

Pathway	
	Carpal Tunnel Decompression
Commissioned	
	<p>Surgical decompression will only be funded in patients where nerve conduction studies (NCS) shows changes compatible with moderate or severe median nerve compression plus at least one clinical feature:</p> <ol style="list-style-type: none"> a. Documented persistent symptoms with sleep disturbance and/or daytime symptoms, which interfere with activities of daily living, despite 8 weeks of conservative treatment, for example nocturnal splinting or steroid injection. b. Signs of median nerve impairment, such as altered sensation in the median nerve distribution and/or muscle wasting and/or weakness of thumb abduction or opposition. <p>In cases where the NCS is normal or shows only mild median nerve compression, surgical decompression will only be approved if ALL the following criteria apply:</p> <ol style="list-style-type: none"> 1. symptoms have persisted for at least 6 months, 2. causing significant impairment as measured by a self-administered questionnaire referenced under notes 3. and diagnosis has been confirmed by either a documented response to a local corticosteroid injection or a specialist opinion (see ii)
Notes	
	<ol style="list-style-type: none"> i. The Prior Approval team will provide the patient with a copy of the self-administered questionnaire for the assessment of severity of symptoms and functional status in carpal tunnel syndrome as published in <i>Bone Joint Surg Am.</i> 1993; 75:1585-1592. ii. Where the opinion of a specialist is sought the GP should make it clear in the referral letter that a positive diagnosis is not a mandate to proceed to surgical intervention.
Rationale	
	<ul style="list-style-type: none"> ▪ Policy based on <i>British Society for Surgery of the Hand Guidelines</i> ▪ An NCS provides information which supports both the diagnosis and management of patients with suspected carpal tunnel syndrome. ▪ The presence of neurological signs and a strongly positive NCS favours early decompression in order to reduce the risk of permanent nerve damage. ▪ Patients with a strongly positive NCS and persistent symptoms but no signs are likely to need surgery at some stage but can opt for an initial trial of conservative management including a local steroid injection. ▪ Patients with normal or mild NCS changes may have other causes for their symptoms; a clinical response to a local steroid strengthens the diagnosis. ▪ Patients with normal or mild NCS changes are more likely to benefit from surgery if their symptoms are both persistent and severe.
Cohort	
	Adults.
Equality	

Compliant with the Equality Act 2010.	
Status	
RED as defined in the Prior Approval Scheme Policy.	
Version History	
No material changes from previous version.	
Authorised	
April 2018	
Review	
April 2022 Earlier if new evidence published by NICE or other authoritative body.	
OPCS codes	
A65.1	Carpal tunnel release