CLINICAL POLICY ADVISORY GROUP (CPAG)

Carpal Tunnel Syndrome Policy

Statement

Derby and Derbyshire Integrated Care Board (ICB), in line with its principles for procedures of limited clinical value has deemed that Carpal Tunnel Syndrome should not routinely be commissioned unless the criteria within this policy are met.

Non-Surgical treatment for Mild* to Moderate symptoms in Primary Care.**
Treatment includes:

- Physiotherapy
- Neutral wrist splints
- Single steroid plus local anaesthetic injection

Referral for Surgical Treatment should be made via the MSK CATS Service where one or more of the following criteria are met:

- Daily symptoms such as frequent night waking or daily symptoms measured objectively via the following:
  - Scoring 5 on the Boston Carpal Tunnel Questionnaire
  - Scoring 3 or 4 on the Levine Self-assessment Questionnaire or Boston Carpal Tunnel Questionnaire **AND** receive no relief from neutral wrist splinting or other evidence-based treatment after up to 12 weeks
- Persistent symptoms causing functional impairment not responding to nonsurgical treatment

NB: Urgent referral can be made depending on clinical judgement.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Carpal tunnel syndrome (CTS) is a collection of symptoms and signs that arise as a result of compression of the median nerve in the carpal tunnel within the wrist. The cause of this compression is not known but you are more at risk if you are overweight, pregnant, have a parent or sibling with CTS, undertake activities with high hand/wrist repetition rate, hypothyroidism and diabetes mellitus. CTS is more common in women than men and the associated symptoms can affect daily activities and sleep with symptoms being worse at night. Signs and symptoms can include:

- intermittent tingling
- altered sensation
- pain
- weakness
- impaired fine manipulation sensory loss in the distribution of the median
- atrophy of the muscles of the thenar eminence
- reduced strength of thumb abduction
- dry skin on the thumb, index, and middle fingers

2. Recommendation

Non-surgical treatment for mild* to moderate symptoms in Primary Care.**
Such treatment includes:

- Physiotherapy
- Neutral wrist splints
- Single steroid plus local anaesthetic injection

Referral for surgical treatment should be made via the MSK CATS service where one or more of the following criteria are met:

- Daily symptoms such as frequent night waking or daily symptoms measured objectively via the following:
  - Scoring 5 on the Boston Carpal Tunnel Questionnaire
  - Scoring 3 or 4 on the Levine Self-assessment Questionnaire or Boston Carpal Tunnel Questionnaire **AND** receive no relief from neutral wrist splinting or other evidence-based treatment after up to 12 weeks
- Persistent symptoms causing functional impairment not responding to nonsurgical treatment

NB: Urgent referral can be made depending on clinical judgement.

***Mild symptoms**: intermittent paraesthesia in the correct distribution; nocturnal symptoms (or exacerbated at night).

****Moderate symptoms**: intermittent paraesthesia in the correct distribution; regular night waking, NO persistent hypoesthesia.

NB: Nerve Conduction Studies (NCS) are typically not indicated as part of the initial investigations, and therefore should not be requested by Primary Care. The decision to perform NCS will typically be at the discretion of the consultant or following referral from MSK CATS for the following conditions:

- ruling out peripheral neuropathy
- persistent or recurrent carpal tunnel syndrome
- equivocal clinical examination and history

Exclusion Criteria

The management of CTS for the following indications is excluded from the policy:
- Tumour
- Fracture
- Onset of symptoms after injury

3. Rationale for Recommendation

Carpal tunnel syndrome (CTS) is very common, and mild cases may never require any treatment. Cases which interfere with activities or sleep may resolve or settle to a manageable level with non-operative treatments such as steroids. Wrist splints worn at night may also be used but are less effective than steroid injections and reported by EBI as less cost-effective than surgery.

In recurrent or severe cases surgery should be considered. Surgery has a high success rate (75 to 90%) in patients with intermittent symptoms who have had good short-term benefit from a previous steroid injection. Surgery will also prevent patients with constant wooliness of their fingers from becoming worse and can restore normal sensation to patients with total loss of sensation over a period of months.

The hand is weak and sore for 3-6 weeks after CTS, but recovery of normal hand function is expected, significant complications are rare and the lifetime risk of CTS recurring and requiring revision surgery has been estimated at between 4 and 15%.

4. Useful Resources

- NHS Website. Carpal Tunnel Syndrome https://www.nhs.uk/conditions/carpal-tunnel-syndrome/
- British Society for Surgery of the Hand Carpal Tunnel Syndrome https://www.bssh.ac.uk/patients/conditions/21/carpal_tunnel_syndrome

5. References

- NICE CKS. Carpal Tunnel Syndrome https://cks.nice.org.uk/topics/carpal-tunnel-syndrome/
- Evidence Based Interventions Academy of Royal Medical Colleges https://www.aomrc.org.uk/ebi/clinicians/carpal-tunnel-syndrome-release/
- BOAC-RCS Commissioning Guide. Treatment of Carpal Tunnel Syndrome https://www.boa.ac.uk/resources/carpal-tunnel-syndrome-guide-final--pdf.html
- Getting it Right First Time. Hand Surgery https://www.gettingitrightfirsttime.co.uk/bpl/hand-surgery/
- Getting it Right First Time. Boston Carpal Tunnel Questionnaire https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/12/BCTQ.pdf

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	**Date**
Consultant Orthopaedic Surgeon, UHDBFT	July 2022
Consultant Orthopaedic Surgeon, CRHFT	July 2022
Clinical Policy Advisory Group (CPAG)	July 2022
Population Health and Strategic Commissioning Committee (PHSCC)	August 2022

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 5.0 Policy has been re-worded and reformatted to reflect the DDICB clinical policies format. This includes the addition of background information, useful resources, references and consultation.	July 2022