

By Mark Yates, MD
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Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho@sosbonedocs.com.

Q. My husband has had severe pain in his left arm for several months. The pain is making it hard for him to sleep, and he is so weak in that arm that he can't even do a pushup. He has been putting off going to the doctor, but I told him he needs to be seen. What can be done to help him?

A. It would be helpful for your husband to see a doctor who treats both arm and neck problems. Possible causes of his pain include the compression of a nerve in his arm or a problem with one of the discs in his neck. Based on the symptoms you describe, the disc problem is more likely.

The first line of treatment in that case is anti-inflammatory medications to relieve pain and inflammation. We might prescribe a cortisone pack, providing decreasing doses of cortisone over a period of days. If that does not provide lasting relief, the next step is an MRI scan to further identify the cause. Commonly, with continuing symptoms like this, we will find that an enlarged disc in the neck is pressing on a nerve, causing the patient's arm to become progressively weaker.

When pain and weakness is persistent, surgery is recommended to remove the pressure. We perform an anterior cervical fusion or a disc arthroplasty, operating through the front of the patient's neck and closing the incision with the same type of sutures used in plastic surgery – so the scar is minimal. The patient typically stays overnight in the hospital. When they wake up in the recovery room, most patients find the pain in their arm is completely gone and the arm feels stronger already. The patient usually will have a sore neck for a few days, and we will have him wear a soft collar for a short time. Within 7 to 8 weeks, the patient is typically back to normal activities such as golf and bowling – and his arm feels normal again.

Q. I am a 45-year-old woman who is having problems with my right thumb going numb. I have to shake my hand sometimes to wake it up. My thumb also hurts at night when I am trying to sleep. What is causing this?

A. The two most likely causes are carpal tunnel syndrome or (as in the case above) a disc problem in the neck. You need to be examined and have x-rays to help pinpoint the cause.

We also may perform a nerve conduction test, in which we measure the speed at which electrical impulses travel along a particular nerve. In areas where the nerve is compressed, the speed of the impulses will slow down – similarly to what happens to water in a garden hose with a kink.

It is not uncommon for this test to show nerve compression in more than one place – for example, the neck and the wrist area, where the carpal tunnel is located. When that occurs, we typically begin by treating the simpler problem – compression of the median nerve in the carpal tunnel. Often that will alleviate the patient's symptoms.

The first line of treatment typically is to have you wear a wrist splint at night. We also may try injections. If your symptoms get progressively worse, surgery is an option.

Carpal tunnel surgery typically is performed on an outpatient basis. The incision is just 1½ inches long, and you get the stitches out in two weeks. Most patients are back to normal activities within 3 to 4 weeks – and their annoying thumb pain is gone.