Treatment	Carpal Tunnel syndrome
Carpal tunnel syndrome Ganglia	Carpal tunnel surgery will be funded where the following criteria is satisfied:
	Symptoms persist after 3 months of conservative therapy with either local corticosteroid injection and/or nocturnal splinting (24% patients will improve)
	Refer immediately if any neurological deficit
	sensory blunting
	muscle wasting
	weakness of thumb abduction.
	Or if severe symptoms significantly interfering with daily activities
	NB Referrals should be made BEFORE muscle wasting occurs in order to minimize the risk of permanent nerve damage.
	Nerve conduction studies to be considered before referral if +ve history but –ve examination findings (provocation tests)
Dupuytren's disease- palmar fasciectomy Trigger Finger –	Consider surgery for: • ANY flexion contracture at the PIP joint • Flexion contracture of 30 degrees or more at MP joint* • Significant limitation of ability to function in work/homelife • Nodules in palm causing functional deficit++ *NB Referral essential BEFORE contracture reaches 45 degrees Refer for surgery if:
surgical treatment	 Failure to respond to conservative measures (e.g. up to 2 steroid injections)
	Recurrence

Ganglion

Consider aspiration of DORSAL wrist ganglion only if in the classical location

Do not aspirate volar wrist ganglia or seed ganglia at the base of the digit on the volar side (risk of neurovascular injury)

Refer for consideration of surgery if:

- Greater than 3 month history
- Recurrence
- Clear, colourless gel not returned on aspiration
- Uncommon position
- Volar or seed ganglion
- Significant interference with activities of daily living

Mucuos Cyst

Refer for surgery if:

- Likely to rupture
- Recurrence
- Any signs of infection
- Discharging
- Significant interference with activities of daily living