

## Commissioning Policy

## Carpal Tunnel Syndrome

## Prior Approval (PA)

Date adopted:

Version: 5

### Authorisation and document control

<b>Name of policy:</b>	Carpal Tunnel Syndrome
<b>Job title of author:</b>	Senior Commissioning Programme Manager
<b>Name of sign off group:</b>	Commissioning Policy Review Group

<b>Equality and Engagement Impact Assessment</b>	
<b>Date Equality and Engagement Impact Assessment was completed:</b>	17 <sup>th</sup> May 2024

<b>Consultation</b>	
<b>Name of group</b>	<b>Date considered</b>
<i>Insert relevant individuals/forums consulted during policy development</i>	

<b>Authorisation</b>	
<b>Name of group</b>	<b>Date approved</b>
Commissioning Policy Review Group	June 2024
System Quality Committee	20 <sup>th</sup> August 2015

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<b>To be reviewed by (job title)</b>	Senior Commissioning Programme Manager

<b>Version control</b>				
<b>Version number</b>	<b>Date</b>	<b>Summary of changes</b>	<b>Author/Editor</b>	<b>Approved by</b>
1	12.10.2015		ECCP	
2	15.03.2018	Policy review date changed to March 2021	ECCP	
3	10.06.2021	Minor word changes to reflect EBI policy, review date changed to June	ECCP	

		2024. Minor changes ratified by MW & MA-E June 2021.		
4	23/05/24	Moved to new ICB policy template. Review date agreed as June 2027	Senior Programme Manager	CPRG
5	May 2025	Policy moved to CBA+PA criteria.		

## 1.0 Background

Many cases of carpal tunnel syndrome will resolve spontaneously and can be managed conservatively with physiotherapy, wrist splints, NSAIDS and steroid injections. The Gloucestershire ICB policy is consistent with the national Evidence Based Interventions (EBI) guidance, which sets out criteria that should be met before surgical treatment is considered.

## 2.0 Policy statement

The ICB will fund surgical treatment of carpal tunnel if one of the following criteria is met:  
**Prior Approval** must be granted by Gloucestershire ICB before treatment.

- 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

- b. There is either (i) a permanent (ever-present) reduction in sensation in the median nerve distribution; or (ii) muscle wasting or weakness or thenar abduction (moving the thumb away from the hand).

## 3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

## 4.0 Connected policies

Trigger Finger Release

Dupuytren's Surgery

## 5.0 References

Academy of Medical Royal Colleges, Evidence Based Interventions Guidance for Carpal Tunnel Syndrome, [Carpal tunnel syndrome release - EBI \(aomrc.org.uk\)](https://aomrc.org.uk)

Verdugal R et al (2008), 'Surgical versus Non Surgical treatment for Carpal Tunnel Syndrome', 2008, Cochrane Neuromuscular Disease Group Cochrane Library.

Marshall SC, Tardif G, Ashworth NL. 'Local corticosteroid injection for carpal tunnel syndrome'. *Cochrane Database of Systematic Reviews* 2007, Issue 2. Art. No.: CD001554. DOI: 10.1002/14651858.CD001554.pub2.

Similarity to other local ICB policies – Bristol, North Somerset and South Gloucestershire, Redditch and Bromsgrove, Worcestershire and South Worcestershire.