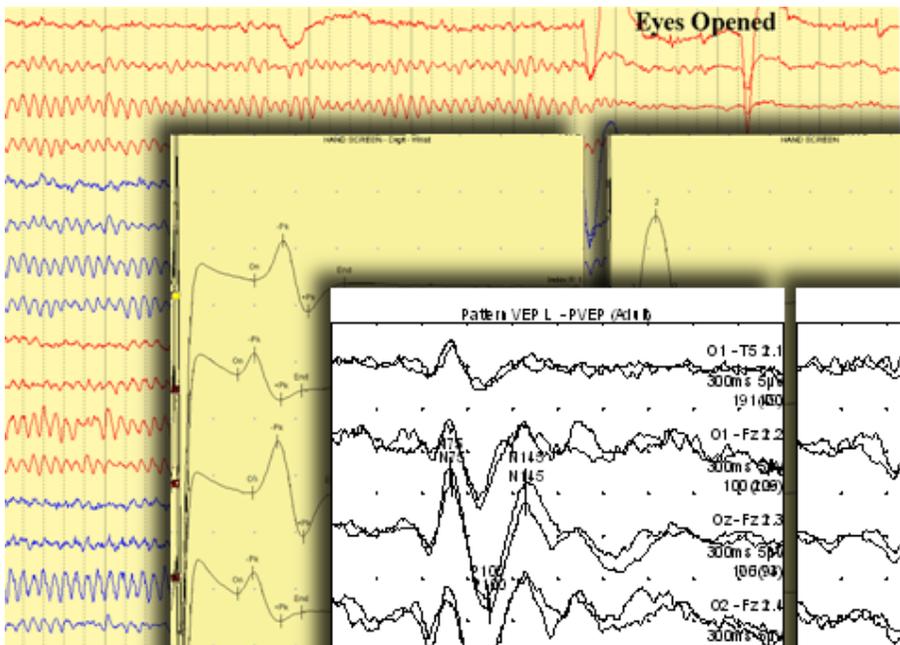


West Surrey Clinical Neurophysiology

A Brief Guide for Referrers



Our Department

WSCN was founded in 2002 from several predecessor departments. It is hosted by Ashford and St Peter's Hospitals NHS FT. We accept referrals from ASPH and other local NHS and private providers and from local general practitioners.

Our Patients

We are proud of our reputation for giving excellent care to our patients. Our department is in a peaceful corner of the hospital and we ensure all our patients feel safe and confident throughout their investigations. We provide them with information about the test with their appointment and we are happy to answer any additional queries by phone. Most patients having nerve conduction and EMG studies will be given a copy of their report before they leave and of course will have it explained to them.

Our services

We provide a wide range of neurophysiological services. We are happy to advise on the appropriate tests before referral and also on the interpretation of results if this should be necessary. Our tests encompass all the common Nerve Conduction, EMG and EEG studies as well as some specialised tests and evoked potentials.

Location

Nearly all our patients are seen at St Peter's Hospital. The Department is at the top of "The Ramp". All correspondence should be sent to the following address:

<p>West Surrey Clinical Neurophysiology St Peter's Hospital, Guildford Road, Chertsey. KT16 0PZ. Tel: 01932 722543 Fax: 01932 723377. Email: asp-tr.wscn@nhs.net (for referrals via secure NHS net)</p>

Teaching and Careers

Teaching is also an important part of our remit and we particularly welcome junior doctors who would like to see how these tests are performed. In medicine it is useful to be familiar with both EEG and EMG. Orthopaedics and general practice are heavy users of EMG services and paediatrics of EEG services. We welcome colleagues from other areas who might also be interested. Please contact the department's secretary to arrange a mutually convenient time.

Clinical Neurophysiology makes an attractive career choice for the right people – in common with other small specialties it struggles to find those people because there is little exposure at medical school. I am happy to advise junior doctors on the many advantages.

How to make a referral

There is a departmental referral form, but we are happy to accept copies of clinic letters etc if all the information is present. If sending a hand-written form please ensure that it is legible. Illegible forms are a poor way of communicating important clinical information, are discourteous and occasionally downright dangerous. You are likely to find illegible forms returned to you.

Please post the letter to us if possible. I prefer not to receive faxes except for urgent tests from distant hospitals – they are often illegible unless the original is typed. We accept email referrals but only via the NHS secure network - you must send it from an address ending in "nhs.net" and send it to our address opposite, not to one of us in person. Patient confidentiality is important to us.

If a test is urgent please explain why so that I can give it appropriate priority with respect to other referrals.

If you feel a test is really urgent or complicated or you do not understand what your Consultant has asked you to request please phone us first. You are welcome to bring forms down to the department during working hours. However, forms poked under our door out of hours have on occasion been lost or damaged.

What to tell the patient

We video record nearly all our EEGs and we take consent ourselves for this and for photic stimulation when appropriate. It would be helpful if you could warn patients about this.

EMG and nerve conduction studies are not as painful as some people think. Please don't scare patients by "warning" them or apologising for the referral!

Our appointment letters contain an explanation of the test and any preparation which is necessary.

We need this demographic information

- Patient name
- Date of birth
- Hospital number or NHS number
- Patient address, including post code
- Patient's telephone number, unless they are an in-patient
- Patient's GP if referral is from another hospital
- Legible name of the Consultant or General Practitioner who holds ultimate clinic responsibility for the request.
- Legible name and bleep number of the referrer if different, preferably somebody we can contact to discuss details if necessary
- For private patients or patients from NHS Trusts and commissioners other than ASPH and FPH we need to know who is paying for the test

For ASPH patients we can get some details from PAS, but we still need to be able to identify the patient and the doctors. For other patients we need all this information spelt out in full on the request form.

We need the following clinical information

- Neurophysiology works best when answering a precise question. Please formulate one if at all possible – if you cannot you might need to refer to a neurologist first.
- It is also helpful to know the history, signs and symptoms and any background or contributory medical problems.
- It is useful to know what drugs the patient is on. For EMG we need to know particularly about the INR if a patient is on Warfarin. For patients with suspected myasthenia we need to know if they are taking pyridostigmine and whether it is safe to stop it.
- We need to know about implanted pacemakers or defibrillators. Pacemakers do not usually prevent us from doing EMG but defibrillators require consultation.
- Vascular access lines with central connections may prevent us performing some kinds of EMG.
- EMG is not thought to pose a problem in pregnancy, but as with other interventions we avoid this if possible.
- Finally, it would very much be appreciated if you could warn us about any linguistic, cultural or communication needs of the patient and also if there are physical, mental or behavioural handicaps that might make the test difficult.

Referrals from GPs

We welcome referrals from GPs. We have accepted referrals for carpal tunnel syndrome for some time, and more recently have started accepting ulnar nerve entrapments and peripheral neuropathy. Our aim is to take patients with obvious diagnoses and speed them through the system, rather than offer an alternative to neurology. Patients with these conditions may be tested by one of our physiologists without a medical consultation taking place.

For carpal tunnel syndrome we have an agreement with Surrey PCT that we will take patients with 3 out of the following 4 symptoms:

- Night waking due to hand pain
- Classic distribution of nerve pain/paraesthesiae
- Symptoms relieved by shaking hand
- Thenar eminence wasting

If you wish to refer outside these guidelines, please feel free to phone us to discuss individual cases.

Please help our patients by organising transport for them where necessary, we do not have access to this.

In-patients

- We get much better results when working in our own department so we prefer in-patients to come to us.
- We do not accept in-patients without a nurse-escort.
- Please send the patient's complete notes with them
- We do not arrange transport, this is the responsibility of the referring department.
- We need to know the infection status of in-patients. We will rarely see patients who have MRSA or Clostridium difficile because of the difficulties of decontaminating our equipment and rooms.

Investigations that we offer:

EMG

- Nerve Conduction Studies
- Concentric Needle EMG
- Single Fibre EMG and other neuromuscular junction assessment
- Magnetic Stimulation
- High Intensity Current Stimulation
- Pelvic Floor Neurophysiology
- EMG guided botulinum toxin therapy
- Tremor analysis

EEG

- Routine EEG
- Routine and Sleep EEG
- Ambulatory EEG
- MSLT
- Jerk / Bereitschaftspotential analysis (with EMG)

Evoked Potentials

- Visual evoked potentials
- Pattern ERG
- Full field (ganzfeld) ERG
- Upper and lower limb somatosensory evoked potentials
- Auditory / Brainstem evoked potentials
- SSEP in ITU, combined with EEG

Carpal Tunnel Syndrome

We report carpal tunnel syndrome with a scale based on that of Dr Jeremy Bland, as follows:

<i>Score</i>	<i>Standard Adjective</i>
0	Normal
1	Slight or Borderline
2	Mild
3	Moderate
4	Severe
5	Very Severe
6	Extremely Severe

Why Us?

We are passionate about our work which is reflected in the feedback we get from patients

NHS Choices: <http://tinyurl.com/wscn-choices>

iWantGreatCare: <http://tinyurl.com/wscn-iwgc>

We are also one of the first clinical neurophysiology departments to enroll in IQIPS, the national accreditation programme.

I hope that you find these short guidelines helpful and that together we can provide a good service to our joint patients.

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Consultant Clinical Neurophysiologist
Version 6 April 2016*

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