

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

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 regularly **Reversible numbness +/- pain** | **Constant Numbnes / Pain** **Thenar wasting +/-** Weakness of the thenar muscles |

History

General Information

**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.

Examination

Cervical spine to exclude radicular symptoms

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

Provocation Tests increase diagnostic accuracy:

Tinnel’s sign positive tapping/pressure over carpal tunnel

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

Investigation

Clinical diagnosis is 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

Referral Guidelines – red flag signs

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 neurophysical 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.