**PRIOR APPROVAL REQUEST**

**Carpal Tunnel Syndrome, Trigger Finger & Dupuytren’s Contracture**

Academy of Medical Royal College’s guidance

National Evidence Based Intervention policies can be viewed at
<https://www.aomrc.org.uk/ebi/clinicians/carpal-tunnel-syndrome-release/>
<https://www.aomrc.org.uk/ebi/clinicians/trigger-finger-release-in-adults/>
<https://www.aomrc.org.uk/ebi/clinicians/dupuytrens-contracture-release-in-adults/>

Prior funding approval should be sought for all adult surgery for carpal tunnel syndrome, trigger finger and Dupuytren’s contracture.

**Please complete and return this form along with clinic letter/supporting evidence to:**

For west Essex patients priorapproval.hweicb@nhs.net Tel: 01992 566150

For Hertfordshire patients priorapproval.hweicb@nhs.net Tel: 01707 685354

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| Patient consent | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

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| Date form completed |  |
| Urgency | Routine (5 working days turnaround time) Urgent (2 working days turnaround time)**NB: Urgent requests must include clinical rationale to detail how a delay may put the patient’s limb/life at risk. If no rationale is given the request will be processed as routine. Turnaround times commence the working day after receipt of the funding application.** |
| Patient details | Name: Date of birth: - - / - - / - - - -NHS No: Hospital No: Address: Telephone number: GP Name: Practice:   |
| Applying clinician’s details | Consultant Name: Hospital/Organisation:Contact details:(Including email) |
| Declaration | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit.  |
| Please indicate reason for surgery | 🞎 Carpal Tunnel Syndrome  🞎 Fasciectomy for Dupuytren’s Contracture 🞎 Trigger Finger   |
| Please specify location  | 🞎 Left 🞎 Right  |

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| **Eligibility criteria** |
| **Carpal Tunnel** | The symptoms significantly interfere with daily activities and sleep symptoms and have not settled to a manageable level with either one local corticosteroid injection and/or nocturnal splinting for a minimum of 8 weeks**OR** |  |
| There is a permanent (ever-present) reduction in sensation in the median nerve distribution**OR** |  |
| Muscle wasting or weakness of thenar abduction (moving the thumb away from the hand). |  |
| **Fasciectomy for Dupuytren’s Contractures (in adults)** | Finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal**OR** |  |
| Severe thumb contractures which interfere with function. |  |
| **Trigger Finger (in adults)** | Triggering persists or recurs after conservative measures including up to two steroid injections or splinting for 3-12 weeks**OR** |  |
| The finger is permanently locked in the palm**OR** |  |
| The patient is diabetic**OR** |  |
| The patient has previously had 2 other trigger digits unsuccessfully treated with appropriate non-operative methods. |  |

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| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** |

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| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:<https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**HWE ICB Fitness for Elective Surgery policy criteria**

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| **Planned anaesthetic**  | [ ]  Local (stop here)[ ]  General or spinal / epidural (complete smoking and BMI data below) |

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| --- | --- |
| **Smoking status** | [ ]  Never smoked [ ]  Current smoker [ ]  Ex-smoker – date last smoked: - - / - - / - - For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery [ ]  |
| **Measurements**  | Height: ……….cm Weight: …………kg BMI ……….. kg/m²  **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).**BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30. [ ]  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider. Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….[ ]  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery. See the Fitness for Elective Surgery policy at <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/>  |