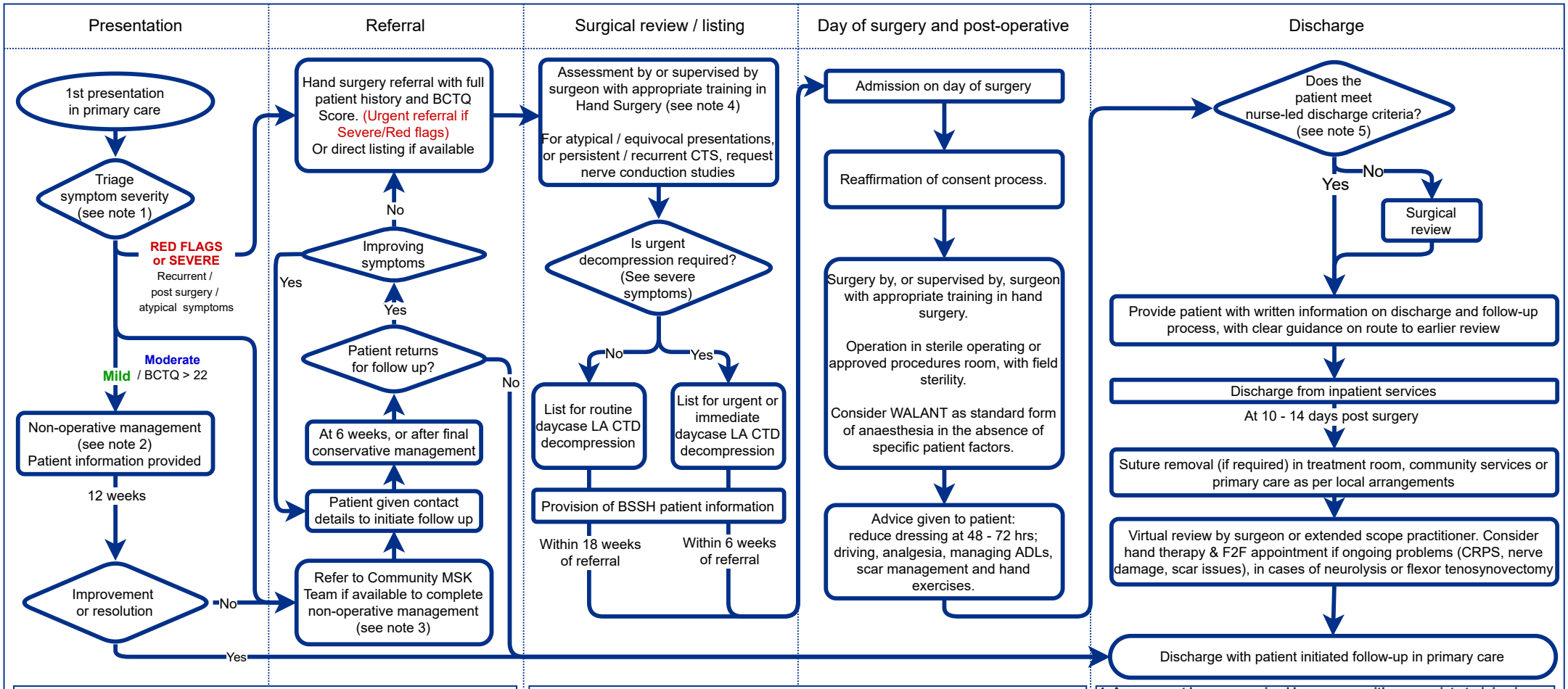
Adult carpal tunnel syndrome

Hand surgery

GIRFT – GETTING IT RIGHT FIRST TIME

#BestMSKHealth Collaborative

BSSH The British Society for Surgery of the Hand



1. Symptom severity and flags

Mild: Intermittent pain/paraesthesia / nocturnal symptoms +/- worse at night in median nerve distribution. Subjective sensory/motor impairment +/- loss of dexterity. No Thenar muscle wasting or weakness. Clinical examination may include positive provocative tests.Symptoms tolerable and not progressing.

Moderate: As above but symptoms progressing or interfering with activities.

Severe: Persistent paraesthesia/hypoesthesia/weakness, pain may be constant, or in more advanced cases absent. Objective sensory loss/motor weakness, Thenar wasting.

Red Flags: Blindness, tumour.

Acute peri-injury CTS (needs urgent ED referral +/- emergency decompression)

Yellow Flags: Neurological diseases, active inflammatory joint disease, peripheral limb ischaemia, cervical nerve entrapment = consider referral to appropriate specialty or if not clear Community MSK service

Boston Carpal Tunnel Questionnaire (BCTQ) : Can be used as an adjunct to distinguish between Moderate/Severe and Mild. BCTQ ≤ 22 can be considered mild. BCTQ is available by clicking here.

2. Non-operative management

Provision of BSSH patient information. Consider nocturnal splinting, single steroid injection, tendon/nerve glides.

Consider diagnosis of diabetes and hypothyroidism. NCS only for diagnostic uncertainty, concurrent cubital tunnel, recurrence, vibratory exposure, neuropathy or diabetes.

Single Steroid injection: Injection only by appropriately trained clinician (MSK First Contact Practitioners, Advanced Practitioners or MSK specialist doctors) and after provision of BSSH approved patient information to enable shared decision making. Consider for all but severe cases or for diagnostic purpose or those unable or unwilling to undergo surgery. A single steroid injection is recommended for CTS in pregnancy

3. Primary / community MSK provision

Where clinical MSK expertise is available in either primary and/or community care settings, this service should consider any treatments listed above for non-operative management that have not already been tried or given adequate time. Hand therapy, tendon/nerve glides or three sessions manual therapy to be considered if indicated.

In some cases, approved primary and/or community MSK practitioners will be able to list patients directly for surgery. In other cases a referral will need to be made.

4. Assessment by or supervised by surgeon with appropriate training in hand surgery

1. Confirm diagnosis
2. Confirm appropriate nonoperative treatment has taken place in Primary / Intermediate Care
3. Address queries, informed consent process. Provide patient information regarding day of surgery and recovery period
4. Offer same day pre-operative assessment.

5. Nurse-led discharge criteria

- Reasonably pain free
- Analgesia
- Follow-up procedure explained / actioned

BAPRAS British Association of Plastic Reconstructive and Aesthetic Surgeons

British Orthopaedic Association