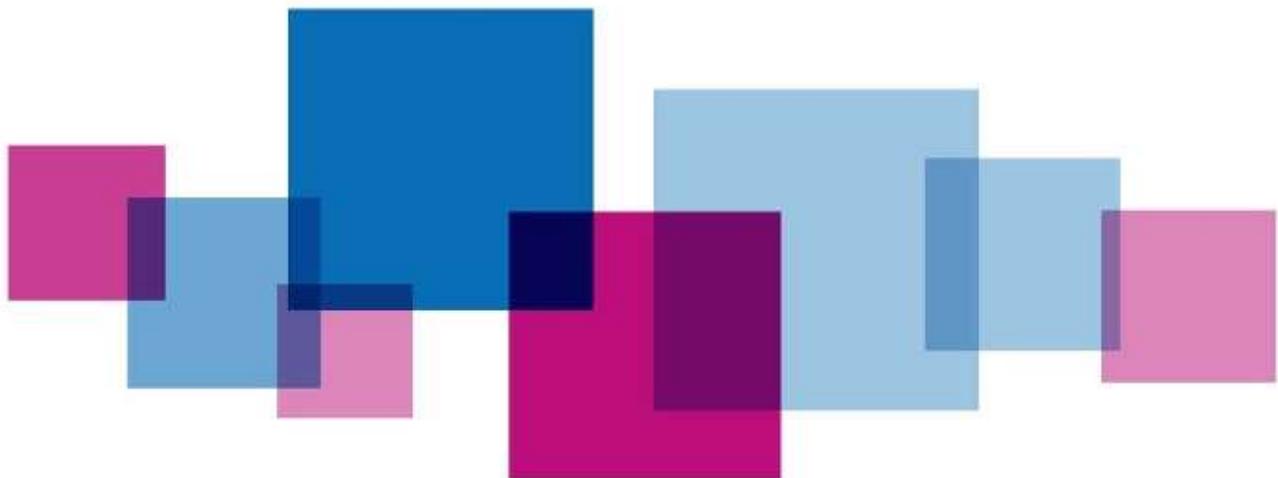


Commissioning Policy

Carpal Tunnel Syndrome Surgery

Criteria Based Access



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Document Control

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Version	Date	Reviewer	Comment
1617.1	20/12/2016	IFR Manager	Policy reviewed and agreed by Board.
1617.1.01	20/10/2017	IFR Coordinator	To remove reference to "intermediate" MSK services.

1617.1.02	26/03/2018	IFR Coordinator	Rebranded to BNSSG ICB
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 th February 2019 by Commissioning Executive.
1920.1.00	26/10/2018	Commissioning Policy Development Manager	Policy review with ENT. Statement added in to reflect NHS England Evidence Based Interventions request for due regards. Clinical review and removal of Significant Functional Impairment criteria.
1920.1.01	03/06/2019	Commissioning Policy Development Manager	Admin Corrections for CPRG and inclusion of OPCS codes
1920.1.02	03/06/2019	Commissioning Policy Development Manager	Admin Corrections post CPRG and inclusion of Remedy link
1920.1.03	20/08/2019	Commissioning Policy Development Manager	Admin Corrections to change Individual Funding Request to Exceptional Funding Request. Revision criteria added in to policy

**THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW**

THIS POLICY RELATES TO ALL PATIENTS

Carpal Tunnel Syndrome Surgery Policy

General Principles

Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB Exceptional Funding Request Panel.

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these

criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.

2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
5. Patients with an elevated BMI of 30 or more may experience more post surgical complications including post surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193> (Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)
7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.
8. All primary care referrals for Carpal Tunnel syndrome must be referred for an initial assessment, and where appropriate conservative management, to commissioned musculoskeletal services. Musculoskeletal (MSK) services will assess a patient's suitability for surgery including: reference to this policy, manage patients conservatively when possible and where appropriate refer patients to secondary care for further management of their condition.

Bristol Patients – [Musculoskeletal Assessment and Treatment Service \(MATS\) and Spinal Service](#)

North Somerset Patients – [The Musculoskeletal Interface Service](#)

South Gloucestershire Patients - [Clinical/Spinal Assessment & Treatment Service](#)

9. For patients who do not qualify for a referral to secondary care or do not wish to be assessed by musculoskeletal services, individual funding approval must be secured by primary care prior to referring patients seeking advice and/or corrective surgery in secondary care. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient’s expectation of treatment.

Background / Purpose and Scope

Carpal tunnel syndrome (CTS) is a relatively common condition that causes a tingling sensation, numbness and sometimes pain in the hand and fingers.

Usually, these sensations develop gradually and start off being worse during the night. They tend to affect the thumb, index finger and middle finger.

Symptoms

Classification	Symptoms
Mild	Occasional pins and needles in the day but no nocturnal symptoms.
Moderate	Occasional pins and needles in the day with occasional night symptoms (2 – 3 nights a week).
Severe	Permanent sensory deficit - frequent pins and needles, numbness, permanent pain during the day, muscle wastage and frequent nocturnal symptoms (more than 3 nights a week).

What causes carpal tunnel syndrome?

Carpal tunnel syndrome is caused by compression of one of the nerves that controls sensation and movement in the hands (median nerve). The carpal tunnel is a narrow passage in your wrist made up of small bones and a tough band of tissue that acts as a pulley for the tendons that bend the fingers.

It isn't known why the median nerve becomes compressed in most cases, although certain things are thought to increase the risk of CTS developing, such as:

- a family history of CTS
- pregnancy – up to about 50% of pregnant women develop CTS
- injuries to the wrist
- other health conditions, such as diabetes and rheumatoid arthritis
- strenuous, repetitive work with the hand

Treating carpal tunnel syndrome

In some cases CTS will disappear without treatment, or simple self-care measures will reduce the symptoms. CTS in pregnant women often gets better within three months of the baby being born, although it may need treatment. In some women, symptoms can continue for more than a year.

Non-surgical treatments, such as wrist splints and corticosteroid injections, are used to treat mild or moderate symptoms.

Surgery may be required if non-surgical treatments fail to relieve the symptoms. It may also be used if there is a risk of permanent nerve damage.

Surgical Options

Complications of surgery

Carpal Tunnel Syndrome Surgery is deemed a safe procedure. However, as with any type of surgery, there are some risks. Complications are rare, but could include:

- infection.
- failure during surgery to fully separate the roof of the carpal tunnel, usually resulting in persistent CTS symptoms.
- bleeding after the operation.
- nerve injury.
- scarring.
- persistent wrist pain, which may be different to the original symptoms.
- in rare cases, the return of CTS symptoms long after apparently successful surgery.
- complex regional pain syndrome – a rare but chronic (long-term) condition that causes a burning pain in one of the limbs.

POLICY CRITERIA – COMMISSIONED
CRITERIA BASED ACCESS
<p>The ICB will agree to fund carpal tunnel release surgery where the following criteria have been met:</p> <p><u>For patients suffering from mild symptoms:</u></p> <ol style="list-style-type: none"> 1. Secondary care management including surgical release is not routinely commissioned. Patients should be advised on strategies to manage their condition conservatively.

For patients suffering from moderate symptoms:

Where patients are suffering from moderate symptoms including occasional pins and needles and interrupted sleep due to night symptoms (2 – 3 nights a week) which are caused by neurological deficit, e.g. – Sensory blunting, muscle wasting or weakness of thenar abduction, secondary care management including surgical release where appropriate is commissioned for patients where:

1. Symptoms persist despite at least 6 months of conservative therapy with treatment including local corticosteroid injection and nocturnal splinting.

AND

2. The patient is experiencing frequent night waking (more than 3 nights per week) due to these symptoms despite conservative management.

For patients suffering from severe symptoms:

Secondary care management including surgical release where appropriate is commissioned for patients who are suffering from permanent sensory deficit causing symptoms including frequent pins and needles, numbness, permanent pain during the day, muscle wastage and frequent nocturnal symptoms (more than 3 nights a week).

Patients with these conditions who wish to consider surgical release should be referred without delay in order to maximise the benefits from surgery.

Time Limited Episodes of Carpal Tunnel Syndrome

Carpal Tunnel is common during pregnancy; therefore applications for patients who have experienced symptoms whilst pregnant will have to wait 3 months post the birth of their child before they begin either of the conservative therapy requirements described above. This is because symptoms often get better within three months of their baby being born (**NHS Choices, 2014**) .

Carpal Tunnel is also common when patients are using weight bearing crutches for a period of time. Surgery would not normally be commissioned for these patients until 3 months post the use of crutches in order to allow natural recovery from the condition.

In rare circumstances where a patient is suffering from severe symptoms an Exceptional Funding Request can be submitted for consideration.

For guidance please see :<https://remedy.bnssgICB.nhs.uk/>

Revision Surgery.

Patients who have a recurrence of symptoms following surgery can access this intervention again where the treating clinician believes further surgery would be of benefit. The patient would once again be subjected to this restricted policy.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

Due Regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

Consideration has been given to this policy and the development process of the above criterion following the recent NHSE Evidence-Based Interventions (EBI) recommendations and local clinicians have confirmed that this criteria supports the recommendations made in regard to the current clinical evidence available.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net .

Connected Policies

Dupuytren's Correction in Adults: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Surgical Correction for Trigger Finger in Adults: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

This policy has been developed with the aid of the following references:

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<https://www.ncbi.nlm.nih.gov/pubmed/18843618>
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OPCS Procedure codes

"Procedures challenged in this policy:

OPCS Code: A651, A692, A659

Relevant diagnoses for this policy:

The ICD10 Code for Carpal Tunnel Syndrome is G560.

Diagnoses for which the above procedures are permitted:

ICD10 Codes: There are no appropriate Codes for the clinical criteria."