## Carpal Tunnel Syndrome Commissioning Policy

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Treatment for Carpal tunnel syndrome may be called carpal tunnel release (CTR) or carpal tunnel decompression surgery.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPCS codes</td>
<td>A65 Release of entrapment of peripheral nerve at wrist&lt;br&gt;A651 Carpal tunnel release&lt;br&gt;A652 Canal of Guyon release&lt;br&gt;A658 Other specified release of entrapment of peripheral nerve at wrist&lt;br&gt;A659 Unspecified release of entrapment of peripheral nerve at wrist</td>
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**For the treatment of Carpal tunnel syndrome**

NHS Scarborough & Ryedale and Vale of York CCGs do not routinely commission surgical decompression for the treatment of carpal tunnel syndrome.

Nerve conduction studies are NOT needed to confirm the diagnosis.

The CCGs will only commission surgery for Carpal Tunnel Syndrome where the condition is assessed as severe.

Prior IFR approval is not required if patients meet **all** of the following criteria:

- Advanced or severe, or experiencing moderate-severe neurological symptoms of Carpal Tunnel Syndrome such as constant pins and needles, numbness, muscle wasting and prominent pain
- The symptoms are interfering with activities of daily living
- The patient has not responded to a minimum of 6 months of conservative management, including at least 8 weeks of nighttime use of well-fitting wrist splints
- Appropriate analgesia
- Corticosteroid injections (given at least once prior to referral, unless clinically contraindicated)
- Lifestyle/workplace modification e.g. weight loss, if appropriate

See Appendix 1 for further details.

**Treatment in all other circumstances is not routinely commissioned and should not be referred unless clinical exceptionality is demonstrated and approved by the Individual Funding Request panel.**

In all cases the patient should have been informed about the shared decision making tool for Carpal Tunnel Syndrome available here [http://www.valeofyorkccg.nhs.uk/rss/data/uploads/shared-decision-making/sdm-carpal-tunnel-syndrome.pdf](http://www.valeofyorkccg.nhs.uk/rss/data/uploads/shared-decision-making/sdm-carpal-tunnel-syndrome.pdf)

Both splinting and steroid injection produce improvement in the majority of patients at least temporarily and should both be tried for patients with less severe symptoms and findings who are likely to
include the 35% of patients who will not need further intervention.

<table>
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<tr>
<th>Summary of evidence / rationale</th>
<th>Overall, patients whose CTS symptoms are significantly troublesome and who have mild or moderate impairment of the median nerve function should be offered splinting and local steroid injection. Patients failing such conservative management and those who present at a later stage with objective neurological signs or delayed motor conduction on nerve conduction systems should be offered the option of surgical decompression. All should be advised of the potential risks of the different treatments. An estimated 35% of patients with carpal tunnel syndrome will improve without surgical intervention. This is more likely when the patient is younger, when the symptoms are unilateral and/or of shorter duration or when Phalen's test is negative. A survey of over 4,000 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.</th>
</tr>
</thead>
</table>

**Date effective from** September 2018

**Date published** September 2018

**Review Date** 2020

**References:**

1. NICE CKS Carpal tunnel syndrome
2. Clinical Evidence – Carpal Tunnel Syndrome updated August 2014
5. BSSH Evidence for Surgical Treatment 1 - CTS 2010
7. NHS Choices – Carpal tunnel syndrome – Treatment

<table>
<thead>
<tr>
<th>Version</th>
<th>Created /actioned by</th>
<th>Nature of Amendment</th>
<th>Approved by</th>
<th>Date</th>
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<tbody>
<tr>
<td>1.0</td>
<td>Lead Clinician and Senior Service Imp Manager</td>
<td>Re-drafting of STP and SR/VoY policies Minimal changes to previous commissioning positions. No consultation required.</td>
<td>n/a</td>
<td>15.03.18</td>
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<tr>
<td>2.0</td>
<td>Senior Service Improvement Manager</td>
<td>Share of new draft internally</td>
<td>Lead Clinicians – VoY and SR CCGs</td>
<td>05.04.18</td>
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<tr>
<td>FINAL</td>
<td>Senior Service Improvement Manager</td>
<td>Approval of threshold</td>
<td>SRCCG Business Committee VoY Clinical Executive</td>
<td>06.06.18 06.06.18</td>
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Appendix 1 – Classification of Carpal Tunnel Syndrome (CTS) Symptoms

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. Mild or moderate symptoms often resolve within 6 months.

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:-

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<tr>
<th>Assessment and Management in Primary Care</th>
<th>Symptoms</th>
<th>Treatment</th>
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| Mild CTS | The sensory symptoms occur:  
 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:  
 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 if waking at night is troublesome |
| Severe CTS | The sensory symptoms occur:  
 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 |