

Carpal Tunnel Syndrome Commissioning Policy

<b>Intervention</b>	<b>Treatment for Carpal tunnel syndrome may be called carpal tunnel release (CTR) or carpal tunnel decompression surgery.</b>
<b>OPCS codes</b>	<p>A65 Release of entrapment of peripheral nerve at wrist</p> <p>A651 Carpal tunnel release</p> <p>A652 Canal of Guyon release</p> <p>A658 Other specified release of entrapment of peripheral nerve at wrist</p> <p>A659 Unspecified release of entrapment of peripheral nerve at wrist</p>
<b>For the treatment of</b>	<b>Carpal tunnel syndrome</b>
<b>Commissioning position</b>	<p>Humber Coast and Vale CCGs do not routinely commission surgical decompression for the treatment of carpal tunnel syndrome. Nerve conduction studies are NOT needed to confirm the diagnosis.</p> <p>The CCGs will only commission surgery for CTS where the condition is assessed as severe. In all cases an IFR application should be made.</p> <p>Prior to any IFR application ALL of the following criteria must have been met:</p> <ul style="list-style-type: none"> <li>• Advanced or severe, or experiencing moderate-severe neurological symptoms of CTS such as constant pins and needles, numbness, muscle wasting and prominent pain;</li> <li>• The symptoms are interfering with activities of daily living;</li> <li>• The patient has not responded to a minimum of 6 months of conservative management, including at least 4 weeks of night-time use of well-fitting wrist splints;;</li> <li>• Appropriate analgesia;</li> <li>• Corticosteroid injections (given at least once prior to referral if clinically appropriate);</li> <li>• Lifestyle/workplace modification e.g. weight loss, if appropriate.</li> </ul> <p>See Appendix 1 and 2 for further details.</p> <p>Both splinting and steroid injection produce improvement in the majority of patients at least temporarily and should both be tried for patients with less severe symptoms and findings who are likely to include the 35% of patients who will not need further intervention.</p>
<b>Summary of evidence / rationale</b>	<p>Overall, patients whose CTS symptoms are significantly troublesome and who have mild or moderate impairment of the median nerve function should be offered splinting and local steroid injection. Patients failing such conservative management and those who present at a later stage with objective neurological signs or delayed motor conduction on nerve conduction systems should be offered the option of surgical decompression. All should be advised of the potential risks of the different treatments.</p> <p>An estimated 35% of patients with carpal tunnel syndrome will improve without surgical intervention. This is more likely when the patient is younger, when the symptoms are unilateral and/or of shorter duration or when Phalen's test is negative.</p> <p>A survey of over 4000 patients having surgery under usual NHS circumstances found that about two years after surgery, only 75%</p>

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	considered the operation an unqualified success and 8% thought that they were worse off.
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**References:**

1. NICE CKS Carpal tunnel syndrome
2. Clinical Evidence – Carpal Tunnel Syndrome updated August 2014
3. Bland JDP. Carpal tunnel syndrome. Curr Opin Neurol 2005;18:581-5. [PubMed]
4. Bland J (2007) Clinical Review: Carpal tunnel syndrome. BMJ 2007;335;p343- 346
5. BSSH Evidence for Surgical Treatment 1 - CTS 2010
6. Royal College of Surgeons Commissioning Guide: Treatment of painful tingling fingers (November 2013)
7. NHS Choices – Carpal tunnel syndrome – Treatment: 8. BSSH Evidence for Surgical Treatment 1 - CTS 2010

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**Appendix 1 – Classification of CTS Symptoms**

Carpal Tunnel Syndrome is an extremely common upper limb nerve compression syndrome, widely distributed in the community. There are a variety of treatment options which may be applied to the syndrome, depending on the severity of symptoms which can be mild, moderate or severe. An indication of each classification is detailed below:-

<b>Assessment and Management in Primary Care</b>		
	<b>Symptoms</b>	<b>Treatment</b>
<b>Mild CTS</b>	The sensory symptoms occur: <ul style="list-style-type: none"> <li>➤ No more than once during the day</li> <li>➤ Once or twice a week during the night</li> <li>➤ Lasting for up to 10 minutes</li> <li>➤ Pain is not present</li> </ul>	Explanation of condition and that it may improve spontaneously Lifestyle advice
<b>Moderate CTS</b>	The sensory symptoms occur: <ul style="list-style-type: none"> <li>➤ Two or three times during the day</li> <li>➤ Once most nights</li> <li>➤ Last for more than 10 minutes</li> <li>➤ Pain may be present</li> </ul>	Lifestyle advice Well fitted nocturnal wrists splints (from MSK service) if waking at night is troublesome
<b>Severe CTS</b>	The sensory symptoms occur: <ul style="list-style-type: none"> <li>➤ Frequently each day and can last for more than an hour at a time</li> <li>➤ Can be continuous</li> <li>➤ Sleep is disturbed with more than two wakings every night</li> <li>➤ Pain can be prominent</li> <li>➤ Wasting and weakness of the thenar muscles may be present, together with sensory loss in the median supplied digits.</li> </ul>	Consider early or immediate referral for surgery

