Programme Title: Clinical Policies
Clinical Policies aim to prevent avoidable harm to patients by only offering treatments on the NHS that are evidence-based, clinically safe and effective, as well as cost effective and a good use of resources.

NHS
Central East
Integrated Care Board

Cambridgeshire, Peterborough, Bedfordshire, Luton, Milton Keynes and Hertfordshire

Title of policy and version:	**Orthopaedics – Carpal Tunnel Surgery** Version: v1.0
Commissioning position:	Criteria Based Access
Scope:	**Covers** • Open or endoscopic surgical procedure to release the median nerve from the carpal tunnel to treat carpal tunnel syndrome **Out of Scope:** • Median nerve symptoms with red flags (suspected fracture, onset of tingling/numbness after injury, suspected or known tumour, blindness) • Median nerve symptoms suspected to be secondary to neurological diseases, active inflammatory joint disease (including gout and rheumatoid arthritis), peripheral limb ischaemia (thoracic outlet syndrome or Raynaud's disease) or cervical nerve root entrapment. • Post carpal tunnel surgery
Cohort:	Patients with carpal tunnel syndrome
Other relevant Clinical Policy	N/A

Treatments routinely funded:	Open or endoscopic surgery for carpal tunnel syndrome is routinely funded for patients with: **<u>Severe symptoms -</u>** defined as either: ○ A persistent (ever-present) reduction or alteration in sensation in the median nerve distribution **OR** ○ Muscle wasting or weakness of thenar abduction (moving the thumb away from the hand) **OR**

	<u>Moderate symptoms</u> - defined as: ○ Symptoms significantly interfere with daily activities and sleep symptoms **AND** ○ Symptoms have not settled to a manageable level with a minimum of 12 weeks of conservative management including: ○ At least one local corticosteroid injection (unless contraindicated) **AND** ○ Nocturnal splinting Patients should be referred and managed as per the BSSH/GIRFT Adult Carpal Tunnel Syndrome pathway. Nerve conduction studies are not routinely necessary and should only be requested by MSK or secondary care specialist when there is diagnostic uncertainty.

Treatments not funded:	N/A

Rationale:

Carpal tunnel syndrome is very common, and mild cases may never require any treatment. Cases which interfere with activities or sleep may resolve or settle to a manageable level with non-operative treatments such as a steroid injection (good evidence of short-term benefit (8-12 weeks) but many progress to surgery within 1 year). Wrist splints worn at night (weak evidence of benefit) may also be used but are less effective than steroid injections and reported as less cost-effective than surgery.

In refractory (keeps coming back) or severe case surgery (good evidence of excellent clinical effectiveness and long-term benefit) should be considered. The surgery has a high success rate (75 to 90%) in patients with intermittent symptoms who have had a good short-term benefit from a previous steroid injection. Surgery will also prevent patients with constant wooliness of their fingers from becoming worse and can restore normal sensation to patients with total loss of sensation over a period of months.

The hand is weak and sore for 3-6 weeks after carpal tunnel surgery, but recovery of normal hand function is expected, significant complications are rare (≈4%) and the lifetime risk of the carpal tunnel syndrome recurring and requiring revision surgery has been estimated at between 4 and 15%.

IFR Statement Clinical Exceptionality:

Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.

Coding list:

```
WHEN Primary_Spell_Procedure = 'A651'
AND Primary_Spell_Diagnosis like '%G560%'
-- Only Elective Activity
AND APCS.Admission_Method not like ('2%')
THEN 'M_carpal'
```

Exclusions

```
WHERE 1=1
-- Cancer Diagnosis Exclusion
AND (Any_Spell_Diagnosis not like '%C[0-9][0-9]%'
AND Any_Spell_Diagnosis not like '%D0%'
AND Any_Spell_Diagnosis not like '%D3[789]%'
AND Any_Spell_Diagnosis not like '%D4[012345678]%'
OR Any_Spell_Diagnosis IS NULL)
```

Private Appointment Exclusion

```
AND apcs.Administrative_Category<>'02'
```

```
Carpal tunnel decompression A651; ICD10 G560
Revision carpal tunnel decompression A691-2 with site code Z094
```

Policy document record:	Orthopaedics – Carpal Tunnel Syndrome. Version: v1.0
Ratification date:	September 11th 2026
Record of significant change:	v1.0 – New harmonised policy for Central East ICB, based on predecessor ICB policies (C&P, HWE, BLMK).
Planned review date:	TBC

Document Environmental Impact statement:
Neutral environmental impact. Policy to be shared and stored electronically where possible; if printed, use double-sided printing and minimal copies.