Surgery for Carpal Tunnel Syndrome

Definition

Carpal Tunnel Syndrome (CTS) is a condition characterised by attacks of pain, numbness or tingling in the distribution of the median nerve (thumb, index, middle and half of ring finger). It is caused by compression of the median nerve as it passes under the ligament that lies across the front of the wrist.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: Click here to access the CCG clinical policies web page: select the Orthopaedic Surgery Policies drop down option and select Carpal Tunnel Syndrome Policy to access the referral proforma.

Policy criteria:
The CCG will ONLY fund Carpal Tunnel Surgery in patients diagnosed with Carpal Tunnel Syndrome according to the following criteria:
The patient has severe neurological symptoms at presentation, for example altered sensation, muscle wasting or weakness of thumb abduction.

OR

The patient has moderate symptoms as defined below AND has not responded to a minimum of 3 months of conservative management, including local corticosteroid injections and a compliant trial of nocturnal neutral wrist splints.

Classification for Severity of Carpal Tunnel Syndrome:

Mild: Intermittent paraesthesia with or without pain that may be nocturnal, or occurs with a certain hand position.

Moderate: Paraesthesia that interferes with activities of daily living or causes constant night waking. And/Or reversible numbness and/or pain (perhaps by clenching and unclenching of fist or hand shaking).

Severe: Constant numbness or disabling pain with wasting of thenar muscles. And/Or weakness of thumb muscles (Abductor Pollicis Brevis and Opponens Pollicis).

Note:
Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see stop smoking policy.

Rationale and Evidence

- Untreated Carpal Tunnel Syndrome has been shown to resolve or significantly improve in up to 49% of cases.
- Non-surgical treatment, including steroid injection and wrist splinting show short-term benefit compared with placebo or other non-surgical interventions.
• When conservative treatments are compared with surgery for carpal tunnel syndrome, some studies show similar outcomes, but others suggest that surgery gives better long-term improvements and it seems appropriate that patients with severe symptoms, and those who have not responded to conservative management are offered surgery.

Estimated number of people affected

Annual incidence of carpal tunnel syndrome 139 cases per 100,000 females and 67 per 100,000 males. CTS is more common in middle age (older than 40 years) and in women (during pregnancy and menopause).

References

Glossary

**Abduction:** Movement of a body part away from the median plane (of the body, in the case of limbs; of the hand or foot, in the case of digits).

**Neurological:** Conditions affecting the nervous system.

**Nocturnal splinting:** A support worn on the hand at night.

**Paraesthesiae:** Unusual feelings, apart from mere increase, or loss, of sensation, experienced by a patient without any external cause (sometimes described as pins and needles).

**Thenar:** The thenar eminence is the body of muscle on the palm of the human hand just beneath the thumb.