

**GO PUBLIC!**



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## **Hand Surgery Referral Guidelines**

**Plastic Surgery Clinic Location** Valley Specialty Center 4th floor  
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**Plastic Surgery Clinic Phone:** (408) 793-2600

**Plastic Surgery Clinic Fax:** (408) 885-3036

This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

### **E-CONSULT DISCLAIMER:**

E-consults are based on the clinical data available to the reviewing provider, and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

All URGENT consultations require provider-to-provider communication. If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

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## CARPAL TUNNEL SYNDROME

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- 1. Background**
- 2. Pre-referral evaluation and treatment**
  - a. Testing
    - i. Nerve conduction studies within 12-months of referral
    - ii. If diabetic needs tight glycemic control  $HbA1C \leq 7.0$
  - b. Management
    - i. Try trial of splinting 24/7 for 3 weeks with NSAIDS
- 3. Indications for referral**
  - a. Do not refer if not symptomatic
- 4. Please include with your referral**
  - a. Must have positive nerve conduction studies within 12-months of referral in chart confirming diagnosis of carpal tunnel syndrome prior to referral

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## DUPUYTREN'S CONTRACTURE

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- 1. Background**
- 2. Pre-referral evaluation and treatment**
- 3. Indications for referral**
  - a. Patient must have finger flexion contracture for surgical evaluation
    - i. Must have metacarpophalangeal joint (MCPJ) flexion contracture of  $> 30$  degrees
    - ii. Or have proximal interphalangeal joint (PIPJ) flexion contracture of any degree
    - iii. Or have Dupuytren's nodules with pain
  - b. Do not refer
    - i. If asymptomatic, surgery is not indicated

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## GANGLION CYST

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- 1. Background**
  - a. Many ganglions will go away if left alone.
- 2. Pre-referral evaluation and treatment**
  - a. If  $> 50$  years, needs xrays of wrist or involved region to rule out underlying osteoarthritis
  - b. If diabetic needs tight glycemic control  $HbA1C \leq 7.0$

### **3. Indications for referral**

- a. Must be present for at least one year for surgery
- b. Do not refer
  - i. Asymptomatic ganglion cysts do not require surgical removal

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## **TRIGGER FINGER**

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### **1. Background**

### **2. Pre-referral evaluation and treatment**

- a. If diabetic, needs tight glycemic control  $\text{HbA1C} \leq 7.0$

### **3. Indications for referral**

- a. Must have failed 3 steroid injections for each finger

#### Revisions:

- March 2017, formatting
- October 2017, formatting
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