Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

COMMENT ON

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MJ Reid, LA David, JE Nicholl. A one-stop carpal tunnel clinic. *Ann R Coll Surg Engl* 2009; **91**: 301–4

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Truly one-stop?

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At first reading, this one-stop carpal tunnel clinic sounds impressive. Having considered doing something similar myself, I was always put off by the fact that patients would be reluctant to attend a clinic not knowing for certain whether they were going to have an operation and having to make domestic and work arrangements 'just in case'. I read this paper in the hope of finding out how to get around this.

Although the authors claim of 78% success rate in correctly predicting those who would require surgery, nearly half the patients had nerve conduction studies done prior to attending the clinic, which were presumably ordered by other specialists or their general practitioners. For this very significant part of the study group, therefore, this was not strictly speaking a one-stop clinic.

Do the authors know what percentage of the total number of genuinely first-time referrals agreed to come to the clinic? Did the patients who agreed belong to a particular group of patients (e.g. retired people), whose schedule is

somewhat more flexible than that of patients of working age?

Finally, the arrangements seem to have been that the surgeon started off for a hour in the clinic and then left the clinic to operate on the patients in theatre. Does this mean that the theatre was standing idle whilst the surgeon was in the clinic and that the clinic was not being used whilst he was operating? This is undoubtedly a good service for patients but are there hidden costs?

AUTHORS' COMMENTS

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Prior to attending the one-stop clinic, all the patients are sent an information sheet and telephoned by my secretary, who explains what is involved and their likely recovery if surgery is performed. At this point, some patients do decide not to attend the clinic, and are given an ordinary out-patient appointment.

The 78% success rate in predicting those requiring surgery is from the initial paper audit where I was deliberately conservative in my predictions. Once the clinic was running, 94% of the patients attending the clinic had surgery, and the high levels of satisfaction reported by these patients would suggest that making 'just-in-case' domestic and work arrangements was not a major issue for them.

Mr Clay is absolutely correct in stating that nearly half the patients had had nerve conduction studies prior to referral, and so for them it was not truly a one-stop service. These had usually been requested by another specialist, and I cannot dictate how these patients are managed until I receive their referral. In many of these cases, I would not have requested nerve conduction studies. However, with the 18-week pathway now in place, I believe this group of patients are well served by the clinic. Referral to another specialist for the same condition does not 'stop the clock'