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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

Lack of cost analysis

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Although this study highlights improvements in speed of treatment delivery, the suggested benefits of cost-reduction had no costing data at all. There were no comments on additional costs, such as time to review referral letters, send out Boston questionnaires and book them into the one-stop clinic. I assume that the clinical assessment of the patients taking approximately 1 h would mean that the allocated operating theatre would be empty and unused for this time, hence under-using theatre time resources. The nursing and

clinic costs for monitoring the patients pre- and postoperatively may be less than a day-surgery bed but no costs are given. A presumption is made that the surgeon routinely arranges wound care follow-up with the general practitioner but, again, this is not clear. It is obviously beneficial to have treatment as soon as practicable but I think proper cost-analysis would have added weight to this study.

AUTHORS' RESPONSE

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Although a full cost-analysis was not detailed in this paper, there are cost savings to both patient and trust without the concern of additional expenditure that Middleton has raised.

Review of the referral letters is undertaken in the usual manner and patients with suspected carpal tunnel syndrome are sent an information sheet and telephoned by the secretary, who explains what is involved and their likely recovery if surgery is performed. Patients are then given an appointment at a one-stop clinic or a routine appointment if they decline this service. We do not perceive any appreciable cost in this process.

The arrangements for the clinic are that the first patient is seen at 1.30 pm in the pre-assessment clinic area, with no other clinics being cut to accommodate it. The first patient is taken to theatre at 2.00 pm and a registrar performs the operation. The subsequent patients are operated on by me or a registrar or SHO under my supervision, and we have found the clinic very useful for teaching junior surgeons to perform carpal tunnel decompression. There is, therefore, no under utilisation of theatres. Additionally, in the weeks when I am not doing the one-stop clinic, I would either be doing an out-patient clinic or have no NHS commitments, and the theatre is used for a staff-grade day-case list.

As is detailed in the paper, follow-up is arranged with the general practitioner for removal of sutures and wound care. This, in addition to the fact that they only have to attend the hospital once, will reduce the costs to the patient in terms of transportation and lost work days.

We would encourage others to set up a similar clinic.