Policy for Carpal Tunnel Syndrome (CTS)
The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
8. All policy decisions are considered within the wider constraints of the CCG’s legally responsibility to remain fiscally responsible.
Carpal tunnel syndrome (CTS) is a condition where the median nerve is compressed as it passes through a short tunnel at the wrist. The main symptoms are pain and altered feeling (often tingling and/or numbness) in the hand, affecting the thumb, index, middle and ring fingers; it is unusual for the little finger to be involved. Symptoms are often worse at night but can also be present in the daytime. Symptoms are often worse with driving or holding a book, newspaper, or telephone. In the early stages symptoms occur intermittently. As the condition worsens, the altered feeling may become continuous, with numbness in the fingers and thumb together with weakness and wasting of the muscles at the base of the thumb. Sufferers often describe a feeling of clumsiness and drop objects easily. CTS may also be associated with pain in the wrist and forearm.

The reported prevalence of CTS is between 1% and 7% in European population studies, and most studies cite a figure of around 5%. It has been found to be three times more common in women than in men and commonly affects women in middle age but can occur at any age in either sex. CTS is more likely among people with conditions such as pregnancy, diabetes, thyroid problems and rheumatoid arthritis, but most CTS sufferers have none of these. CTS may be associated with swelling in the tunnel which may be caused, for example, by inflammation of the tendons, a fracture of the wrist or wrist arthritis, although in most cases, the cause is not identifiable.

Treatments are directed at both the relief of symptoms and the prevention of future deterioration. Non-surgical (conservative) treatments include lifestyle modification, the use of splints, especially at night, and corticosteroid injection into the carpal tunnel or - a combination of any of these. CTS occurring in pregnancy often resolves after the baby is born.

Surgery is frequently performed. The operation involves opening the roof of the tunnel to reduce the pressure on the nerve. The most common method involves an incision over the tunnel at the wrist, opening the roof under direct vision. In an alternative keyhole method (endoscopic release) the roof is opened with instruments inserted through one or two small incisions. The outcomes of the two techniques are similar. The surgery may be performed under local anaesthesia, regional anaesthesia (injected at the shoulder to numb the entire arm) or general anaesthesia.
Eligibility Criteria

Surgical treatment for carpal tunnel syndrome can be undertaken where the patient meets ALL of the following criteria:

• Symptoms persisting longer than three months despite conservative treatment in primary care (by injection and/or wrist splint); AND
• Positive Clinical Signs OR Positive Nerve Conduction Studies

N.B. It is appropriate to proceed straight to decompression surgery if severe symptoms are present at presentation i.e. constant numbness or pain, wasting or weakness of the thumb muscles. Referral to a specialist should also be considered if the diagnosis is unclear, a serious alternative diagnosis is suspected, or symptoms recur following surgery.

For the purposes of this guidance:
Positive Clinical Signs are defined as the following (NICE 2016):

Signs of CTS (in both hands) including:

• Sensory loss in the distribution of the median nerve.
• Atrophy of the muscles of the thenar eminence.
• Reduced strength of thumb abduction.
• Dry skin on the thumb, index, and middle fingers compared to elsewhere- trophic ulcers at the tips of the digits may be present.

Nerve Conduction Studies are appropriate in the following circumstances:

• Equivocal clinical examination and history
• Persistent or recurrent carpal tunnel syndrome
• An unclear diagnosis suggesting peripheral neuropathy
• NCS may be undertaken in the OPD at the time off assessment by the specialist clinician or NCS may be requested by the GP prior to referral. The former is suggested as the most efficient process as physical examination by a specialist may mean that NCS is not required OR NCS can be undertaken at the same OPD appointment as the clinical assessment.

This means (for patients who DO NOT meet the above criteria) the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
Guidance


The British Society of Surgery for the Hands (BSSH). Carpal Tunnel Syndrome 2016 http://www.bssh.ac.uk/patients/conditions/21/carpal_tunnel_syndrome

NHS Choices - 2016 Carpal Tunnel https://www.nhs.uk/conditions/Carpal-tunnel-syndrome/