

Return to Employment After Carpal Tunnel Release Surgery (REACTS): A Survey of UK Clinical Practice

The answers given are anonymous. Individual replies will only be seen by the study team.

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Participant Information Sheet

REACTS: Return to employment after carpal tunnel release surgery – a survey of UK clinical practice

What is the research about?

We would like to invite you to take part in a survey exploring return to work after carpal tunnel release. This study is part of an NIHR-funded programme of research investigating return to work after carpal tunnel release surgery. The aim of this survey is to describe current UK clinical practice and it involves questions about your usual management of carpal tunnel release patients.

Why have you been chosen?

You have been invited to participate as a surgeon who may treat this patient population. If you do not routinely perform carpal tunnel release surgery, we would still like you to respond to section one.

What will participation involve?

This is a one-off survey with a maximum of 17 questions. Completion of the questionnaire is expected to take approximately five minutes, although some questions may not be relevant to your practice. There are no right or wrong answers to this survey and no trick questions.

Participation is voluntary, and you are under no obligation to take part. You are free to withdraw at any point prior to returning the questionnaire.

Anonymity and confidentiality

The survey is anonymous; we do not ask for any identifying information. In accordance with the UK Data Protection Act (1998), all data will be kept confidential, used only for research purposes and shared only with the research team. Data will be stored electronically on a password protected, encrypted computer and hard copies of the survey will be stored in a locked filing cabinet.

Study findings

The survey findings will be shared with UK professional bodies, including: British Society for Surgery of the Hand, Association of Surgeons in Primary Care, Reconstructive Surgical Trials Network and British Association of Hand Therapists. If you would like to be directly notified of the study findings, please contact Lisa Newington using the details below.

Funding and approval

This study has been approved by the University of Southampton Ethics Committee (ERGO 20993) and is funded by the National Institute for Health Research (DRF-2015-08-056).

Contact details

If you have any questions about this survey, please do not hesitate to contact the lead researcher: Lisa Newington | ln@mrc.soton.ac.uk | 023 8077 7624.

In the unlikely event of a concern or complaint, please contact the Research Governance Office: rgoinfo@soton.ac.uk | 023 8059 5058.

The research supervisors are Professor David Warwick, Professor Jo Adams and Professor Karen Walker-Bone at the University of Southampton.

Section 1 Background Information

1. Please indicate your clinical grade (Please tick one box)

- a) Consultant b) General practitioner c) Associate specialist / staff grade
- d) Specialist registrar e) Other (please specify)
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2. Please indicate your clinical specialty (Please select all that apply)

- a) Primary care b) Orthopaedics c) Plastics
- d) Hand surgery e) Other (please specify)
-

3. Please indicate where you predominantly work (Please tick one box)

- a) England b) Wales c) Scotland
- d) Northern Ireland e) Ireland f) Other (please specify)
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4. Approximately how many elective carpal tunnel release procedures did you perform in the last 12 months? (Please tick one box)

- a) None b) 1-10 c) 11-30
- d) 31-70 e) 71-100 f) >100

If you answered a) None to the above question, thank you for completing the questionnaire; please turn to the last page.

Section 2 Elective Carpal Tunnel Release Procedures

Of all the elective carpal tunnel releases you performed in the past 12 months,
5. approximately what proportion were carried out in each of the following settings?
(Please tick one box for each setting)

	None	1-33%	34-66%	67-99%	All
a) NHS tertiary care (specialist hand/upper limb unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) NHS secondary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) NHS primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Private practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify

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Thinking about all the elective carpal tunnel releases you performed in the last 12 months,
6. which surgical procedures did you use?
(Please tick the approximate proportion of patients treated with each method)



A. Traditional open incision



B. Mini open incision

	None	1-33%	34-66%	67-99%	All
a) Traditional open incision <i>(see figure A)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mini open incision <i>(see figure B)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Endoscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify

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Section 2 Elective Carpal Tunnel Release Procedures

7. Of these patients, approximately what proportion had the following pre-operative nerve conduction study results for their affected hand(s)?

(Please tick one box for each nerve conduction study scenario)

	None	1-33%	34-66%	67-99%	All	Unsure
a) Did not have nerve conduction studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Abnormal nerve conduction studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Normal nerve conduction studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Thinking about all the carpal tunnel releases you performed in the last 12 months, approximately what proportion of patients had the following non-operative treatments before their surgery?

(Please tick one box for each treatment)

	None	1-33%	34-66%	67-99%	All	Unsure
a) Steroid injection(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Provision of a splint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hand therapy / physiotherapy / occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9a. What is your usual follow-up plan for uncomplicated elective carpal tunnel release patients treated in the NHS?

(Please tick and record the approximate timescales for all that apply)

	Days
a) Reviewed by you personally	<input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
b) Telephone follow-up by you personally	<input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
c) Reviewed by another member of the surgical team	<input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
d) Followed up in a dressings clinic	<input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
e) Followed up in primary care	<input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
f) Followed up by therapist	<input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
g) Followed up by occupational health professional	<input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
h) No planned follow-up	<input type="checkbox"/>
i) Other <i>(please specify)</i>	<input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>

Section 2 Elective Carpal Tunnel Release Procedures

9b. What is your usual follow-up plan for uncomplicated elective carpal tunnel release patients treated privately?
(Please record approximate timescales for all that apply)

		Days
a)	Reviewed by you personally	<input type="checkbox"/> <input type="text"/>
b)	Telephone follow-up by you personally	<input type="checkbox"/> <input type="text"/>
c)	Reviewed by another member of the surgical team	<input type="checkbox"/> <input type="text"/>
d)	Followed up in a dressings clinic	<input type="checkbox"/> <input type="text"/>
e)	Followed up in primary care	<input type="checkbox"/> <input type="text"/>
f)	Followed up by therapist	<input type="checkbox"/> <input type="text"/>
g)	Followed up by occupational health professional	<input type="checkbox"/> <input type="text"/>
h)	No planned follow-up	<input type="checkbox"/> <input type="text"/>
i)	Other <i>(please specify)</i>	<input type="checkbox"/> <input type="text"/>

10a. How do you manage patients who present with bilateral carpal tunnel syndrome and require carpal tunnel releases?
(Please tick one box)

- a) I always recommend bilateral simultaneous carpal tunnel release (go to Q11)
- b) I never recommend bilateral simultaneous carpal tunnel release (go to Q11)
- c) I recommend bilateral simultaneous carpal tunnel release in some instances

10b. If you recommend bilateral carpal tunnel release in some instances (answer C above), which factors might lead you to suggesting bilateral simultaneous surgery?
(Please tick all that apply)

- a) Patient request b) Use of general anaesthetic c) Severe symptoms
- d) Self-employed e) Self-funding f) Need to minimise work absence
- g) Other *(please specify)* _____

11. In the past 12 months have you performed any elective carpal tunnel releases for patients who were employed or self-employed at the time of surgery?

- a) Yes b) No

If you answered b) No to the above question, thank you for completing the questionnaire; please turn to the last page.

Section 3 Carpal Tunnel Release and Work

12. Thinking about your patients in the last 12 months who were employed or self-employed at the time of their carpal tunnel release:

12a. What proportion were issued with a fit note by you personally? *(Please tick one box)*

None	1-33%	34-66%	67-99%	All	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12b. What proportion were given advice on returning to work (by you or any member of your team) at each of the following time points?
(Please tick one box per time point)

	None	1-33%	34-66%	67-99%	All	Unsure
a) Pre-operatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At the time of surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Post-operatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12c. If patients were given advice about return to work, who provided this advice?
(Please tick all that apply)

a) You personally	<input type="checkbox"/>	b) Another member of the surgical team	<input type="checkbox"/>	c) Hospital nurse	<input type="checkbox"/>
d) GP or primary care nurse	<input type="checkbox"/>	e) Specialist hand therapist	<input type="checkbox"/>	f) Other physiotherapist / occupational therapist	<input type="checkbox"/>
g) Occupational health professional	<input type="checkbox"/>	h) No advice given	<input type="checkbox"/>	i) Other <i>(please specify)</i>	<input type="checkbox"/>

13. For the following roles, what do you consider the earliest time point that someone could return to work following carpal tunnel release?
(Please give an approximate number of days for each work type)

	Days
a) Desk-based duties (e.g. keyboard, mouse, writing, telephone)	<input type="text"/>
b) Repetitive light manual duties (e.g. driving, delivery, stacking)	<input type="text"/>
c) Heavy manual duties (e.g. construction)	<input type="text"/>

14. In the past 12 months have you ever advised a patient to return to work following carpal tunnel release even if they were unable to perform all their usual occupational tasks?

a) Yes	<input type="checkbox"/>	b) No	<input type="checkbox"/>
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Section 3 Carpal Tunnel Release and Work

16. When framing your advice about return to work after carpal tunnel release for individual patients, do you tailor your advice in any way according to the following factors?
(Please tick one box for each factor)

	Yes	No
Age	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>
Hand dominance and side of surgery	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Co-existing musculoskeletal disorders	<input type="checkbox"/>	<input type="checkbox"/>
Educational level	<input type="checkbox"/>	<input type="checkbox"/>
Type of work	<input type="checkbox"/>	<input type="checkbox"/>
Employer support	<input type="checkbox"/>	<input type="checkbox"/>
Friends / family support	<input type="checkbox"/>	<input type="checkbox"/>
Pre-operative symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Pre-operative functional status	<input type="checkbox"/>	<input type="checkbox"/>
Pre-operative neurophysiology / imaging	<input type="checkbox"/>	<input type="checkbox"/>
Post-operative clinical presentation	<input type="checkbox"/>	<input type="checkbox"/>
Patient expectations	<input type="checkbox"/>	<input type="checkbox"/>
Coexisting flexor tenosynovitis	<input type="checkbox"/>	<input type="checkbox"/>
History of hypertrophic / keloid scarring	<input type="checkbox"/>	<input type="checkbox"/>
Patient psychological health	<input type="checkbox"/>	<input type="checkbox"/>
Bilateral vs unilateral surgery	<input type="checkbox"/>	<input type="checkbox"/>
Surgical technique	<input type="checkbox"/>	<input type="checkbox"/>
Availability of post-operative rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Need to drive	<input type="checkbox"/>	<input type="checkbox"/>
Financial considerations for the patient	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 Carpal Tunnel Release and Work

17. Of these factors, please select the ***three*** you consider most influential for return to work after carpal tunnel release.
(Please write 1 for the most important, 2 for the second and 3 for the third. You do not need to rank the whole list)

Age	<input type="checkbox"/>
Gender	<input type="checkbox"/>
Hand dominance and side of surgery	<input type="checkbox"/>
Obesity	<input type="checkbox"/>
Co-existing musculoskeletal disorders	<input type="checkbox"/>
Educational level	<input type="checkbox"/>
Type of work	<input type="checkbox"/>
Employer support	<input type="checkbox"/>
Friends/Family support	<input type="checkbox"/>
Pre-operative symptoms	<input type="checkbox"/>
Pre-operative functional status	<input type="checkbox"/>
Pre-operative neurophysiology/imaging	<input type="checkbox"/>
Post-operative clinical presentation	<input type="checkbox"/>
Patient expectations	<input type="checkbox"/>
Coexisting flexor tenosynovitis	<input type="checkbox"/>
History of hypertrophic / keloid scarring	<input type="checkbox"/>
Patient psychological health	<input type="checkbox"/>
Bilateral vs unilateral surgery	<input type="checkbox"/>
Surgical technique	<input type="checkbox"/>
Availability of post-operative rehabilitation	<input type="checkbox"/>
Need to drive	<input type="checkbox"/>
Financial considerations for the patient	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>

Thank you for your interest in our research

Thank you for taking the time to complete our survey. If you would like to be notified of the survey findings, or have any questions about the study, please contact the research lead:

Lisa Newington | ln@mrc.soton.ac.uk | 023 8077 7624

This survey is also available electronically at: www.isurvey.soton.ac.uk/19892