

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 19 **Carpal tunnel syndrome**

**Recommendation made by
the Priorities Committee:** **May 2015; reviewed July 2018¹**

Date of issue: **November 2015 / update November 2018**

Carpal tunnel syndrome (CTS) is a relatively common condition that affects the nerves of the hand causing pain, numbness and a burning or tingling sensation in the hand and fingers. Symptoms can be intermittent, and range from mild to severe. Patients typically present with nocturnal dysaesthesia (abnormal sensation) in the hand, which wears off with activity. Carpal tunnel syndrome is normally diagnosed in primary care and the management of mild to moderate syndrome is conservative as per local DES (Directed Enhanced Services) contract for general practitioners.

Mild symptoms

- intermittent paraesthesia (sensation of tingling, tickling, pricking or burning) in the correct distribution
- nocturnal symptoms (or pain/paraesthesia exacerbated at night)

Moderate symptoms

- intermittent paraesthesia in the correct distribution
- regular night waking
- NO persistent hypoesthesia (numbness)

Conservative management of mild to moderate and intermittent symptoms includes:

- physiotherapy; median nerve mobilisation techniques
- wrist splints (wrist in neutral) at night minimum of 8 weeks
- steroid injection, up to 3 injections (depending on response)
- patients with a potential reversible cause (pregnancy, hypothyroidism) can be considered for conservative treatment

Note: routine nerve conduction studies are not normally necessary in primary or intermediate care.

Assessment for surgical management of CTS is only funded for patients with:

- sudden and severe symptoms
- symptoms that are moderate to severe or deteriorating
- daily symptoms, frequent night waking
- persistent symptoms causing functional impairment not responding to up to 12 weeks of evidence based non-surgical treatments as above; including treatments received in primary care

Patients who are not suitable for surgery or have decided not to have surgery should be offered an appropriate care package.

¹ This policy has been updated with new links to recent guidance; no other changes have been made.

This policy statement has been informed by the [Royal College of Surgeons Commissioning guide: Treatment of Carpal Tunnel Syndrome \(2017\)](#) and [European consensus guideline: Carpal Tunnel Syndrome - Results from the European HANDGUIDE Study \(2014\)](#).

ICD10 Diagnosis Codes

G56.0 Carpal Tunnel Syndrome

OPCS Procedure Codes

A65.1 Carpal Tunnel Release

A69.2 Revision of carpal tunnel release

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>