



**Coventry and
Warwickshire**
Integrated Care Board

Carpal Tunnel Surgery Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
Version:	Version 1.0
Name of responsible Committee and date approved or recommended to Integrated Care Board Board:	Audit Committee
Date approved by the Integrated Care Board (if applicable):	1 July 2022
Next Review Date:	1 April 2025
Expiry Date:	1 October 2025
Name of author and title:	Lucy Dyde
Name of reviewer and title:	Ali Cartwright
Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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>A. Corticosteroid injection(s) (medication injected into the wrist: good evidence for short (8-12 weeks) term effectiveness); OR</p> <p>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 ONE of the following criteria are met:</p> <p>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; OR</p> <p>B. There is either:</p> <ul style="list-style-type: none"> • A permanent (ever-present) reduction in sensation in the median nerve distribution; OR • Muscle wasting or weakness of thenar abduction (moving the thumb away from the hand). <p>Prior approval from the Integrated Care Board will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.</p>
Diagnostic and Procedure Codes	A651, A659
Equality Impact	https://www.england.nhs.uk/evidence-based-interventions/