

**Bedfordshire, Hertfordshire, West Essex
 and Milton Keynes Priorities Forum Statement**

Number	36
Subject	Management of Carpal Tunnel Syndrome and Trigger Finger
Date of decision	March 2014
Date refreshed	September 2018
Date review due	September 2021

Guidance

NB The management of Dupuytren's contracture is now covered in separate guidance, please refer to this for treatments of Dupuytren's

SURGICAL TREATMENT OF CARPAL TUNNEL SYNDROME

OPCS codes: 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 3 months of conservative management (steroid injection¹ and splints²

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.

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

² 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 be ordered online.

SURGICAL TREATMENT OF TRIGGER FINGER

OPCS codes: T711, T718-19, T721-24, T728-29, Z561-69

Trigger digit, or stenosing tenosynovitis, is a condition where abnormal gliding of the flexor tendons within their flexor sheath results in snagging, or locking of the affected digit in flexion, or occasionally, extension.

Patients managed in primary care may benefit from advice and conservative treatment that includes:

- rest from activities that aggravate the condition (if that is an option for the patient)
- non-steroidal anti-inflammatory drugs (NSAIDs) for relieving any pain and inflammation;
- wearing a splint;
- corticosteroid injections, with local anaesthetic

Surgical treatment for trigger finger will only be considered if:

- The patient has failed to respond to conservative measures, including no response following 1-3 corticosteroid injections

or

- The patient has a fixed flexion deformity that cannot be corrected and the symptoms have a significant impact on activities of daily living

MANAGEMENT OF DUPYTREN'S CONTRACTURE*

*This is now considered under a separate policy

References

Royal College of Surgeons (2017) Commissioning guide: Treatment of carpal tunnel syndrome <https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--carpal-tunnel-syndrome-guide-2017.pdf>

The British Society for Surgery of the Hand (2016) BEST Guidelines: Evidence based management of adult trigger digits
[http://www.bssh.ac.uk/_userfiles/pages/files/professionals/BEST%20Guidelines/BEST%20Trigger%20finger%20PUBLISHED\(1\).pdf](http://www.bssh.ac.uk/_userfiles/pages/files/professionals/BEST%20Guidelines/BEST%20Trigger%20finger%20PUBLISHED(1).pdf)

The British Society for Surgery of the Hand (updated 2016) Trigger finger and trigger thumb http://www.bssh.ac.uk/patients/conditions/18/trigger_fingerthumb

European consensus guideline for Managing Trigger Finger (2014) Results from the European HANDGUIDE Study <https://academic.oup.com/ptj/article/94/10/1421/2735553>