



Figure 2-5. Exposure of the transverse carpal ligament and the distal forearm fascia allows median nerve release under direct visualization.

- Always ensure complete visualization of structures before incising; **never cut what you cannot see.**
- Verify location and continuity of the recurrent motor branch; if it has been transected, it is better repaired **immediately** by a surgeon well trained in nerve repair techniques.
- Tourniquet release can demonstrate hyperemia of the compressed nerve and can be used to assess vascularity.
- The wound is irrigated and hemostasis achieved prior to closure with chosen sutures.
- The wound is dressed with sterile dressings. Wrist immobilization, although preferred by some surgeons, has not been shown to be beneficial.²