



Clinical Thresholds

Condition or Treatment	Carpal Tunnel Syndrome (CTS)
Commissioning Threshold	<p>Referral to secondary care should only be made if there are any of the following circumstances:</p> <ul style="list-style-type: none"> • Symptoms persist after 6 months despite conservative measures (splinting, steroid injection / NSAID) • Evidence of Neurological deficit, i.e. – sensory blunting or weakness of thenar abduction <p>Nerve Conduction Studies for Carpal Tunnel Syndrome Evidence has shown that where the clinical presentation is strongly suggestive of Carpal Tunnel Syndrome, neurophysiology confirmation is not beneficial. Therefore the CCG will only commission nerve conduction studies where there is diagnostic uncertainty of Carpal Tunnel Syndrome.</p>
Referral guidance	<p>If the request meets the identified criteria the referral form needs to be completed and submitted via RSS.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;">Referral Form</p> </div>
Effective from	April 2013
Summary of evidence / rationale	<p>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. CTS is often a progressive condition, however, many patients have a satisfactory response to work modification or conservative management. If CTS does not respond to conservative treatment within six months, evidence suggests that it is unlikely to respond at all.</p> <p>GPs are advised to pursue conservative options for treatment of mild to moderate CTS cases. Only where the case is severe, or where a moderate case persists and fails to respond to a minimum of 3 months conservative treatment, should a referral to secondary care be considered.</p> <p>Surgical carpal tunnel decompression provides permanent and complete cure in most cases of severe CTS but it is not without risk. A survey of over 4000 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. Reasons the operation sometimes may not relieve symptoms include:</p> <ul style="list-style-type: none"> • Misdiagnosis • Failure to fully divide the transverse carpal ligament • Delay of treatment to a point when median nerve function is beyond recovery
Date	October 2014

Review Date	October 2016
Contact for this policy	Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net

References:

1. Clinical Evidence – Carpal Tunnel Syndrome updated October 2011
<http://clinicalevidence.bmj.com/ceweb/conditions/msd/1114/1114.jsp>
2. Bland J (2007) Clinical Review: Carpal tunnel syndrome. BMJ 2007;335;p343-346
<http://www.bmj.com/content/335/7615/343.full>
3. BSSH Evidence for Surgical Treatment 1 - CTS 2010
http://www.bssh.ac.uk/education/guidelines/carpal_tunnel_syndrome.pdf