

Policy Recommendation: Carpal Tunnel

Date of Issue: 3 August 2017

The committee recommends:

1. Carpal Tunnel

Many cases of Carpal Tunnel Syndrome will resolve spontaneously and can be managed conservatively. Whilst non-steroidal anti-inflammatory drugs have no place in its treatment, splints and a corticosteroid injection are effective and must be offered where there are mild to moderate symptoms. A corticosteroid injection in patients with diabetes has the potential for greater adverse effects but is as effective and must be offered. Nerve conduction studies are not necessary for the assessment of the severity of the disease and is only to be used where there is uncertainty as to the diagnosis. Carpal Tunnel Release should not be delayed in severe disease where conservative measures should be bypassed but Carpal Tunnel Release for mild to moderate symptoms of less than 6 months duration is low priority. Carpal Tunnel Release should not be considered for six months following time limited episodes such as pregnancy or the use of crutches.

Mild Symptoms: Occasional pins and needles in the day but no night symptoms

Moderate Symptoms: Occasional pins and needles in the day with occasional night symptoms (2-3 nights a week)

Severe Symptoms: Permanent sensory deficit with frequent pins and needles, numbness and permanent pain during the day, functional loss with muscle wastage and frequent nocturnal symptoms

Notes:

Whilst the panel recognised the considered expert advice of NICE in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment.