NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	**Hand surgery: Carpal tunnel syndrome, Trigger finger and Dupuytren's contracture** **v1.1**
Policy position	**Criteria Based Access**
Date of Forum recommendation	**December 2019**

Carpal tunnel syndrome[1]

Carpal tunnel syndrome is common, and mild acute symptoms usually get better with time. Splinting at night, pain relief and corticosteroid injection should be considered for conservative management in the first instance.

Referral for specialist opinion in view of surgery (for adults and children) for carpal tunnel syndrome is supported if the patient has:

1. Mild or moderate symptoms with:
   - Intermittent paraesthesia.
   - Constant paraesthesia.
   - Significant interference with activities of daily living such as work/ self-care/ care duties.

OR

2. Severe symptoms:
   - Constant numbness or pain

OR
   - Wasting of the thumb muscles

OR
   - Weakness of the thumb muscles.

Cases with reversible numbness and/or pain should first be treated with 3 months of conservative management with steroid injection and splints.

One corticosteroid injection is usually recommended initially. If the condition responds well to one injection but then recurs, the treatment may be repeated.

A wrist splint is worn at night to support the wrist and keep it in the same position. An improvement in symptoms can be expected within four weeks of wearing the wrist splint. Wrist splints are usually available from larger pharmacies or your GP may be able to recommend a suitable supplier. They can also be ordered online.

It should be noted that nerve conduction studies are **not routinely necessary**.

Dupuytren's contracture (in adults)

Dupuytren's contracture is caused by fibrous bands in the palm of the hand which draw the finger(s) (and sometimes the thumb) into the palm and prevent them from straightening fully. If not treated the finger(s) may bend so far into the palm that they cannot be straightened. All treatments aim to straighten the finger(s) to restore and retain hand function for the rest of the patient's life. However none cure the condition which can recur after any intervention so that further interventions are required.

Splinting and radiotherapy have not been shown to be effective treatments of established Dupuytren's contractures.

As per national guidance no treatment is necessary for people with Dupuytren's disease who do not have contracture. Referral for consideration of hand surgery (in adults) should be made for people with Dupuytren's contractures according to the criteria listed below:

Treatment is not indicated in cases where there is no contracture, and in patients with a mild (less than 20°) contractures, or one which is not progressing and does not impair function.

An intervention (needle fasciotomy, fasciectomy and dermofasciectomy) should be considered for:

- finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal joint.

OR

- severe thumb contractures which interfere with function.

Of note: Collagenase clostridium histolyticum (Xiapex®) is no longer available in the UK. NICE has withdrawn Technology appraisal guidance TA459 'Collagenase clostridium histolyticum for treating Dupuytren's contracture'.

Trigger finger (in adults)

Trigger digit occurs when the tendons which bend the thumb/finger into the palm intermittently jam in the tight tunnel (flexor sheath) through which they run. It may occur in one or several fingers and causes the finger to "lock" in the palm of the hand. Mild triggering is a nuisance and causes infrequent locking episodes. Other cases cause pain and loss and unreliability of hand function. Mild cases require no treatment and may resolve spontaneously.

Patients managed in primary care may benefit from advice and conservative treatment that includes:

- rest from activities that aggravate the condition (if that is an option for the patient)
- non-steroidal anti-inflammatory drugs (NSAIDs) for relieving any pain and inflammation;
- wearing a splint;
- corticosteroid injections, with local anaesthetic.

Referral for specialist opinion in view of surgery for trigger finder (in adults) is supported if:

- The patient has failed to respond to conservative measures, including no response following 1-3 corticosteroid injections.
  OR
- The patient has a fixed flexion deformity that cannot be corrected, and the symptoms have a significant impact on activities of daily living.

BLMK ICB has taken account of the Evidence-Based Interventions Guidance for CCGs in reviewing the policies and supports the principles it expresses. The position for Carpal tunnel syndrome is more stringent than the NHS EBI recommendation and as such the BLMK ICB will maintain the current BHPF policy

References:

1. Evidence-Based Interventions (2019): Guidance for CCGs
2. Royal College of Surgeons (2017) Commissioning guide: Treatment of carpal tunnel syndrome
3. The British Society for Surgery of the Hand (2016) BEST Guidelines: Evidence based management of adult trigger digits
4. The British Society for Surgery of the Hand (updated 2016) Trigger finger and trigger thumb
5. European consensus guideline for Managing Trigger Finger (2014) Results from the European HANDGUIDE Study

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- 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

Clinical coding as per NHSE EBI coding:

Carpal tunnel syndrome release
A651
A659
Primary Diagnosis G560

Dupuytren's contracture release in adults when
T521
T522
T525
T526
Spell Primary Diagnosis M720

Trigger finger release (hand) in adults T692
T691
T698
T699
T701
T702
T718
T719
T723
T728
T729
Z894
Z895
Z896
Z897
Primary Diagnosis M653

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