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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Policy: CP53

Selective Dorsal Rhizotomy

Document Author:	Specialised Services Planner
Executive Lead:	Director of Planning
Approved by:	Corporate Directors Group
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Document History

Revision History			
Version No.	Revision date	Summary of Changes	Updated to version no.:
1.0	18/07/2016	Date of review amended. Commissioning through Evaluation outcome expected in 2017.	2.0
2.0	31/01/2017	Date of review extended. Review will be undertaken when outcome of Commissioning through Evaluation published or sooner if other evidence becomes available.	3.0
Date of next revision		February 2020	

Approvals		
Name	Date of Issue	Version Number
WHSSC Joint Committee	31/01/2012	1.0
Corporate Directors Group Board	18/07/2016	2.0
WHSSC Policy Group	31/01/2017	3.0

Policy Statement

Background	Selective dorsal rhizotomy (SDR) is a surgical procedure which aims to reduce spasticity and improve mobility in children with cerebral palsy. SDR is carried out under general anaesthetic to the lower spinal area. An incision is made along the lower back and a laminectomy in one or more of the vertebrae is made to uncover and test (via EEG) the small nerve rootlets that make up the spinal sensory nerves. Rootlets found to have abnormal responses are selectively cut whereas motor rootlets are preserved so leg movement remains unaffected. Intensive physiotherapy is required for up to twelve months following the procedure.
Statement	Following a Best Evidence Review undertaken by the Epidemiology and Evidence Support Team at WHSSC, selective dorsal rhizotomy is not generally supported for Welsh residents. In exceptional cases, applications may be made to the all-Wales Individual Patient Funding Request (IPFR) Panel following the <i>All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)</i> .
Responsibilities	Clinicians should fairly advise patients of this Policy when discussing treatment plans for individuals.

1. AIM

1.1 Introduction

This document has been developed as the policy for the planning of selective dorsal rhizotomy (SDR) for Welsh patients.

The purpose of this document is to:

- Clearly set out the circumstances under which patients will be able to access selective dorsal rhizotomy surgery;
- Clarify the referral process; and
- Define the criteria that patients must meet in order to be referred.

1.2 Relationship with other Policy and Service Specifications

This document should be read in conjunction with the following documents:

- *All Wales Policy: Making a Decision on Individual Patient Funding Requests (IPFR)*

2. SCOPE

2.1 Definition

Selective dorsal rhizotomy (SDR) is a surgical procedure which aims to reduce spasticity and to improve mobility in children with cerebral palsy. Cerebral palsy is a condition that can result from a number of different disease processes affecting the brain in pregnancy or early childhood. Approximately 75% of patients with cerebral palsy have lower limb spasticity. The SDR procedure aims to achieve a long-term reduction in sensory input to the sensory-motor reflex arcs responsible for increased muscle tone (which produces spasticity) by dividing some of the lumbar sensory nerve roots.

With the patient under general anaesthesia, a laminectomy of one or more vertebrae is performed to expose the dural sac, which is opened to display the spinal conus with or without the cauda equina. Intraoperative neurophysiological assessment (via EEG) is commonly used to identify the sensory nerve rootlets judged to be most responsible for the excess motor tone. Selected sensory rootlets are divided, preserving some sensory supply and the motor roots responsible for voluntary movements.

Intensive physiotherapy and aftercare is usually required for up to twelve months after the procedure. Patients who were previously able to walk may have to learn different walking skills.

2.2 Codes

OPCS 4.6 code(s)

A57.2 Rhizotomy of spinal nerve root

Z07. Spinal nerve root

Also an ICD 10 code from **G80. - infantile cerebral palsy** would be recorded.

3. ACCESS

3.1 Statement

Following a Best Evidence Review undertaken by the Epidemiology and Evidence Support Team at WHSSC, selective dorsal rhizotomy is not generally supported for Welsh residents.

The Epidemiology and Evidence Support Team will review any new evidence on an annual basis pending the formal three-year review of this Policy.

The Best Evidence Review is available from WHSSC on request.

WHSSC supports the National Institute of Clinical Excellence's view that further research into this procedure is encouraged and measurement of long-term outcomes is encouraged. Outcome measures should include: the incidence of neurological impairment and spinal deformity; the need for additional operations; and assessments of disability, social inclusion, and quality of life. (**IPG373: Selective dorsal rhizotomy for cerebral palsy, Dec 2010**)

3.2 Exceptions

If a patient's secondary or tertiary care clinician believes that there are exceptional grounds for treatment, an Individual Patient Funding Request (IPFR) can be made under the *All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)*.

4. PUTTING THINGS RIGHT: RAISING A CONCERN

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- When a patient or their representative is unhappy with the decision that the patient does not meet the criteria for treatment and that the patient is not an exceptional case, the patient and/or their representative has a right to ask for this decision to be reviewed. The review should be undertaken, by the patient's Local Health Board, in line with section 7 of the All Wales Policy: Making Decisions on Individual Patient Funding Requests;
- When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB arrangements for NHS Putting Things Right.

5. EQUALITY IMPACT AND ASSESSMENT

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable the Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender, disability, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment. The Assessment has shown that there will be no adverse effect or discrimination made on any individual or particular group.

Annex (i) Checklist

The following checklist should be completed and retained as evidence of policy compliance by the surgical centre. It is expected that this evidence will be provided at the point of invoicing by the centre.

Please tick the appropriate boxes:

Patient is Welsh resident	<input type="checkbox"/>	Patient is English resident but has Welsh G.P.	<input type="checkbox"/>
Authorised via IPFR	<input type="checkbox"/>		<input type="checkbox"/>
IPFR Reference Number			
IPFR authorisation date			
Patient meets criteria of exceptionality for treatment on the following grounds:			

Patient NHS No:		
Patient in Welsh Residence	Post Code	
Patient in English Residence	GP:	