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

EEG

- Routine EEG
- Routine and Sleep EEG
- Ambulatory EEG
- MSLT

Evoked Potentials

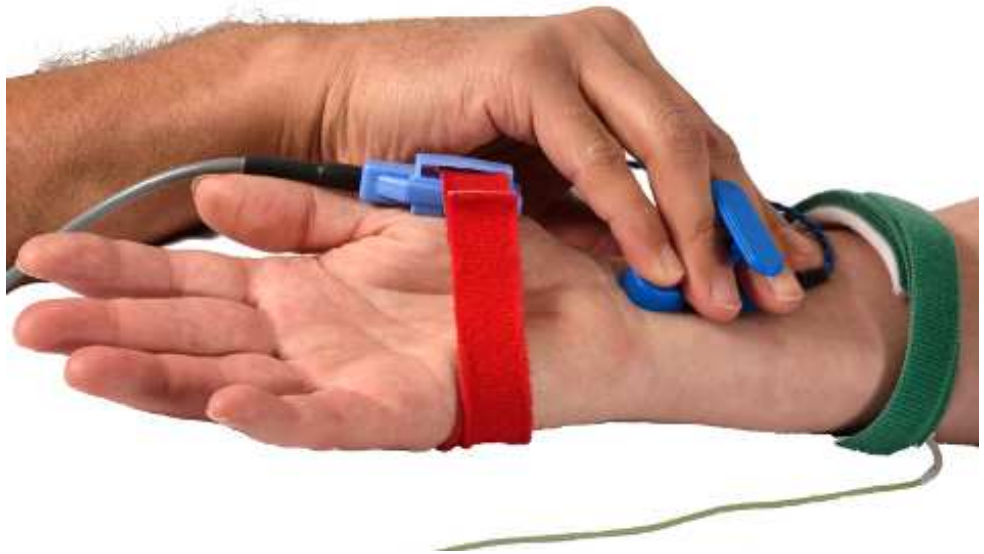
- Visual evoked potentials
- Pattern ERG
- Full field (ganzfeld) ERG
- Upper and lower limb somatosensory evoked potentials
- Auditory / Brainstem evoked potentials

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)

Author: Dr Adrian J Fowle **Department:** West Surrey Clinical Neurophysiology
Version: 2 **Published: 11/05/2015** **Review:** Jan 2016

West Surrey Clinical Neurophysiology

A Brief Guide for GPs



Our Department

WSCN was founded in 2002 as the UK's smallest department and has grown every year to something of medium size, and the largest department in the area. We combine a traditional ethos of patient care with the latest in modern technology to provide a service to both our patients and our referrers. We are at the forefront of the new national accreditation scheme, IQIPS.

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 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:

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)

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.

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 or orthopaedic surgeon 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.

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. We 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 we can give it appropriate priority with respect to other referrals.

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

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

Our services to GPs

We provide a wide range of neurophysiological services and receive referrals from many specialties. Our particular focus for referrals from primary care is on patients with simple, well defined conditions. Our aim is to speed them through primary and secondary care without unnecessary outpatient visits and investigations. In some cases we can "triage" patients into different treatment streams based on the outcome. The commonest referrals are for patients with suspected carpal tunnel syndrome, ulnar neuropathy or simple peripheral neuropathies.

Most of these tests are performed by our clinical physiologists (health care scientists) rather than physicians and may be authorised by a senior physiologist. The medical input into the case may therefore need to come from the referrer.

Patients with other conditions are often more appropriately seen by a specialist before referral to us. We are happy to advise on the appropriate tests before referral and also on the interpretation of results if this should be necessary. For this and for referrals outside these guidelines please phone the department and speak to one of our consultants.

What to tell the patient

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.

Carpal Tunnel Syndrome

We have accepted referrals for carpal tunnel syndrome from GPs for some time.

We agreed with local GPs 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

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

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

Clinical Neurophysiology needs to be interpreted in the clinical context. As a guide, patients with “Moderate” grade CTS or above should be considered for decompression – although those in the “Very Severe” grade and above may have left it too late for maximum benefit. In “Mild” CTS and below the success rate for surgery is lower. Patients might be considered for splinting and steroid injection first. Ultrasound of the carpal tunnel or MRI of the neck are helpful in some patients. Some of these patients will still come to surgery.

Ulnar Neuropathy

Orthopaedic surgeons vary in their attitude towards milder degrees of ulnar neuropathy – some operate early to preserve function, others will not operate until there is proven dysfunction. Most request nerve conduction studies before they will operate. We are happy to perform these studies before the patient is seen by a neurosurgeon or orthopaedic surgeon.

Recognised guidelines for ulnar neuropathy are less clear cut than for carpal tunnel syndrome. It would be appropriate to refer patients with non-trivial sensory symptoms in the ulnar distribution (little and ring fingers) to clinical neurophysiology, with or without motor symptoms such as wasting. Ulnar entrapment can produce purely motor symptoms, but consideration should be given to other diagnoses and referral to neurology or orthopaedics might be more appropriate.

There is no widely recognised grading scale for reporting ulnar neuropathies, but our understanding is that the condition is broadly similar to median entrapments and we use similar terms.

Peripheral Neuropathy

We draw an arbitrary distinction between “simple” neuropathies and “neurological” neuropathies. Simple cases often have a glove and stocking distribution and can be caused by conditions such as diabetes, B12 deficiency and excess alcohol consumption. Neurological cases include Guillain Barre Syndrome (GBS) and the Hereditary Sensory and Motor Neuropathies (HSMN). We are happy to receive referrals for the simple cases from primary care, the others should usually be seen by an appropriate specialist first.

We try to distinguish between axonal and demyelinating cases and to give an indication of severity. Patients with only burning pain may have small fibre neuropathy, which we cannot pick up, but excluding large fibre neuropathy with normal neurophysiological tests is often useful to re-assure the patient.