal tunnel itself may be smaller in women than in men, Gibbs says.

an inch or more down the middle of the palm, also is an appropriate approach. "This is a time-tested operation that has been done over 50 years," Gibbs says. "But patients like the idea of no stitches."

The success rate for endoscopic carpal tunnel release, which is offered at Southeast Missouri Hospital's Regional Brain and Spine Center, is excellent, Gibbs adds. "Ninety-six percent of patients experience complete relief of symptoms, and recurrence is very rare with this procedure." ■

## A Helping Hand

Learn more about carpal tunnel syndrome by contacting Southeast Missouri Hospital's Generations Family Resource Center, (573) 651-5825.

The **good news** is that the majority of people with **carpal tunnel syndrome** can **recover fully** with appropriate treatment.

## Talented Organist 'Back in Tune'

When Laura Bollinger takes her place at Grace United Methodist Church's organ on Sunday mornings, the sanctuary resonates with the rich, powerful sound of music.

At age 22, Bollinger is already regarded as one of Missouri's best and most promising young organists. A senior majoring in organ performance at Southeast Missouri State University, Bollinger plans to pursue a master's degree in sacred music and work toward a career as a minister of music. Bollinger has been playing and studying the organ for seven years, and has served as organist at Grace for the past four years, playing for two services every Sunday morning. She is also an accomplished pianist. Her hands are busy hands.

It was as a high school senior that Bollinger first experienced carpal tunnel symptoms. "I had a little pain in my wrist," she says. "I thought it was from piano and organ lessons, playing for musicals at the high school, things like that."

The pain returned in earnest inconveniently in 2000 when Bollinger was preparing for her important junior recital. "My fingers would go numb. I'd wake up in the middle of the night and my hands would be numb," she says. "I was practicing three or four hours straight then, but the pain forced me to break up practice into shorter sessions."

Still, the pain persisted. Bollinger's mom, a nurse, suspected the problem might be carpal tunnel syndrome (CTS). Cape Girardeau neurosurgeon Scott R. Gibbs, M.D., Brain and Neurospine Clinic, confirmed that suspicion. It was, he says, "a textbook case."

Fifty percent of patients with CTS have it in both hands (bilateral CTS), Gibbs says. Those who don't have a bilateral case of CTS generally have CTS in their dominant hand. Bollinger's case was bilateral and in 2002 she underwent outpatient endoscopic carpal tunnel release on both hands, one month apart at Southeast Missouri Hospital's Regional Brain & Spine Center. Just a few weeks after surgery, she was playing the organ again.

Bollinger was thrilled with the results of her surgery. She's back to practicing the organ five to six hours a day and looking forward to graduate school this fall. "Having this carpal tunnel procedure made a real difference for me," she says, "and for my future."



Laura Bollinger