



# French Trends in Carpal Tunnel Surgery : An Online Survey of Members of the French Society for Surgery of the Hand (FSSH - SFCM - GEM)

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GEM 2019 - Hand Surgery Congress

Jean-Edern OLLIVIER M.D.  
Jérôme GARRET M.D.

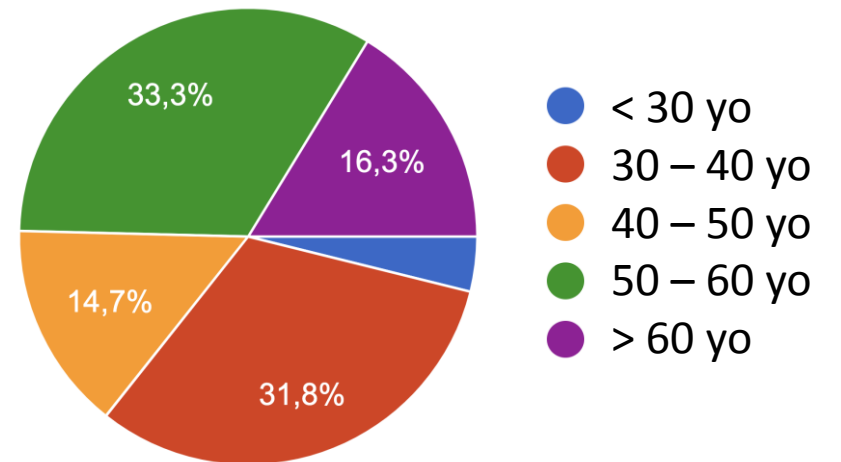
No conflict of interest

# Why this survey ?

- Daily hand surgeon activity
- Several operating techniques
- Several anesthetic techniques
- Trend ? Commercial?

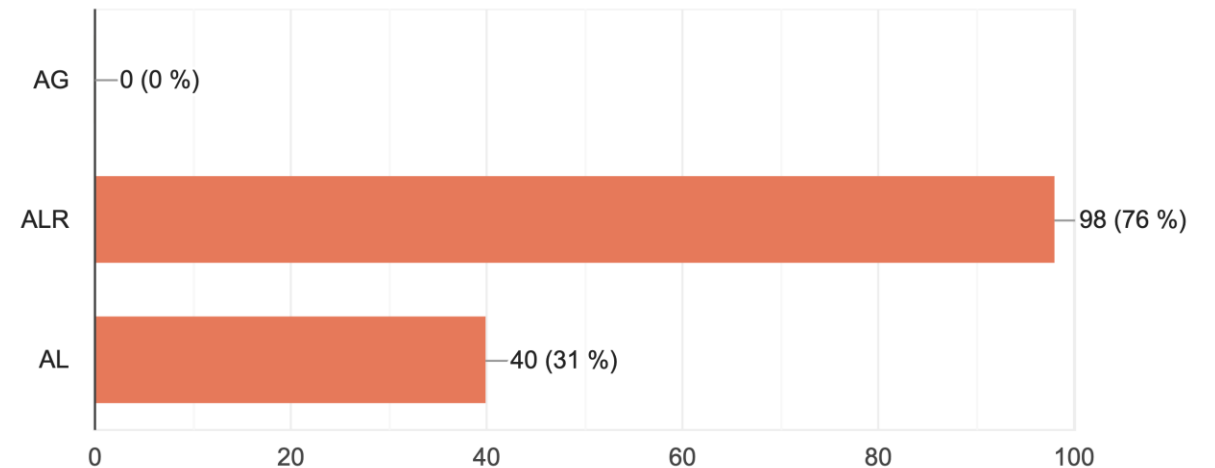
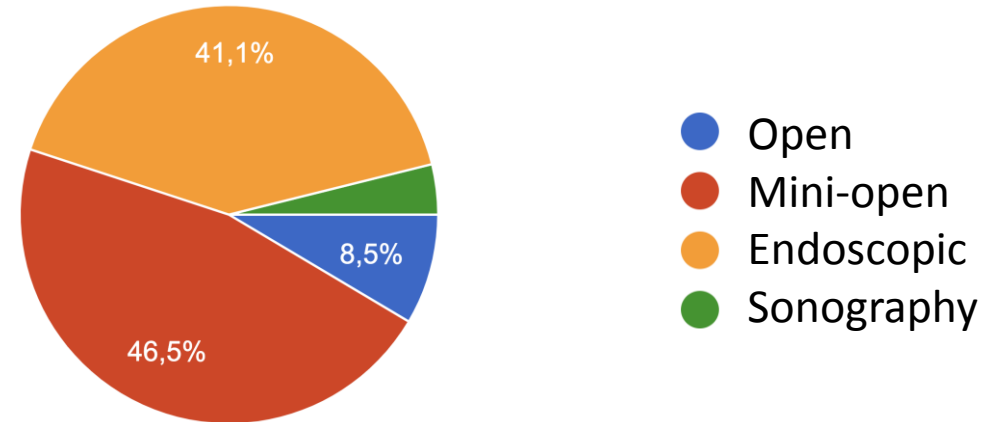
# Population

- Anonymous survey sent to 685 members:
- 129 answers = 19 %
- 41 % : exclusive hand surgery
- 53 % liberal, 28 % public, 19 % mixed

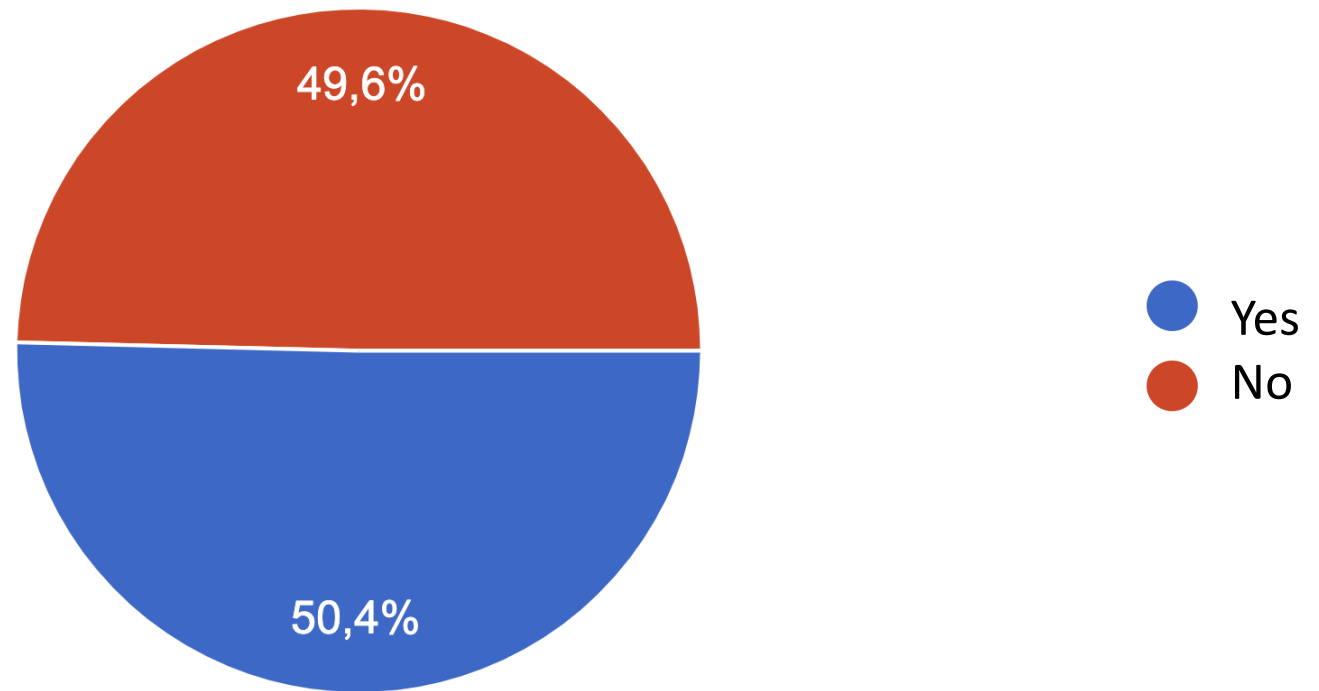


# Surgical and anesthetic techniques

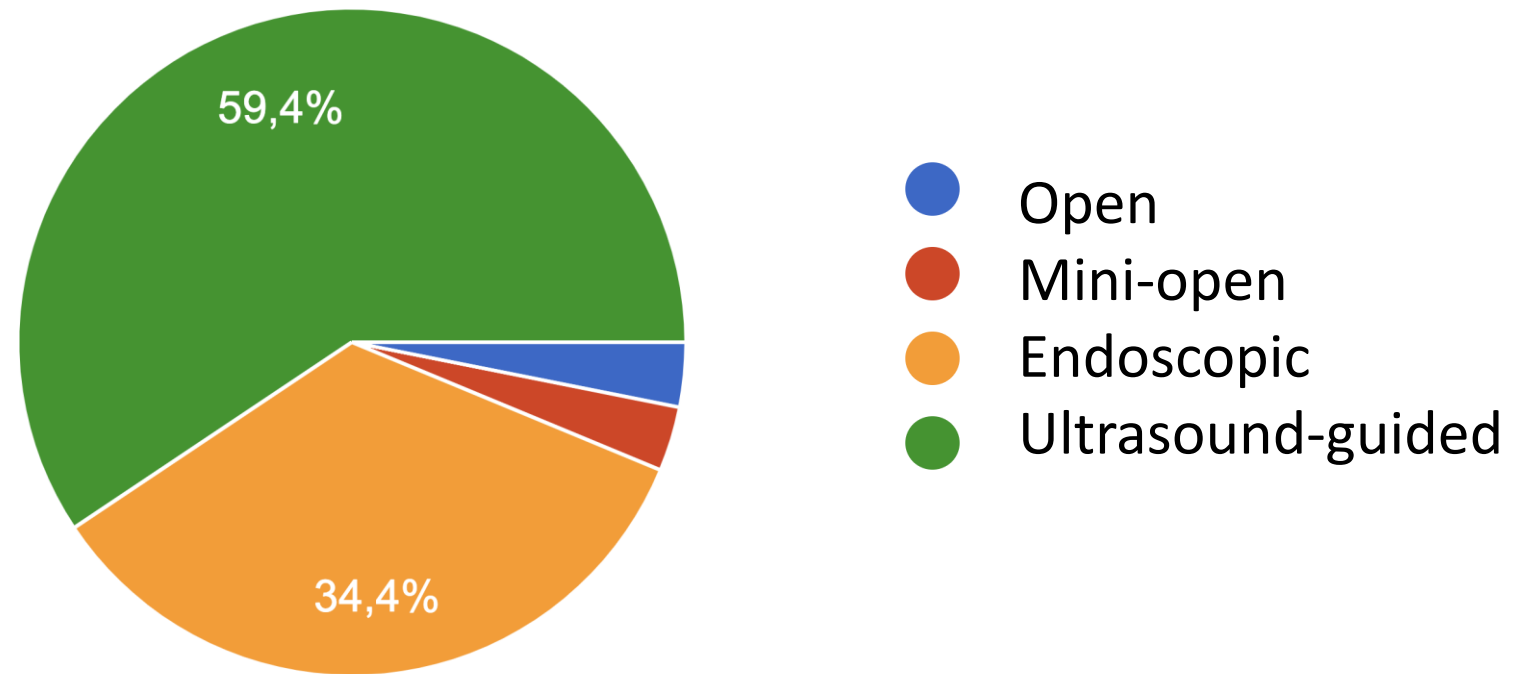
- Open or Mini-open : 55 %
  - Endoscopic : 41,1 %
  - Sonography : 3,9 %
- 
- AG : 0 %
  - ALR : 76 %
  - AL : 31 %



# Could you consider practicing a new operating technique?



- 50.4 % in favor of practicing a new operating technique



# Why change ?

- Accelerate postoperative recovery : 40.6 %
- Improve post-operative consequences : 37.5 %
- Reduce the size of the scar : 29.7 %
- Simplify the care path : 21.9 %
- Reduce the risk of complications : 15.6 %
- Reduce intervention time : 12.5 %
- Others (commercial interest, expanding the range of techniques, fun, etc.) : 9.6 %



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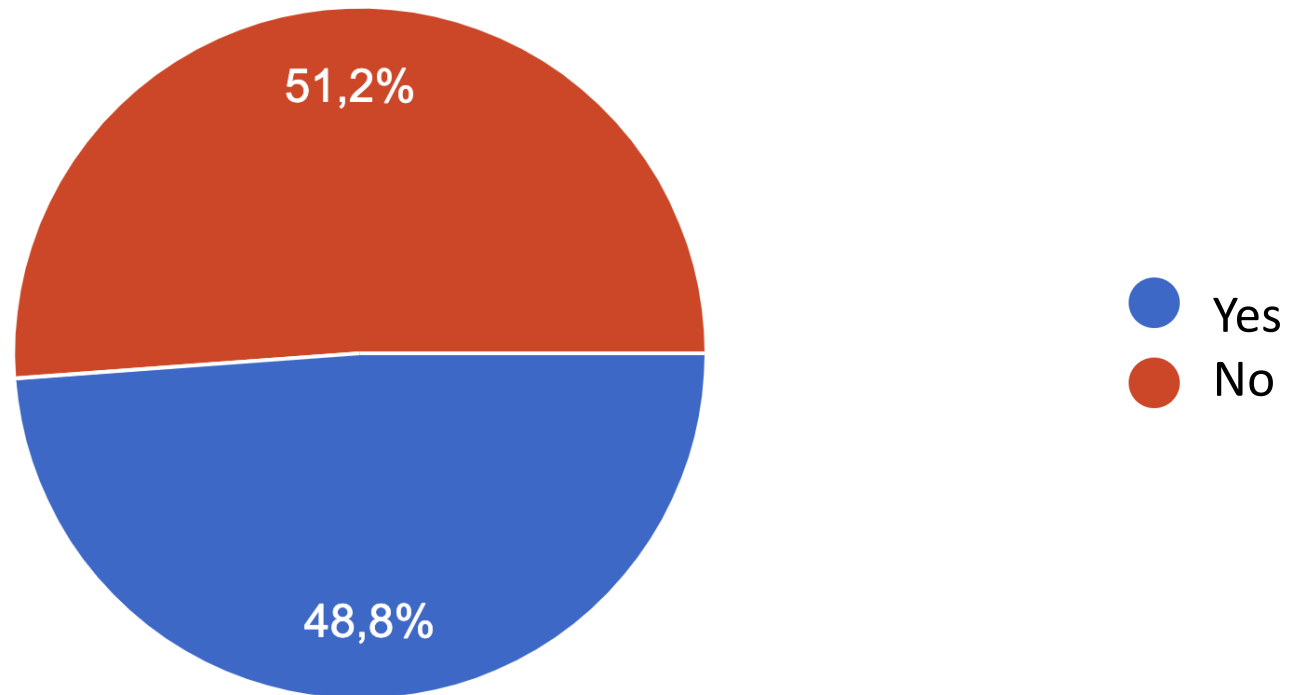
- 49.6% want to keep their current operating technique
- Why not ?
  - Reliability and efficiency of the technique you currently use : 100 %
  - Need for additional equipment and materials : 31.3 %
  - Lack of evidence on the safety of other techniques : 28.1 %
  - Intervention time increased by other techniques : 26.6 %
  - Lack of evidence on the effectiveness of other techniques : 21.9 %
  - Need for additional training : 10.9 %

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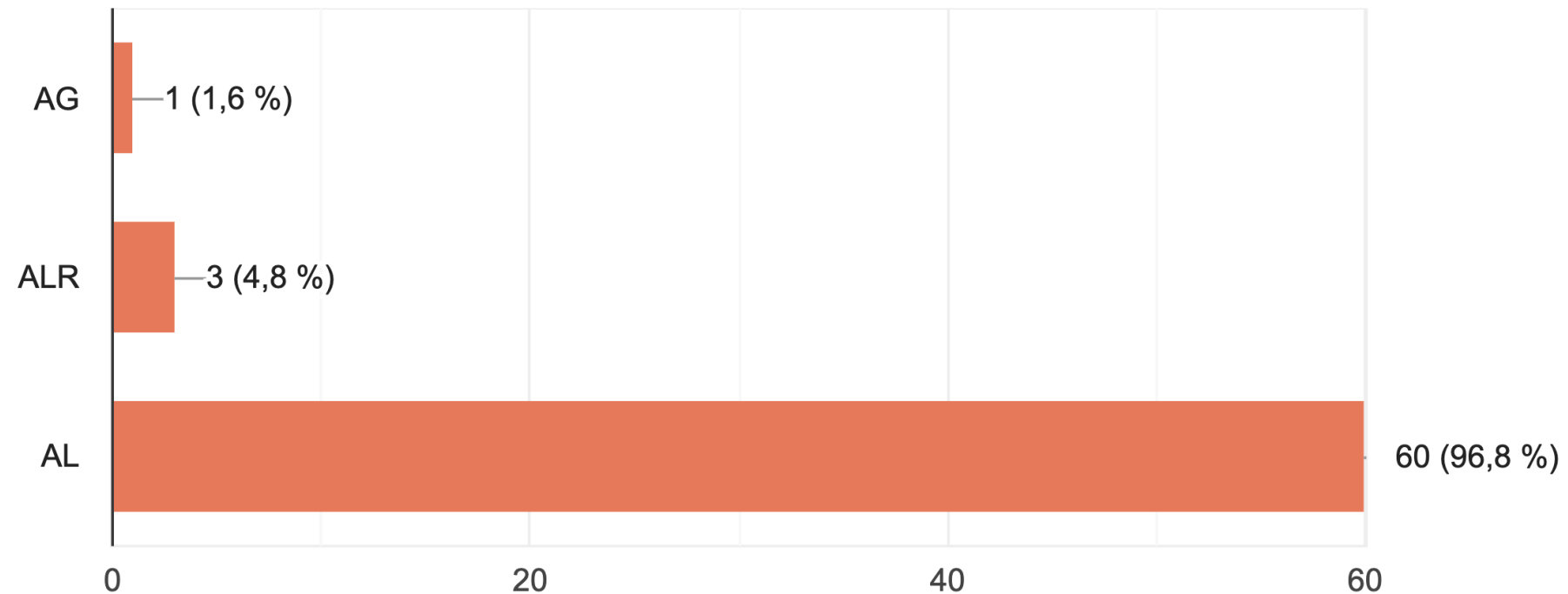
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# Could you consider changing the type of anesthesia?



- 48.8 % in favor of practicing a new anesthetic technique





# Why change ?

- Simplify the treatment process : 71 %
- Be independent about anesthesia : 56.5 %
- Improve patient comfort : 35.5 %
- No longer using a pneumatic tourniquet : 32.3 %
- Carry out the intervention in an adapted consultation room : 30.6 %
- Reduce the risk of postoperative hematoma : 4.8 %

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- 51.2% want to keep their current anesthetic technique
- Why not ?
  - Reliability and efficiency of the technique you currently use : 97 %
  - Possible conflict with the anesthetic team : 19.7 %
  - Duration of intervention increased by the anesthetic time performed by the surgeon : 19.7 %
  - Probable lower effectiveness of other techniques : 9.1 %
  - Probably lower safety of other techniques : 9.1 %
  - Need for additional training : 4.5 %
  - Need for additional equipment and materials : 3 %

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# Compared to the USA (2015)

- Munns JJ, Awan HM. Trends in carpal tunnel surgery: an online survey of members of the American Society for Surgery of the Hand. J Hand Surg. avr 2015;40(4):767-771.e2.
- Response rate 30% (716/2413) American Society of Surgeons of the Hand (ASSH)
- Surgery :
  - Open: 70%
  - Endoscopic: 26%
  - Other: 4%
- Anesthesia :
  - IV sedation + local: 43%
  - Regional: 30%
  - General: 11%
  - Other: 16%



# Compared to Canada (2018)

- Peters B, Giuffre JL. Canadian Trends in Carpal Tunnel Surgery. J Hand Surg. nov 2018;43(11):1035.e1-1035.e8.
- Response rate 46% (183/400) Canadian Society of Plastic Surgery (CSPS)
- Surgery:
  - Open: 95%
  - Endoscopic: 5%
- Anesthesia:
  - Local: 54%
  - Regional: 12%
  - IV sedation + local: 3%
  - General: 0.5%
- Location:
  - Local procedure room: 88%
  - General operating room: 8%
  - Office: 4%

# CONCLUSION

- High frequency of endoscopy and loco-regional anesthesia
- Half of surgeons in favor of changing surgical and/or anesthetic techniques
- Evolution :
  - Towards an increase in the use of endoscopy or ultrasound-guided release ?
  - Towards local anesthesia?

Thank you for your attention