

## Priorities Forum Statement

<b>Number</b>	<b>36</b>
<b>Subject</b>	<b>Management of Carpal tunnel syndrome, Dupuytren's contracture and Trigger finger</b>
<b>Date of decision</b>	<b>March 2014</b>
<b>Date refreshed</b>	<b>March 2017</b>
<b>Date of review</b>	<b>March 2018</b>

### GUIDANCE

#### **SURGICAL TREATMENT OF CARPAL TUNNEL SYNDROME**

**OPCS code:** A651 Carpal tunnel release

Surgical treatment will normally only be funded if the patient has:

**1. Mild or moderate symptoms:**

- Intermittent paraesthesia
- Constant paraesthesia
- Significant interference with activities of daily living such as work/ self-care/ care duties
- Reversible numbness and/or pain  
*(which have not responded to 4 months of conservative management (steroid injection<sup>1</sup> and splints<sup>2</sup>)*

or

**2. Severe symptoms:**

- Constant numbness or pain
- Wasting of the thumb muscles
- Weakness of the thumb muscles.

It should be noted that nerve conduction studies are routinely unnecessary.

<sup>1</sup> One injection is usually recommended to begin with. If the condition responds well to one injection but then recurs, the treatment may be repeated.

<sup>2</sup> A wrist splint is worn at night to support the wrist and keep it in the same position. The splint prevents the wrist from bending, which can place pressure on the median nerve and aggravate your symptoms. You should begin to notice an improvement in your symptoms within four weeks of wearing the wrist splint. Wrist splints are usually available from larger pharmacies, or your GP may be able to recommend a suitable supplier. They can also be ordered online.

## References

1. *British Society for Hand Surgery (2010) BSSH Evidence for Surgical Treatment 1. Carpal tunnel syndrome. Available from <http://www.bssh.ac.uk/education/guidelines>.*
2. *Marshall SC, Tardif G, Ashworth NL. Local corticosteroid injection for carpal tunnel syndrome. Cochrane Database of Systematic Reviews 2007, Issue 2. Reviewed with no changes Issue 1, 2009.*
3. *O'Connor D, Marshall SC, Massy-Westropp N. Non-surgical treatment (other than steroid injection) for carpal tunnel syndrome. Cochrane Database of Systematic Reviews 2003, Issue 1. Reviewed with no changes Issue 1, 2009.*
4. *Peters-Veluthamaningal C, Winters JC, Groenier KH, Meyboom-de Jong B. Randomised controlled trial of local corticosteroid injections for carpal tunnel syndrome in general practice. BMC Family Practice 2010,11:54*

## **MANAGEMENT OF DUPYTTREN'S CONTRACTURE**

### **A. Palmar Fasciectomy for Dupuytren's Contracture**

Simple nodules in the palm are not an indication for referral. Referral letters should indicate the degree of functional impairment and loss of extension. Surgical treatment will only be considered if:

- The loss of extension results in significant functional disability interfering with activities of daily living for the patient

#### **and one of the following:**

- Patient has loss of extension in one or more joints exceeding 25 degrees;
- or
- Patient has at least 10 degree loss of extension in 2 or more joints.
- or
- Finger tips cannot comfortably be pushed to within 2.5cm of the table when the back of the hand is placed on the examination table.

It should be noted that fixed flexion of the metacarpo-phalangeal joints is usually correctable whatever the degree of fixed flexion, but fixed flexion of the interphalangeal joints is often difficult to correct.

### **B. Radiotherapy for Dupuytren's Contracture**

A careful review of the literature concluded that there is insufficient evidence of efficacy or cost effectiveness of radiotherapy for Dupuytren's Contracture.

Radiotherapy will therefore not normally be funded by the NHS. Radiotherapy should only be offered as part of an externally funded, ethically approved, randomised clinical trial, meeting the governance requirements of NICE IPG 368 - <http://guidance.nice.org.uk/IPG368>

## **SURGICAL TREATMENT OF TRIGGER FINGER**

### **OPCS codes:**

T711, T718-19, T721-24, T728-29, Z561-69

Surgical treatment will only be considered if:

- Patient has failed to respond to conservative measures (e.g. up to 2 hydrocortisone injections)

or

- Patient has fixed deformity.

#### **Reference**

*Ly-Pen, Andreu, deBlas, Sanchez-Olaso, Millan. Surgical decompression versus local steroid injection in carpal tunnel syndrome: a one-year, prospective, randomized, open, controlled clinical trial. Arthritis Rheum. 2005 Feb;52(2):612-9.*

**The Human Rights Act has been considered in the formation of this policy statement**