

Title	Surgical treatment for Carpal Tunnel Syndrome: a multidimensional approach in reaching a relevant decision
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Aim

To characterise situations in which surgical treatment for carpal tunnel syndrome (CTS) is definitely indicated, definitely not indicated or optional.

Conclusions and results

Surgery is necessary in severe forms of carpal tunnel syndrome (CTS), with a positive clinical diagnosis and documented by an electromyogram. Surgery is also appropriate for non-severe forms of CTS resistant to other medical interventions (corticosteroid injection and/or splinting). In general, surgery should be reserved as a second-line treatment for cases of failed non-surgical treatments (injection and/or splinting) in non-severe forms of CTS. The opinion of a well-informed patient should also be taken into account when making treatment decisions, especially when they involve surgical procedures.

Recommendations

HAS proposes that recommendations for the indication of surgery set out in the ANAES (Agence nationale d'accréditation et d'évaluation en santé [National Health Accreditation and Assessment Agency]) (1997) and/or AAOS (American Association of Orthopaedic Surgeons) (2011) guidelines are followed (expert opinions). HAS also recommends that work is continued on the study and drafting of recommendations for therapeutic pathways for patients in the management of CTS as a whole.

Methods

This evaluation was based on a critical analysis of clinical data published from January 1990 to March 2011 (document search via the following databases: Medline, Pascal, the public health database, the Cochrane Library, websites publishing recommendations, technological and economic evaluation reports and documents from learned societies competent in the field investigated). Thirty-four trials and seven clinical practice recommendations were analysed. The results from this analysis were supplemented by opinions gathered from experts (working group and a hearing) and representatives from the following specialisations: Hand Surgery; Rheumatology; Neurology; General Medicine; Physiotherapy and Rehabilitation; Neurophysiology; Occupational Medicine; Representatives of users and Public Health. The report was then submitted for peer review to learned societies of these specialist

areas. The public declarations of interest from experts were examined by the authority in charge of their validation at HAS.

Further research/reviews required

Studies into the diagnosis and treatment pathways for patients with CTS; pathway efficiency studies; epidemiological studies; the role of EMG in diagnosis and treatment decisions.

Written by

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