



Intervention	025. Carpal Tunnel Syndrome Release
For the treatment of	Median nerve compression in the carpal tunnel
Commissioning Position	<p>This intervention is only commissioned if the following criteria have been met:</p> <ul style="list-style-type: none"> • there are symptoms which significantly interfere with daily activities and sleep symptoms AND • Symptoms have not settled to a manageable level with either one local corticosteroid injection and/or nocturnal splinting for a minimum of 8 weeks <p>OR</p> <ul style="list-style-type: none"> • ever-present reduction in sensation in the median nerve distribution OR • muscle wasting or weakness of thenar abduction.
Summary of Rationale	<p>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.</p> <p>In refractory (keeps coming back) or severe cases, 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.</p>
References	<p>EBI Carpal Tunnel Syndrome Release https://cks.nice.org.uk/topics/carpal-tunnel-syndrome/girft-carpal_tunnel.pdf (bssh.ac.uk) Treatment of Painful Tingling Fingers - Commissioning Guide — Royal College of Surgeons (rcseng.ac.uk)</p>
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