



BCUHB Pathways

001 **Carpal Tunnel Syndrome**

Health Care Professional Version *1

Carpal Tunnel Syndrome Pathway

Reference: 001 CTS
Version: 1.2
Approved: September 2022

**1 This version of the Pathway is designed primarily for health care professionals, although anyone can access it.*

We have a range of resources on our Pathway website that are designed for patients



<https://www.bcupathways.com/carpal-tunnel-syndrome>



GIG
CYMRU
NHS
WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



INTRODUCTION

This Pathway is in use in Betsi Cadwaladr University Health Board.

We monitor the use of the Pathway to help make sure we are providing the best possible care and making best use of our available resources.

You can find our Pathways at <https://www.bcupathways.com> or by scanning the QR code here:



The Pathways website also includes additional resources including videos and feedback tools.

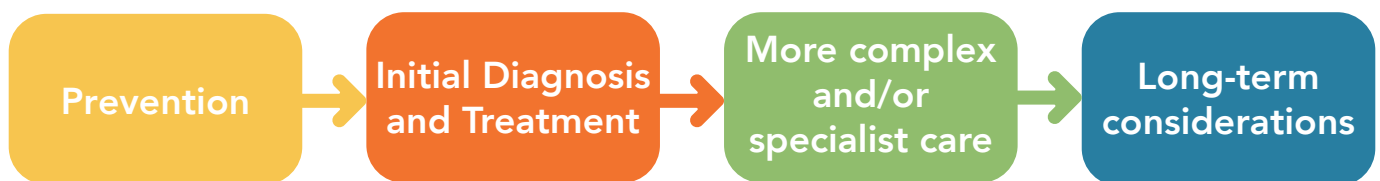
How to use this Pathway

Our Pathways are all laid out in a similar way.

This Pathway is our HCP version, meaning it is primarily intended for Health Care Professionals. There is also an associated Patient version where we include more information for patients, and avoid technical jargon. This can also be accessed from our website.

Welsh language versions of resources can be found on the website.

Our Pathways usually take the same format:



Key



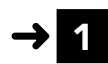
There is a video on our Pathways website explaining this in more detail for you



There is a relevant Patient Information Leaflet on our Pathways website



There is a Questionnaire available on our Pathways website



Continue to section 1 of the Pathway



Go to pop-out A for supporting further guidance



PREVENTION

Risk Factors for Carpal Tunnel Syndrome include the following.

▪ **Smoking**

ACTION



Counsel smokers regarding the benefits of smoking cessation for both Carpal Tunnel Syndrome and also for the wider benefits of smoking cessation.

Refer those who are interested to smoking cessation services.

▪ **Being overweight**

ACTION



Counsel smokers regarding the benefits of weight reduction for both Carpal Tunnel Syndrome and also for the wider benefits of weight reduction.

Refer those who are interested to weight reduction services.

▪ **Pregnancy**

ACTION



Counsel those who are pregnant that carpal tunnel syndrome symptoms will often improve after pregnancy

▪ **Work and hobbies** requiring repetitive bending of the wrist, gripping hard, and using vibrating power tools

ACTION



Consider occupational health interventions and 'fit note' recommendations

▪ **Other illnesses** such as arthritis, diabetes, and hypothyroidism

▪ **Close family members** with Carpal Tunnel Syndrome

▪ **Previous injury to the wrist**



INITIAL DIAGNOSIS AND TREATMENT

A Assessing symptom severity:

Mild:

- Intermittent pain/parasthesia/nocturnal symptoms +/- worse at night in median nerve distribution.
- Subjective sensory/motor impairment =/- loss of dexterity.
- No Thenar muscle wasting or weakness.
- Clinical examination may include positive provocative tests.
- Symptoms tolerable and not progressing.

Moderate:

- As above but symptoms progressing or interfering with activities.

Severe:

- Persistent paraesthesia/hypoesthesia/weakness, pain may be constant, or in more advanced cases absent.
- Objective sensory loss/motor weakness.
- Thenar wasting.

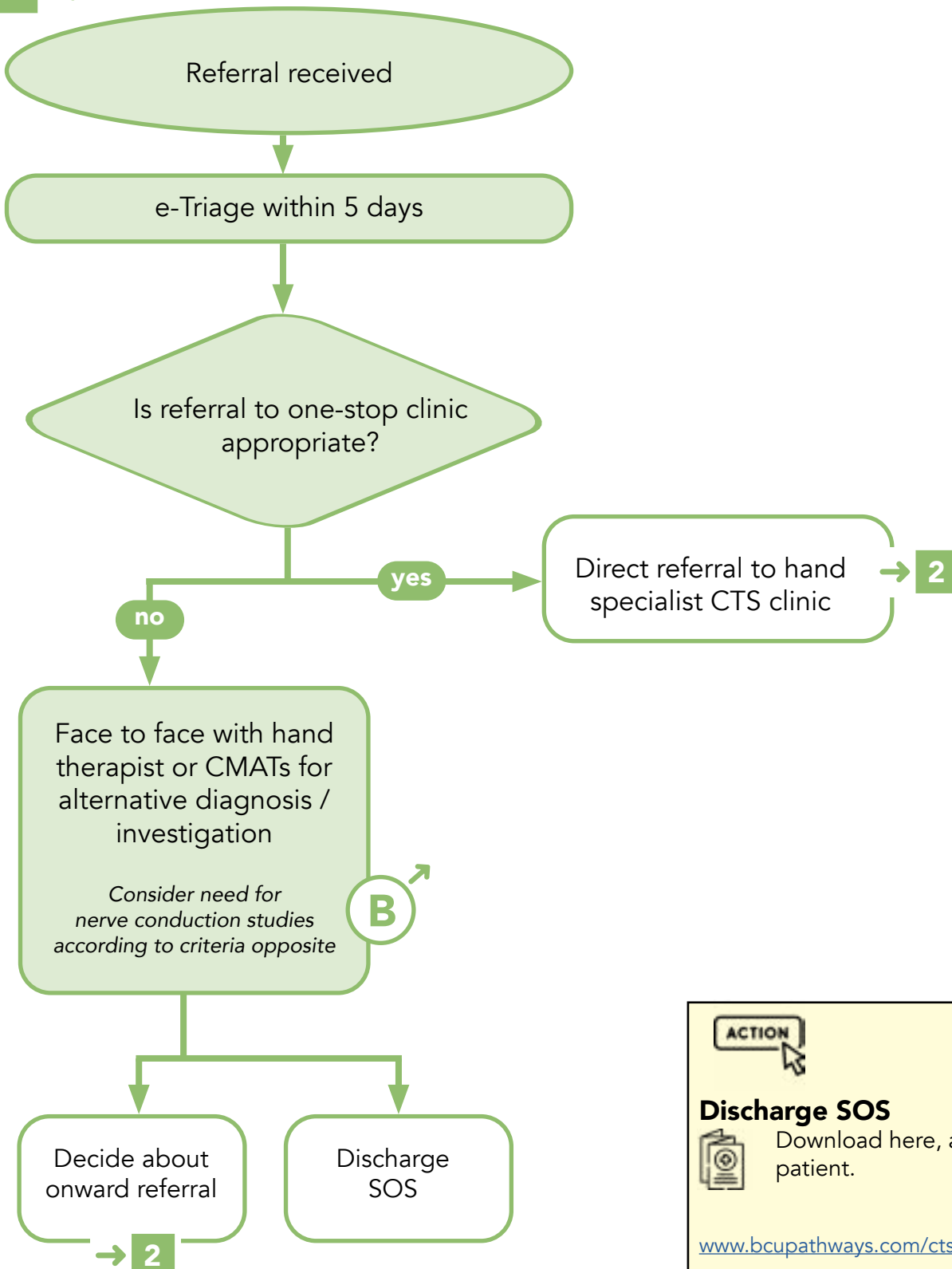
Red Flags:

- Patients who are visually impaired and rely on Braille or where their symptoms are affecting activities of daily living or administration of medication e.g. Insulin, should be referred urgently regardless of severity of CTS symptoms
- Local tumours/tumourlike lesions may rarely mimic CTS: should you suspect this, please refer as USC



MORE COMPLEX AND/OR SPECIALIST CARE

1 →



ACTION

Discharge SOS
Download here, and give to patient.

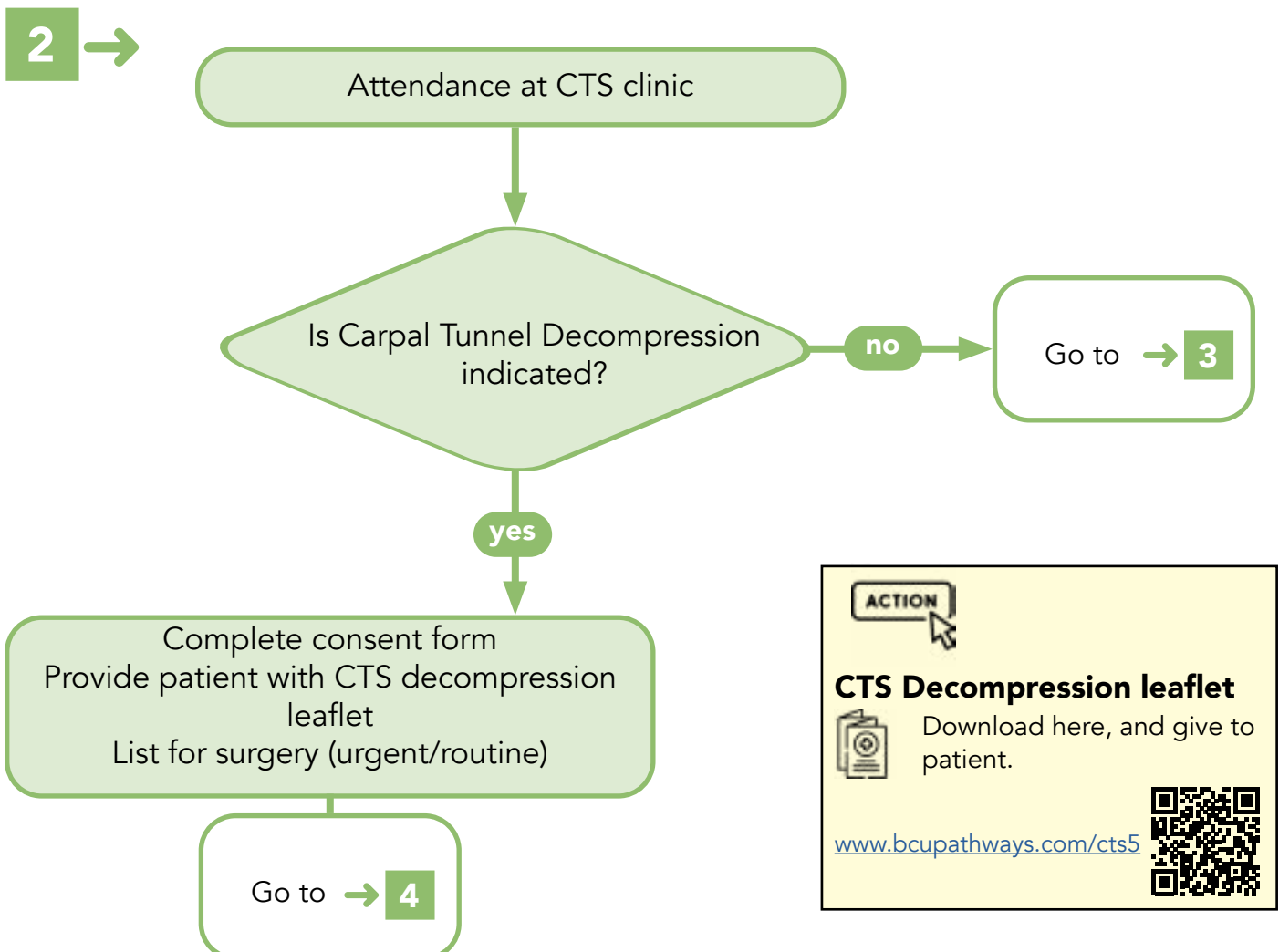
www.bcupathways.com/cts4



MORE COMPLEX AND/OR SPECIALIST CARE

B Nerve conduction study criteria

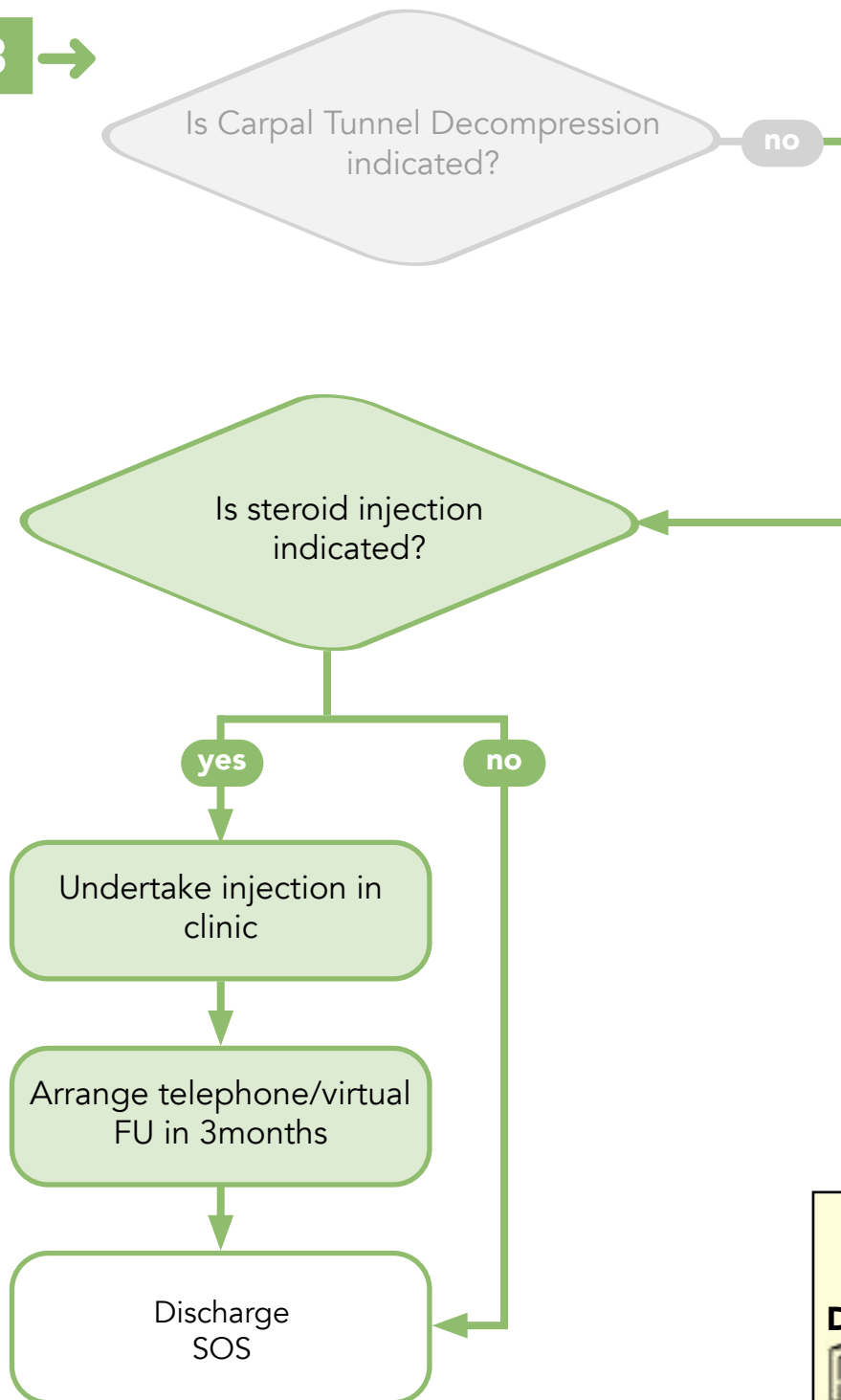
- Atypical carpal tunnel signs and symptoms.
- Ulnar nerve symptoms (little finger involvement).
- Possible brachial plexus injury (traction, post shoulder surgery, BP nerve block, Breast / Axillary surgery, radiotherapy).
- Signs of motor neurone disease / CMT etc.
- Previous carpal tunnel decompression with recurrence of symptoms.
- Very severe carpal tunnel - to assess possibility of recovery with surgery/counsel patient re reinnervation pain.





MORE COMPLEX AND/OR SPECIALIST CARE

3 →



ACTION

Discharge SOS
Download here, and give to patient.

www.bcupathways.com/cts4



MORE COMPLEX AND/OR SPECIALIST CARE

4 →

Is Carpal Tunnel Decompression indicated?

yes

Complete consent form
Provide patient with CTS decompression leaflet
List for surgery (urgent/routine)

Book for POAC (if required)

Admit on day of surgery
and reaffirm consent

Surgery by appropriately trained surgery
in clean procedure room

Same day nurse-led discharge, with written
information and 6m SOS follow-up

If required, removal
of sutures 10-14 days

Repeat Boston CTS questionnaire at 6m,
and discharge at 6m (if no other contact)

ACTION

CTS Post-operative leaflet



Download here, and give to patient.

www.bcupathways.com/cts6

