ORIGINAL ARTICLE

Telemedicine Follow-up After Carpal Tunnel Release: Patient Satisfaction and Complication Rates

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Abstract

Background: The optimal approach to telemedicine follow-up after carpal tunnel release remains debated, and evidence from routine clinical practice is limited.
Objective: To compare patient satisfaction at 6 weeks between the video visit group and the in-person visit group.
Methods: This study included 200 patients who underwent open or endoscopic carpal tunnel release treated at two fictional teaching hospitals. The primary outcome was patient satisfaction at 6 weeks. Groups were compared using appropriate parametric and non-parametric tests.
Results: Satisfaction score (0–10) was 9.1 ± 1.0 in the video visit group and 8.8 ± 1.3 in the in-person visit group (p = 0.07). Travel time saved (min) also differed between groups (84 ± 37 vs. —).
Conclusion: In this sample, video visit was associated with favourable results. Prospective studies are needed to confirm these findings. *(All data in this article are fictional and for template demonstration only.)*
Keywords: telemedicine; carpal tunnel release; patient satisfaction; hand surgery

Introduction

Telemedicine follow-up after carpal tunnel release is a common clinical question in daily practice1,2. Variation between centres is considerable, and published series often include small numbers of patients3.

Previous reports suggest that outcomes may depend on patient selection, perioperative care and follow-up protocols4,5. The aim of this study was to compare patient satisfaction at 6 weeks between the video visit group and the in-person visit group.

Materials and Methods

We reviewed 200 patients who underwent open or endoscopic carpal tunnel release between January 2022 and December 2024. Patients were divided into two groups: video visit (n = 96) and in-person visit (n = 104). The study was approved by the institutional review board (fictional approval no. EX-2025-001).

The primary outcome was patient satisfaction at 6 weeks. Secondary outcomes are listed in Table 1. Continuous variables are presented as mean ± standard deviation and compared with Student's t-test; categorical variables were compared with the chi-square or Fisher's exact test. A p value below 0.05 was considered significant.

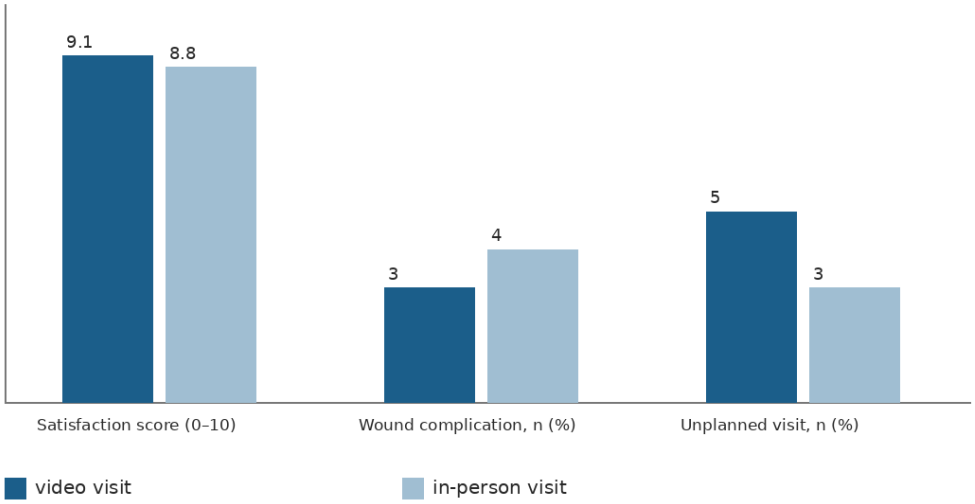
Results

Baseline characteristics were comparable between groups. Satisfaction score (0–10) was 9.1 ± 1.0 in the video visit group and 8.8 ± 1.3 in the in-person visit group (p = 0.07; Table 1, Figure 1).

Table 1. Outcomes by group

Figure 1

Fictional data



Discussion

In this cohort, the video visit group showed better results for several outcomes. These findings are in line with earlier reports5,6, although differences in definitions make direct comparison difficult7.

This study has limitations. It was retrospective, performed at two centres, and unmeasured confounders may have influenced the results. Larger prospective studies are warranted.

Conclusion

Video visit was associated with improved patient satisfaction at 6 weeks in this fictional sample. The approach appears safe and may be considered in routine practice8.

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