

**Clinical Guideline:** Carpal Tunnel Syndrome Site: FPH

History

Classic Paraestheisiae in distribution of median nerve

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| --- | --- | --- |
| **Mild** | **Moderate** | **Severe** |
| **Intermittent Parathesia**-Nocturnal-Positional-Pregnancy related- Hypothyroid  | **Constant Parathesia**-Interference with ADL-Wakes at night regularity**Reversible numbness +/- pain** | **Constant Numbness / Pain****Thenar wasting +/-**Weakness of the thenar muscles |

Clinical diagnosis usually sufficient.

Electro-physiological studies nerve conduction studies are requested when there is equivocal diagnosis/complicating factor;

Atypical / Bilateral symptoms that may suggest cervical involvement or double crush

Diabetes or other possible peripheral neuropathy

Recurrent / Persistent symptoms post-surgery

Medico-legal considerations

Unclear diagnosis

Investigation

Cervical spine to exclude radicular symptoms

Assess for sensory loss, motor weakness and muscle wasting (late sign, poor prognosis)

Provocation Tests increase diagnostic accuracy:

Tinnels sign positive tapping/pressure over carpal tunnel

Phalena’s sign positive symptoms reproduced on flexing/extending wrists

Examination

**General Information**

.   <http://www.nhs.uk/conditions/Carpal-tunnel-syndrome/Pages/Whatisitfinal.aspx>

**Role of MSK**

Carpal tunnel injection if not available in GP Practice.

Arrange nerve conduction studies only if diagnostic uncertainty

**Surgical Options**

Open surgical division of the transverse carpal ligament performed either under a local or general anaesthetic.

General Information

Mild /moderate managed in primary care

A proportion of case of CTS may resolve spontaneously with no treatment or with resolution of the precipitating condition (pregnancy, hypothyroid)

Nocturnal, neutral wrist splint (Futuro) for 6 weeks

Consider activity / work place modifications

Consider steroid injection by trained injector

Advice and Treatment

**Referral guidelines - When to Refer**

Mild /moderate managed in primary care

Severe Symptoms

Failed non operative treatment (unchanged or increasing symptoms > 3 months)

Conditions where the natural history may be altered

Diabetes

Rheumatoid Arthritis

The elderly

Co-existent cervical pathology double crush

**Thresholds for Elective Surgical Intervention**

(Open Carpal Tunnel Decompression)

Acute, severe symptoms persist after conservative therapy with either local corticosteroid injection by a trained, competent practitioner, and/or nocturnal splinting, or mild to moderate symptoms persist for at least 4 months after conservative therapy with either local corticosteroid injection (if appropriate) and/or nocturnal splinting, or there is neurological deficit e.g. sensory blunting, muscle wasting or weakness of thenar abduction, or proven neuro-physical changes, or severe symptoms significantly interfere with daily activities. Deterioration is shown by nerve conduction studies.

**Intervals between steroid injections are less than 3 months**

**Patient opts for surgery**

Patients with very severe or prolonged symptoms may not get full resolution but the progression of symptoms will be halted.

Referral Guidelines – red flag signs