Surgery for carpal tunnel syndrome

NHS Devon

Commissioning policy

Mild cases with intermittent symptoms causing little or no interference with sleep or activities require no treatment

Cases with intermittent symptoms which interfere with activities or sleep should first be treated with:

a) corticosteroid injection (medication injected into the wrist: good evidence for short (8-12 weeks) term effectiveness)

or

b) night splints (a support which prevents the wrist from moving during the night: not as effective as steroid injections)

Surgical treatment of carpal tunnel will be routinely commissioned only if one of the following criteria is met:

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 12 weeks;

or

b) There is either:

i. a permanent (ever-present) reduction in sensation in the median nerve distribution;

or

ii. muscle wasting or weakness of thenar abduction (moving the thumb away from the hand).

Rationale for the decision

Carpal tunnel syndrome is very common, and mild cases may never require any treatment. Cases which interfere with activities or sleep may resolve or settle to a manageable level with non-operative treatments such as a steroid injection (good evidence of short-term benefit (8-12 weeks) but many progress to surgery within 1 year). Wrist splints worn at night (weak evidence of benefit) may also be used but are less effective than steroid injections and reported as less cost-effective than surgery.

In refractory or severe cases, surgery should be considered. There is good evidence of clinical effectiveness and long-term benefit for surgery for carpal tunnel syndrome. Surgery has a high success rate (75 to 90%) in patients with intermittent symptoms who have had a good short-term benefit from a previous steroid injection. Surgery will also prevent patients with constant wooliness of their fingers from becoming worse and can restore normal sensation to patients with total loss of sensation over a period of months.

The hand is weak and sore for 3-6 weeks after carpal tunnel surgery but recovery of normal hand function is expected, significant complications are rare (≈4%) and the lifetime risk of the carpal tunnel syndrome recurring and requiring revision surgery has been estimated at between 4 and 15%.

This policy has been reached after considering guidance for carpal tunnel syndrome release published by NHS England in November 2018.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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