

General Commissioning Policy

Treatment	Carpal Tunnel Syndrome Surgery
For the treatment of	Carpal Tunnel Syndrome
Background	<p>From April 2013 NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatment takes place. NHS Hull CCG is responsible for commissioning activity in secondary care, and this policy sets out the referral criteria for carpal tunnel syndrome (CTS) surgery.</p> <p>This commissioning policy is needed because surgery for carpal tunnel syndrome is only routinely commissioned in certain circumstances. Cases outside these criteria are considered via the Individual Funding Request (IFR) process.</p>
Commissioning position	<p>NHS Hull CCG will routinely commission CTS surgery (open or endoscopic), following specialist assessment (either by the Hull musculoskeletal [MSK] service or in secondary care), for:</p> <ul style="list-style-type: none"> • <u>advanced or severe</u> neurological symptoms of CTS such as constant pins and needles, numbness, muscle wasting and prominent pain <p>AND</p> <ul style="list-style-type: none"> • where these symptoms are significantly affecting activities of daily living. <p>NHS Hull CCG will not routinely commission CTS surgery for patients with <u>moderate</u> symptoms, except via the IFR process for patients who fulfil specific criteria:</p> <ol style="list-style-type: none"> 1. A diagnosis of CTS is certain (confirmed by nerve conduction studies if in doubt) <p>AND</p> <ol style="list-style-type: none"> 2. The patient has not responded to a minimum of 3 months of conservative management, including <ul style="list-style-type: none"> - lifestyle/workplace modification, as appropriate; - >8 weeks of night-time use of well-fitting wrist splints (GPs should refer the patient to the MSK service for splint fitting); - corticosteroid injection - only in appropriate patients. (NB. injections are only to be given in secondary care or by qualified and suitably trained physiotherapists employed by the MSK service) <p>AND</p> <ol style="list-style-type: none"> 3. The symptoms are interfering with activities of daily living. <p>(For explanations of mild, moderate and severe CTS symptoms, see Appendix 1. For the referral pathway, see Appendix 2.)</p>
Effective from	December 2013 (further updated March 2014)

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

	<i>(This policy supercedes Hull PCT policy T31-11 dated April 2011)</i>
Summary of evidence / rationale	<p>CTS is a condition that involves pain and tingling in the first three or four fingers of one or both hands, which usually occurs at night. It is caused by pressure on the median nerve as it passes under the strong ligament that lies across the front of the wrist.</p> <p>CTS is often a progressive condition, however, many patients have a satisfactory response to work modification or conservative management. If CTS does not respond to conservative treatment within six months, evidence suggests that it is unlikely to respond at all.</p> <p>GPs are advised to pursue conservative options for treatment of mild to moderate CTS cases. Only where the case is severe, or where a moderate case persists and fails to respond to a minimum of 3 months conservative treatment, should a referral to secondary care be considered.</p> <p>Surgical carpal tunnel decompression provides permanent and complete cure in most cases of severe CTS but it is not without risk.</p> <p>A survey of over 4000 patients having surgery under usual NHS circumstances found that about two years after surgery, only 75% considered the operation an unqualified success and 8% thought that they were worse off.</p> <p>Reasons that the operation sometimes may not relieve symptoms include:</p> <ul style="list-style-type: none"> • misdiagnosis • failure to fully divide the transverse carpal ligament • delay of treatment to a point when median nerve function is beyond recovery. <p>(A small minority are the result of more unpredictable surgical complications, inadvertent nerve and vessel lacerations, infections, painful scarring, and complex regional pain syndrome.)</p> <p>Overall, patients whose CTS symptoms are significantly troublesome and who have mild or moderate impairment of median nerve function should be offered splinting and lifestyle advice. Patients failing such conservative management and those who present at a later stage with objective neurological signs or delayed motor conduction on nerve conduction studies should be offered the option of surgical decompression. All should be advised of the potential risks of the different treatments.</p>
Date	June 2017
Review Date	June 2018
Contact for this policy	Karen Billany, Head of Acute Care, NHS Hull Clinical Commissioning Group. Karen.billany@nhs.net

Related NHS Hull CCG policies:
Tendinopathies (Secondary Care)

References

1. Clinical Evidence – Carpal Tunnel Syndrome updated October 2011
<http://clinicalevidence.bmj.com/ceweb/conditions/msd/1114/1114.jsp>
2. Bland J (2007) Clinical Review: Carpal tunnel syndrome. BMJ 2007;335; p343-346
<http://www.bmj.com/content/335/7615/343.full>
3. Clinical Knowledge Summaries http://cks.nhs.uk/carpal_tunnel_syndrome#-337844 (last revised September 2012)
4. NHS Choices – Carpal tunnel syndrome – Treatment: www.nhs.uk/Conditions/Carpal-tunnel-syndrome/Pages/Treatment.aspx
5. BSSH Evidence for Surgical Treatment 1 - CTS 2010
http://www.bssh.ac.uk/education/guidelines/carpal_tunnel_syndrome.pdf

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:-

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

Appendix 2 – CTS Referral Pathway

