

SHIP8 Clinical Commissioning Groups Priorities Committee

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| Policy title Number/version 2.0 | Policy 22: Carpal Tunnel Syndrome (2020) <i>Updates Policy 22: Carpal Tunnel Syndrome (2017)</i> |
| Policy position | Criteria Based Access |
| Date of Committee Recommendation/ CCG recommendation | 19/11/2020 |
| Update | This policy will be updated as per 3 year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE) |

Carpal tunnel syndrome (CTS) is caused by compression of the median nerve in the carpal tunnel of the wrist resulting in symptoms such as pain, numbness and reduced function (such as a weak thumb and difficulty gripping). Many cases of CTS will resolve spontaneously and can be managed conservatively.

- Carpal Tunnel release for non-progressing mild to moderate symptoms of less than 6 months duration is **LOW PRIORITY**:
 - Mild symptoms (intermittent symptoms causing little or no interference with sleep or activities) require no treatment.
 - For those with moderate symptoms (symptoms which regularly interfere with activities or sleep) treatment with a corticosteroid injection and night splints must be offered. In patients with diabetes this has the potential for greater adverse effects but is as effective and must be offered.
- Patients with mild to moderate symptoms that are progressively deteriorating should be offered steroid injection and night splints. If symptoms continue to progress to severe, referral for surgical opinion can be considered before 6 months.
- Carpal Tunnel Release **should not** be delayed for those with severe disease causing permanent reduction in sensation in the median nerve distribution or muscle wasting or weakness of thenar abduction (moving the thumb away from the hand) where conservative measures should be bypassed.
- Nerve conduction studies are not necessary for the assessment of the severity of the disease and should only be used where there is uncertainty as to the diagnosis.
- Carpal Tunnel Release should not be considered for 6 months following time limited episodes such as pregnancy or the use of crutches.

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status

Clinical coding

Procedure Code

A651 Carpal tunnel release

Diagnosis Code

G560 Carpal tunnel syndrome