

Guideline for Hospital Admission

Ministry of Public Health - Lebanon

Guidelines for Carpal Tunnel Syndrome

Purpose:

The aim of this guideline is to improve carpal tunnel syndrome (CTS) diagnosis based on the current best evidence prevent unnecessary surgery related to carpal tunnel especially when conservative treatment may be beneficial and adequate.

The listed criteria are not exclusive, and in certain cases exceptions are permitted when justified, but then a detailed report for the reasons should be required, so the criteria can be updated.

In general:

Carpal tunnel syndrome seems to be primarily attributable to CTS-prone personal characteristics (e.g., obesity, diabetes, female, smoking), but symptoms can occur with physical activities at home and in the workplace. There is some evidence to conclude that CTS symptoms are associated with workplace activities, but current studies have not proven causal relationship.

For **pregnant women**, CTS is likely to resolve on its own within 6 weeks after delivery.

Treatment usually starts with modification of activity (home and work), breaks, stretching, night and possibly day splint, and appropriate analgesia. (i.e., acetaminophen).

Nerve conduction studies (NCS) and/or electromyography (EMG), the “gold standard” tests for the evaluation of CTS. They should be done prior to surgery.

General Recommendations:

- Local steroid injection or splinting is suggested when treating patients with carpal tunnel syndrome, before considering surgery.
- Oral steroids or ultrasound are options when treating patients with carpal tunnel syndrome.

- The physician may obtain electrodiagnostic tests to differentiate among diagnoses.
- The physician may obtain electrodiagnostic tests in the presence of thenar atrophy and/or persistent numbness
- The physician should obtain electrodiagnostic tests if clinical and/or provocative tests are positive and surgical management is being considered.
- At present, magnetic resonance imaging (MRI), computerized axial tomography (CAT), and pressure specified sensorimotor devices (PSSD) in the wrist and hand are not recommended to evaluate CTS.

References:

1. Work Loss Data Institute. Carpal tunnel syndrome (acute & chronic). Corpus Christi (TX): Work Loss Data Institute; 2008. 209 p. [288 references]
2. American Academy of Orthopaedic Surgeons (AAOS). Clinical practice guideline on the treatment of carpal tunnel syndrome. Rosemont (IL): American Academy of Orthopaedic Surgeons (AAOS); 2008 Sep. 76 p. [116 references]
3. American Academy of Orthopaedic Surgeons clinical guideline on diagnosis of carpal tunnel syndrome. Rosemont (IL): American Academy of Orthopaedic Surgeons (AAOS); 2007. 72 p. [381 references]

Checklist:

	Present	Absent
Sex female		
Pregnant		
Smoking		
<i>Prior treatment</i>		
Oral steroids		
Oral NSAID		
Steroid injections		
other		
<i>Tests done</i>		
Nerve conduction		
EMG		
Other		
