

# Carpal Tunnel

**BEFORE** providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

<b>Patient First name</b>		<b>Patient Surname</b>		<b>Hospital</b>	
<b>NHS No.</b>		<b>Date of Birth</b>		<b>Consultant</b>	
<b>GP F-code</b>		<b>CCG</b>		<b>UBRN</b>	
<b>Hospital No.</b>		<b>Referrer</b>			

## Additional information

Please submit completed form to the following email address:

[bbccg.mseccg-funding@nhs.net](mailto:bbccg.mseccg-funding@nhs.net)

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

## M&SECCGs commission surgery for carpal tunnel syndrome on a restricted basis.

Patients with wasting of the hand muscles should be urgently referred to the acute hospital (outside the scope of this policy).

**Nerve conduction studies (EMG)** are not indicated in the diagnosis of classical carpal tunnel syndrome. These may be done where there is doubt about the diagnosis, which is uncommon.

Please tick which hand requires procedure:

(Please complete separate forms for bilateral requests)

Left

Right

For clarification of severity of carpal tunnel syndrome, see page 45 of Mid & South Essex STP Service Restriction Policy.



Patients can only be referred for funding if they meet <b>ONE</b> of the criteria below. Please indicate which of the criteria the patient meets:		Please Tick ✓
	<ul style="list-style-type: none"> <li>The patient has <u>severe</u> neurological symptoms at presentation, for example altered sensations, muscle wasting or weakness of thenar abduction (wasting or weakness of abductor pollicis brevis).</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                     Please provide details of what severe neurological symptoms the patient has:                 </div>	
<b>OR</b>	<ul style="list-style-type: none"> <li>The patient has <u>severe</u> symptoms (fewer than 5% of patients) uncontrolled by conservative measures, significantly interfering with activities of daily living.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                     Please provide details of how the severe symptoms are significantly interfering with activities of daily living:                 </div>	
<b>OR</b>	<ul style="list-style-type: none"> <li>The patient has <u>moderate</u> symptoms <b>AND</b> has not responded to a <b>minimum of 6 months of *conservative management before referral</b> for surgery is made.</li> </ul> <p>Classifications for severity of Carpal Tunnel Syndrome and evidence box can be found below.</p>	

**\*Please evidence conservative management here:**  
 Community based conservative treatment before referral must include the following:

**Failure to evidence conservative management will lead to the request being declined.**

- Evidence of Splinting with a cock-up splint (night time only or constant) for at least 12 weeks:

Please confirm dates:

**AND**

- Steroid injections/unless contra-indicated – which **should be administered at least once** prior to referral for consideration of surgery:

Please confirm date of steroid injection administered:

**AND**

- The symptoms are interfering with activities of daily living.

Please provide details of how symptoms are interfering with activities:

**All GPs should seek access to carpal tunnel steroid injections prior to referral for surgery if they are not able to provide these themselves.**

**The referrer and the patient must have discussed treatment options for carpal tunnel syndrome using the Shared Decision Tool.**

**Classification for Severity of Carpal Tunnel Syndrome:**

**Mild:**

Intermittent paraesthesia with or without pain that may be nocturnal, or occurs with a certain hand position.

**Moderate:**

Paraesthesia that interferes with activities of daily living or causes constant night waking. And/or reversible numbness and/or pain (perhaps by clenching and unclenching of fist or hand shaking).

**Severe:**

Constant numbness or disabling pain with wasting of thenar muscles and/or weakness of thumb muscles (Abductor Pollicis Brevis and Opponens Pollicis).

For further detail on the rationale for conservative measures, please see page 46 of the Mid & South Essex STP Value Based Commissioning Policy.

<b>CCG USE:</b>	<b>Invoice ref:</b>	<b>Prior Authorisation requested by:</b>	
<b>Is the procedure approved or declined?</b>		<b>Name of Clinician</b>	
<small>Please indicate:</small>			
<b>Name</b>		<b>Contact number</b>	
<b>Signature</b>		<b>Date</b>	
<b>Date</b>			