No difference was observed in the duration or ease of surgery and no difference in complications or clinical outcome at 6 weeks.
Conclusions: We conclude that there are no differences in terms of ease of surgery or outcome when comparing the use of an arm tourniquet versus adding Adrenalin to the local anaesthetic solution to achieve a bloodless field in CTD but patients find the use of the tourniquet more uncomfortable and tolerate it worse.

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A-0375
BILATERAL ENDOSCOPIC CARPAL TUNNEL RELEASE

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Background: Endoscopic transverse carpal ligament transection is an evolving technique of decompression of the median nerve in the carpal tunnel, proving to be a safe and effective operative procedure.
Aim: The evaluation of early results of endoscopic carpal tunnel release in patients with bilateral carpal tunnel syndrome.
Methods: A bilateral endoscopic carpal tunnel release was performed in eighteen patients, over the last two years. All patients were women with a mean age of 45.2 years (range 26–63 years). The syndrome was confirmed after nerve conduction studies. The same method using one portal technique, after general anaesthesia and tourniquet application, was performed in all cases by the same senior surgeon. Clinical outcome was evaluated using disabilities of the arm, shoulder and hand (DASH) score.
Results: No intraoperative or postoperative complications were observed. In one case a conversion to open method was done because of increased bleeding due to increased blood pressure. Mean duration of the procedure was approximately 25 minutes. All patients reported no or mild pain during daily activities, at the last follow-up (3–9 months). Fourteen out of eighteen patients reported absence of numbness sensation at the median nerve distribution area. The DASH score was significantly improved ($P<0{,}005$) and all patients were quite satisfied with the final result.
Conclusion: Endoscopic carpal tunnel release seems to be a safe and effective operative procedure. It is less traumatic, decreases the level of postoperative pain and increases the patient's satisfaction compared with the open technique. Especially in bilateral cases, it constitutes the treatment of choice due to the advantages of the one procedure, early rehabilitation, and subsequently, a faster return to work.

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A-0402
SHORT SCAR CARPAL TUNNEL RELEASE REVIEW

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Background: This is a retrospective study of 136 patients who had short scar (palmar incision <2.5 cm) carpal tunnel release (201 carpal tunnel releases). A single surgeon performed the operations over a period of five years (1999–2004).
Patients/methods: The patient population consisted of 97 females and 39 males. The mean age was 54 years. Sixty-five patients had bilateral release. We excluded revisional carpal tunnel release and patients for whom a long incision was indicated e.g. rheumatoid arthritis. The median time from onset of symptoms to operation was 12 months (2–240) and the mean length of follow-up was 5.6 months (2–39).
Results: The immediate and early complication rate was 2% (4/201) with no permanent nerve damage or other serious complication reported. The incidence of pillar pain was 5.5% and of scar hypersensitivity 11% at the outpatients follow-up. The 92% of the patients were asymptomatic on discharge from the clinic, while the remaining 8% were discharged with minor problems that did not require further intervention or had further non-operative treatment (7/201, 3.5%).
Conclusion: We believe the short scar technique is a safe way of performing carpal tunnel release, associated with low complication rates and good functional outcomes.

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A-0051
POSITIVE ASSOCIATION BETWEEN PROFESSIONAL WORKLOAD AND IDIOPATHIC CARPAL TUNNEL SYNDROME

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