

3. Carpal Tunnel Decompression (T2, 3) **New Policy**

Carpal tunnel syndrome release

Updated description of the intervention (EBI adoption)

Open or endoscopic surgical procedure to release median nerve from carpal tunnel.

Mild cases with intermittent symptoms causing little or no interference with sleep or activities **require no treatment**

- **Cases** with intermittent symptoms which interfere with activities or sleep should first be treated with:
 - a) corticosteroid injection(s) (medication injected into the wrist: good evidence for short (8-12 weeks) term effectiveness)
 - or**
 - b) night splints (a support which prevents the wrist from moving during the night: not as effective as steroid injections)

- **Surgical** treatment of carpal tunnel should be considered if one of the following criteria are met:
 - a) The symptoms significantly interfere with daily activities and sleep symptoms and have not settled to a manageable level with either one local corticosteroid injection and/or nocturnal splinting for a minimum of 8 weeks;
 - or**
 - b) There is either:
 - permanent (ever-present) reduction in sensation in the median nerve distribution; or
 - muscle wasting or weakness of thenar abduction (moving the thumb away from the hand).

Nerve Conduction Studies if available are suggested for consideration before surgery to predict positive surgical outcome or where the diagnosis is uncertain.