Get a Grip on Hand Health with Opeyemi Lamikanra MD: The Coalition Talk Show with Dr. Shani Belgrave Transcript

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Show Introduction and Guest Welcome

Welcome to the coalition. This is a talk show dedicated to discussing health, wellness and inspiration. I'm your host, Doctor Shani Belgrave. Hello, everyone.

Thank you so much for joining the coalition. I'm your host, Doctor Shani Belgrave. I am a bariatric and minimally invasive surgeon in Atlanta, Georgia.

I'm also the founder and CEO of Omega Bariatric and Wellness. You can learn more about me and get connected at that doctor shiny belgrave.com. I am related to.

Welcome to the show today. Doctor Opeyemi Lami Kamara. Doctor Lami Kamara is an orthopedic surgeon with a specialty in hand surgery. She joins the show today to let us know the key things we should know about our hands.

Doctor Opeyemi Lami Kamara thank you so much for joining the coalition. Hi doctor Belgrave how are you. I'm good I'm good. And so I am so excited to jump right in because a hand surgeon you know I think there's a lot of people that may not know all the intricacies and things about why hand surgery is important.

So can you please get us started by telling us a little bit about who you are and what you do? Absolutely. Well, I'm Doctor Obi. I mean, let me Canara. I'm an orthopedic surgeon.

So what that means is that I specialize in bones, muscles, and kind of the soft tissues and the area of the hand versus an elbow. I'm here in Atlanta, Georgia.

I've been here since 2016, over nine years in practice. And, I just started my practice to, it's current surgery in orthopedics. So currently in Vining, care space.

And then I'll be at, Sandy Springs, the end of the year. Wow. Well, we definitely have a parallel journey.

Doctor Kamara's Background and Practice

You can a sweet sandy spring location kind of thing. Yes. Patients. Introduction of your practice and to you as well. That's a big deal. Thank you so much.

And so, I figured a good thing to chat about would be some common conditions that you treat. So I'm just going to list the condition, and then you can kind of let me know what we should know.

So the first one is one that I think a lot of people have heard about carpal tunnel. What should people know about carpal tunnel? So carpal tunnel is, so it's one of those diagnoses that people always think they have.

Just because, you know, it is actually the most common condition that I treat, and it's essentially numbness of the fingers. The nerve passes underneath a band here, and that forms the roof of the carpal tunnel.

So the nerves sitting inside the carpal tunnel as it passes underneath that band, it goes to these fingers, half of this finger. So you wake up with. So I immediately started doing this because if you see somebody kind of shaking their hand like this, I'm thinking carpal tunnel until proven otherwise.

It's a feeling like your hand has fallen asleep. It wakes you up in the middle of the night. Just kind of. When you're touching things, I feel prickly.

That's carpal tunnel syndrome. So tell me about that. Like, can it come and go? Or if you're having any of that, is it going to require treatment? So a lot most carpal tunnel will kind of come and go.

Especially in the beginning. It will you'll kind of wake up with numb hands, shake them off and then keep it moving. Right. And so if that's the situation where you kind of wake up with it slightly numb and it goes away, I wouldn't think too much about it.

Carpal Tunnel Symptoms and Risk Factors

If it gets a little bit worse, it usually suggests sleeping in a brace at night and just wearing it a little bit loose helps to kind of keep the hand from going into this position.

I know we love sleeping like this, but this is the worst position for the hand and elbow. So usually I recommend just starting with a brace at night. Now, once things become disruptive to your sleep, you know, you're noticing symptoms throughout the day.

It's starting to limit your ability to do things, and especially if you're starting to drop objects that needs treatment, those those are the kind of progressing signs.

So a little bit of numbness in the morning goes away wearing a brace. Not too much. Once that becomes more frequent, you really need to at least see somebody for it.

And so what are kind of some of the risk factors. Can you get it from repetitive motions like using a keyboard? Or are there things you can do to decrease the likelihood of getting it?

So one of the biggest things is your sleep position at night. This is terrible. Like I said, so just kind of keeping the elbow at least 90 degrees and then keeping the hand if you can.

Straighter is better. Yes. Repetitive motion can exacerbate it. Studies are a little mixed as to whether or not it causes it, but it can definitely exacerbate it.

And then there are things like diabetes, diabetics or higher have a higher chance of getting carpal tunnel. And really, most of my common, symptoms, including carpal tunnel, trigger finger tendonitis, all of those are have a higher association with diabetics.

And then hormonal shifts with pregnancy, can be very triggering for carpal tunnel, just a swelling in general, those things can increase pressure in the worse.

Well, I learned something new there. I didn't realize that there was a connection between carpal tunnel and diabetes. So what are some of the treatment options?

So just starting with the brace is the first step. The second step, there is an injection that can be done. And the injection is corticosteroid, which is a strong anti-inflammatory.

It decreases some of the inflammation around the nerve. That injection though, usually only lasts for about 2 to 3 months. So it's not one that I recommend for everybody.

And especially in some diabetics, you really have to consider whether or not it's worth the increase in the sugars that can occur with it. And then the third option is a carpal tunnel release, which is that band that I was talking about.

I'd go underneath and I just release it a little bit. So I do, two different ways of a carpal tunnel release. I do a minimally invasive way where I use, like a tiny incision.

I go underneath with a camera and and release it that way. It's a little bit faster getting back and less scarring. So

less pain initially. Or like, especially if there are some people who are older, don't want any sort of sedation.

Anything I can do a local only open carpal tunnel release where I numb the area, and then I just release that band that way. So that's for my patients who get no sedation at all.

Wow. Yeah, it's pretty cool. As you can probably see, I didn't do a ortho rotation. Yeah, trust me, I geek out on ortho, but, like, other fields are like.

What is that? You do? So then what about kubectl tunnels? So keep it all tunnel is a similar process but it's at the elbow.

Carpal Tunnel Treatment and Recovery

So it's the same thing where the nerve kind of passes around here and goes into these fingers. So it's a small finger and then half of this finger. So if you're going I get that numbness.

But it's really like these fingers that are most effective. That's most likely kubectl tunnel. And that's the similar the sleep position. I would change that immediately.

You really don't want to be because if you look if you see here I have my elbow extended, I can kind of grab the skin as soon as I do that. It's very difficult to grab that skin.

So that nerve is getting just draped around that area. And so there's the sleep position and then not resting on the elbow. That's another thing that can aggravate kubectl tunnel.

So that's the difference between the two. So my carpal tunnel patients it's here. And then my kubectl tunnel patients it's really always that small finger.

Now here's the thing. You can have both. So sometimes it's the whole hand that's numb. And we're dealing with carpal and give it all tunnel. How successful are the, surgeries for that?

Like, if you have the surgery that you're pretty guaranteed that the symptoms are going to be improved. They're pretty high. So no surgery, as you know, is 100%.

But carpal tunnel, when you have the right diagnosis, it's really in the high 90s in terms of satisfaction and good outcomes. Hebrew Tunnel is slightly newer.

I think it's like in the lower 90s. But again, there's there's a little bit more dissection, but both are really good surgeries. And for both of them, I typically would expect that the patient is not going to require any sort of secondary, surgery from them.

What's the recovery like? I get a question from carpal tunnel. I have my patients wear a dressing for five days after and it's a soft dressing. So it comes around the hand like this.

They're able to use their hand immediately for light activity. Eating getting dressed. Driving. Most people are driving back to their first post-operative visit.

And then after five days, they take off the big dressing and they go into a Band-Aid to the Band-Aid is on, and they start to wash over that area each day and put a Band-Aid over it.

And at two weeks, I take out the stitches. So I tell patients that in the beginning, the light things feel fine to do. But then, you know, the heavier things lifting that gallon of milk or, you know, like gripping is a little weak in the beginning.

So, that usually gets better over the first month.

Cubital Tunnel Syndrome Explained

Now, there are two phases of recovery from carpal tunnel. There's the initial kind of nerve decompression. So that's the, my hand's not falling asleep at night and waking me up from sleep and like, those, like, dramatic effects.

But over the next six months, you start to get more sensation in your fingers. And those, like the numbness starts to improve. So really, you know, you're kind of limited in terms of activity in that first 2 to 4 weeks.

But then after that, you start to notice you still notice improvements. Wonderful. So trauma, what can you tell us about fractures and lacerations? And one thing that I want to make sure we talked about is when someone needs an orthopedic hands or if they've sustained a laceration or fracture.

Yeah. It's. So, I'll talk about kind of the fractures first. It's. If you can't move a joint properly, you need to get seen. The thing that, comes up the most for me as a hand surgeon is, Oh, I jam my finger and, you know, it's just jammed, and they never come in.

That can actually be a fracture that needs to be treated immediately within the first three weeks. Your outcomes are so much better. So there you can get, So the jam finger is like your jam, your finger, and then it kind of comes down a little bit and you can't bend through that joint that needs to be sent out.

That's like worst case scenario. If you've hurt yourself and it's been, you know, everything is moving time. But it's been like a couple of days and it's still really hurts.

Let's get an x ray. Come see us, you know.

Fractures and Hand Lacerations

If you're if you've had a bad fall and your wrist like your outstretched on the wrist, that needs to be seen to, if it's, you know, you wear a brace for, like, a day or two, and it's like, this still hurts.

We need an x ray. Now, obviously, if it's really painful, then you need to get seen. And then cuts. I have had. So if you have a cut and one, it's gaping open.

You need to be safe. So if there's any sort of gap or anything like that in this area, we need to see if there's a let's say you had a poke hole and you can't move your finger.

That needs to be seen. If you had a poke hole and you have some numbness like I could feel this side, but I can't really feel this side that needs to be seen. Why?

Because even those small, little deep incisions or cuts can cut the tendon, which is, you can see, better on the back of your hand, the ropes that allow us to move our fingers.

And then there's also nerves in those areas. And most in this area are sensory nerves. So it's sensation that you're losing not necessarily function. You're going, well, I can move my fingers, but I just can't really feel that is potentially a nerve issue and needs to be checked out.

Perfect. Thank you for outlining that. I wanted to go back because I skipped over Trigger Finger. What I got is my second most common diagnosis. So trigger finger is one of the things that we don't really learn about in med school, interestingly enough. But it's super common.

It's a tendonitis in the hand, really, in these areas, the A1 pulley is what we call it. So what it is, is the tendon is passing underneath a band, and it goes into kind of a tunnel of pulleys along the finger.

And as it goes into that area, it can kind of rub in that area if you have a little bit of irritation and it leads to people kind of having their finger get stuck like this and then like they feel this clicking, it's like a triggering, and so that can

continue if it's not treated or sometimes it can resolve on its itself.

But that's kind of.

Trigger Finger Symptoms and Treatment

So I say it's like a belt going into some belt loops, and one of those loops is a little too tight, or there's kind of a little bump in the belt and it just kind of clicks as it goes.

So that's the presentation of Trigger Finger. And what did you say? How is that treated? So the injection. So you remember I talked about the injection for carpal tunnel.

And that usually works for about 2 to 3 months. The injection for trigger finger can actually cure it. It's, again steroid a little bit of an anti-inflammatory, plus lidocaine.

And I inject it right into that area, and, usually within about four weeks, it can get rid of it. And up to 80% of people, obviously not 100%. So we have the option to do another injection depending on your response to the first one or a trigger finger release.

And that is surgery. It's a small surgery. And I make a kind of in the area of the belt loop pulley, and then go down and release that belt loop. Again.

You have plenty of other belt loops to keep it, you know, in place. But, what it does is it kind of gets rid of that friction point for the patient and the kind of the protocol is the same as for my, carpal tunnels.

Five days and the bandage, take it off. Start to wash with soap and water, Band-Aid, stitches out at two weeks that they always get this little lump of scar right at the area.

Things like scar tissue massage starts at about three weeks, and you say we're good to go from there. Well, thank you so much, doctor Opeyemi Lami of what would be the take away message from a hand surgeon, what would be one nugget that you'd want everyone to take away from this chat?

As a hand surgeon, if I could get people to stop sleeping like this or that, curled up, I would have so many fewer patients. So literally just kind of extending just a little bit can make a big difference for you.

All right. Well, what is the best way for people to get connected with you? Absolutely. So my website is Atlanta hand surgeon.com. And on there has all of my links to everything else.

My Instagram is ATL hand surgeon and my LinkedIn is OPM e lami camera.

Key Takeaway and Closing Remarks

Thank you so much Doctor Lami Conrad I hope you'll come back another time. Absolutely. I would love to. Thank you for having me. This is great. Well, everybody, thank you so much for tuning in to another impactful episode of The Coalition.

I'm your host, Doctor Shani Belgrave. I am a bariatric and minimally invasive surgeon in Atlanta, Georgia. I'm also the founder and CEO of Omega Bariatric and Wellness.

Very special thank you to Doctor Opa Yemi Lami Kamara, the Atlanta hand surgeon, for joining the show to share her expertise. You can get connected with doctor OPM in Miami.

Kamara on her website or on her social media. Make sure you share this episode with friends and family so we can learn about common hand conditions. I'll see you next time.