

Carpal Tunnel Surgery

VERSION CONTROL

Version:	4.0
Ratified by:	Governing Body Meeting in Common
Date ratified:	20 March 2019
Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group/NHS England
Name of responsible committees:	Clinical Quality and Governance Committee
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VERSION HISTORY

Date	Version	Comment / Update
April 2009	1.0	Previous PCT policy
June 2013	2.0	Version to Governing Body – approved on 12 June 2013
September 2016	3.0	Approved by Governing Body
March 2019	4.0	Approved by Governing Body meetings in common

Commissioning policy: Warwickshire North CCG (WNCCG)

Evidence-Based Intervention Commissioning policy:

Carpal Tunnel surgery

Treatment	Carpal Tunnel surgery
Indication	Carpal tunnel syndrome
Background	<p>Mild cases with intermittent symptoms causing little or no interference with sleep or activities require no treatment.</p> <p>Cases with intermittent symptoms which interfere with activities or sleep should first be treated with:</p> <p style="padding-left: 40px;">a. corticosteroid injection(s) (medication injected into the wrist: good evidence for short (8-12 weeks) term effectiveness)</p> <p style="text-align: center;">OR</p> <p style="padding-left: 40px;">b. night splints (a support which prevents the wrist from moving during the night: not as effective as steroid injections)</p>
Treatment:	<p>Nerve Conduction Studies if available are suggested for consideration before surgery to predict positive surgical outcome or where the diagnosis is uncertain.</p> <p>Surgical treatment of carpal tunnel will be funded if <u>ONE</u> of the following criteria are met:</p> <p style="padding-left: 40px;">a. The symptoms significantly interfere with daily activities and sleep symptoms and have not settled to a manageable level with either one local corticosteroid injection and/or nocturnal splinting for a minimum of 8 weeks;</p> <p style="text-align: center;">OR</p> <p style="padding-left: 40px;">b. There is either:</p> <ul style="list-style-type: none"> • a permanent (ever-present) reduction in sensation in the median nerve distribution; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • muscle wasting or weakness of thenar abduction (moving the thumb away from the hand). <p>Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.</p>
Diagnostic and Procedure Codes	A651, A659
Equality Impact	See NHS England Equality and Health Inequalities – Full Analysis Form