

Carpal Tunnel Syndrome Surgery

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

Carpal Tunnel Syndrome Surgery

Surgery for mild cases with intermittent symptoms causing little or no interference with sleep or activities is not commissioned.

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

Cases with significant symptoms which interfere with activities or sleep should first be treated with:

- a. corticosteroid injection(s) (medication injected into the wrist: good evidence for short (8-12 weeks) term effectiveness)

or

- b. night splints (a support which prevents the wrist from moving during the night: not as effective as steroid injections)

Surgical treatment of carpal tunnel should be considered if one of the following criteria are met:

- c. The symptoms significantly interfere with daily activities and sleep symptoms and have not settled to a manageable level with either one local corticosteroid injection and/or nocturnal splinting for a minimum of 12 weeks.

or

d. There is either:

i. a permanent (ever-present) reduction in sensation in the median nerve distribution.

or

ii. muscle wasting or weakness of thenar abduction (moving the thumb away from the hand).

Significant symptoms are defined as intermittent pins and needles and interrupted sleep due to night symptoms (2 – 3 nights a week) which are caused by neurological deficit.

Surgery is not routinely commissioned where there is a self-limiting cause e.g. pregnancy or in the use of crutches.

Nerve Conduction Studies if available are suggested for consideration before surgery to predict positive surgical outcome or where the diagnosis is uncertain.

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.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

Surgery prevents patients with constant numbness of their fingers from becoming worse and it usually improves the numbness and can restore normal sensation. It also has a high success rate in patients with intermittent symptoms who have had a good, but only short-term, response to other treatments which should be tried first.

Risks

Carpal tunnel release surgery is usually very successful but has risks and complications which usually cause temporary problems such as pain, infection, scarring, tenderness and bleeding. Following surgery, the hand may be weak and sore for 3-6 weeks, but recovery of normal hand function is expected.

Alternatives

CTS can develop due to an underlying medical condition such as diabetes, arthritis, thyroid dysfunction, or being overweight, but often there's no underlying cause. Treating these conditions can sometimes improve symptoms. Adapting your workplace and getting support with daily activities may reduce your pain and tingling. If you have intermittent symptoms which interfere with everyday activities you should first be treated with corticosteroid injections or asked to try wearing a splint on your wrist at night. If these options fail to control the symptoms or they come back over time, then surgery can be carried out. If there is constant numbness of the fingers then surgery is the first advised treatment, rather than splints or steroid injections.

Do Nothing

The symptoms may gradually become worse, but may also improve without any treatment, which is often seen in pregnancy. Mild cases with intermittent symptoms causing little or no interference with sleep or activities should not require any treatment. If more severe cases are left untreated there is a risk of permanent nerve damage, with numbness in the fingers and weakness of the thumb, which may become so severe that it does not respond to treatment.

Carpal Tunnel Syndrome Surgery Policy – Plain Language Summary

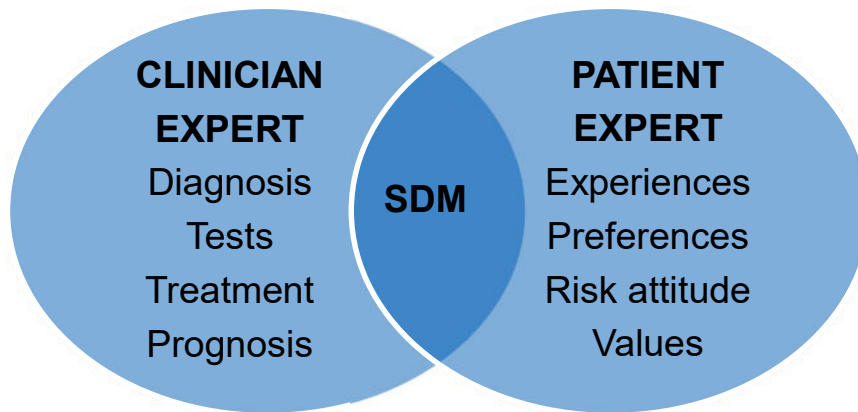
CTS occurs when there is pressure on the median nerve at the wrist. It causes tingling, numbness and pain in the hand and fingers. If it only causes minor symptoms then it requires no treatment.

It's important you and your doctor make a shared decision about what's best for you if CTS is causing you problems. When deciding what's best you should both consider the benefits, risks, the alternatives and what will happen if you do nothing.

Shared Decision Making

If a person fulfils the criteria for Carpal Tunnel Surgery assessment in secondary care it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

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

1. National Health Service (2021) Health A to Z: Carpal Tunnel Syndrome [online] www.nhs.uk/conditions
2. NICE (2022) Carpal tunnel syndrome (Clinical Knowledge Summary) www.nice.org.uk
3. NHS England (2019) NHSE EBI Document www.ebi.aomrc.org.uk/interventions/
4. National Library of Medicine (2018) The clinical and cost-effectiveness of corticosteroid injection versus night splints for carpal tunnel syndrome [online] (30343858) www.pubmed.ncbi.nlm.nih.gov
5. National Library of Medicine (2002) Splinting vs surgery in the treatment of carpal tunnel syndrome: a randomized controlled trial [online] (12215131) www.pubmed.ncbi.nlm.nih.gov
6. National Library of Medicine (2007) Local corticosteroid injection for carpal tunnel syndrome [online] (17443508) www.pubmed.ncbi.nlm.nih.gov
7. National Library of Medicine (2012) Splinting for carpal tunnel syndrome [online] (22786532) www.pubmed.ncbi.nlm.nih.gov
8. National Library of Medicine (2011) Is surgical intervention more effective than non-surgical treatment for carpal tunnel syndrome [online] (21477381) www.pubmed.ncbi.nlm.nih.gov
9. National Library of Medicine (2013) local corticosteroid injection for carpal tunnel syndrome [online] (24065747) www.pubmed.ncbi.nlm.nih.gov
10. National Library of Medicine (2008) Surgical versus non-surgical treatment for carpal tunnel syndrome [online] (18843618) www.pubmed.ncbi.nlm.nih.gov

11. National Library of Medicine (1994) The relationship between body mass index and the diagnosis of carpal tunnel syndrome [online] (8196706)
www.pubmed.ncbi.nlm.nih.gov
12. National Library of Medicine (2006) The relationship between body mass index and the diagnosis of carpal tunnel syndrome [online] (17109748)
www.pubmed.ncbi.nlm.nih.gov
13. National Library of Medicine (2013) Methylprednisolone injections for the carpal tunnel syndrome: a randomized, placebo-controlled trial [online] (24026316)
www.pubmed.ncbi.nlm.nih.gov

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning 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.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

Support

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.