



UK Specialist Hospitals

**Shepton Mallet NHS Treatment Centre**

# Pathways Guide



## How to use this guide

This pathways guide has been produced to provide you with additional details to supplement the referral information sheet. It details the procedures we offer, how to refer, our exclusion criteria, the indicators for referral, information on pre-referral tests, nutrition, medication and discharge information.

**It is important that you review your PCT's referral criteria to ensure that your proposed referral complies with local guidance.**

Please make your referral through Choose and Book. Our Patient Booking Team is available at any stage to answer any questions you may have regarding our services. They can also arrange for you to speak to one of our consultants.

Please be advised that UKSH will, from time to time, update its pathways and available procedures. All future updates will be published on our website [www.uk-sh.co.uk](http://www.uk-sh.co.uk). Please refer to the website for the latest referral and procedure guidance.

All diagnostic images will be transferred between providers through the Image Exchange Portal (IEP). Please ensure that you review our exclusion criteria and confirm that your patient is suitable for treatment at the centres before referral. We will have to cancel the appointment if it does not adhere to stated exclusion criteria.

### Information required to complete your referral

- GP referral letter
- Past medical history
- Current medication
- Patient BMI
- Known radiology reports (i.e. x-ray, MRI, USS, CT scan, etc)
- Other known diagnostic reports (i.e. Duplex Doppler scans, nerve conductivity studies, etc)
- Compliance with UKSH exclusion criteria

## How to refer

### Shepton Mallet NHS Treatment Centre

By contacting: **NHS Somerset's Referral Management Centre on 01278 727 400**

By web: **Choose and Book** (<https://nww.ebs.ncrs.nhs.uk>)

Please contact us if you have any questions:

Patient Booking Team	<b>01749 333 700</b>	Website	<b>www.uk-sh.co.uk</b>
Main Switchboard	<b>01749 333 600</b>	Email	<b>sheptonmallet@uk-sh.co.uk</b>
Fax	<b>01749 333 601</b>	Address	<b>Old Wells Road, Shepton Mallet Somerset BA4 4LP</b>
PACU Team	<b>01749 333 739</b>	Sat Nav Postcode	<b>BA4 4PG</b>
PEC Team	<b>01749 333 736</b>		

## VTE prophylaxis clinical guidance

All patients are individually VTE risk assessed at pre-assessment and admission using the DoH VTE risk assessment tool, appropriate VTE treatment and advice is given.

*References: BNF60 September 2010 | DoH March 2010*

**If the patient takes clopidogrel they are excluded from Shepton Mallet NHS Treatment Centre (SMTC).**

**If the patient takes aspirin they should stop this 7 days pre-operatively.**

**If the patient takes warfarin they should stop 4 days pre-operatively and visit their GP practice the day before for an INR check, the result of this is to be phoned to PACU (for day cases) and the PEC team (for inpatients). INR to be below 1.4 on day of surgery.**

**For patients having lower limb surgery, cholecystectomy, hernia repair and all gynaecological procedures, HRT/contraceptive pill containing oestrogen should cease 6 weeks pre-operatively to reduce their VTE risk.**

## UKSH exclusion criteria

UKSH provides elective surgery procedures on behalf of the NHS to medically fit, stable patients and as such the majority of patients can be treated at UKSH in the specialties we offer. However there are a number of exclusion criteria to ensure the safety of all patients. Patients requiring high dependency back-up or complex medical interventions are not suitable for our treatment centres. Patients within the following categories are not suitable for treatment at UKSH:

- **Under 18 years of age**
- **High suspicion of cancer**
- **Clinical emergencies**
- **Unstable ASA 3 (i.e. poorly controlled co-morbidities)**
- **Pregnancy**
- **BMI of more than 40 for general anaesthetic or 45 for local anaesthetic** (under 160 kgs and able to transfer independently)

In addition, the tables below identify specific exclusion criteria for the major organ systems, predominantly in relation to anaesthesia.

### KEY

**MAJOR** Major / intermediate surgery requiring general anaesthesia such as joint replacement, laparoscopic cholecystectomy, hysterectomy, tonsillectomy

**MINOR** Minor surgery / day case treatment requiring general anaesthetic such as carpal tunnel, hysteroscopy, ganglion excision

**ENDO/CAT/DENT** Minor surgery requiring local anaesthetic or sedation such as endoscopy, cataract or dental extraction

**Y** Patient is suitable for treatment at UKSH

**Y\*** GP should discuss referral with the UKSH lead anaesthetist / clinician to determine if patient is suitable for treatment at UKSH

**N** Patient is not eligible for treatment at UKSH

### CARDIOVASCULAR

	MAJOR	MINOR	ENDO/CAT/DENT
Uncontrolled hypertension: Persistent systolic > 160mmHg	N	N	N
Persistent diastolic > 100mmHg	N	N	N
Myocardial infarction, angioplasty or coronary stenting - within the last 12 months	N	N	N
Uncontrolled or poorly controlled angina	N	N	N
CVA / Recurrent TIA within the last 12 months	N	N	N
Dysrhythmia (other than chronic atrial fibrillation)	N	Y*	Y*
Pacemaker in situ	N	N	Y
Patients with valve disease or replacements	Y*	Y	Y
Patients with mechanical valves on warfarin	N	N	N
Heart failure (>NYC II)	N	N	N

### RESPIRATORY

	MAJOR	MINOR	ENDO/CAT/DENT
Severe COPD FEV1 < 50% predicted. Patients on home oxygen therapy. O2 Sats < 92% on room air	N	N	N
Poorly controlled asthma (frequent acute episodes or needing nebulisation and/or steroids in the last 3 months) OR peak flow below 200 l/min	N	N	N
SOB at rest / minor exertion	N	N	N
Bronchiectasis (severe)	N	N	N
Sleep apnoea	N	N	Y*

### RENAL

Renal failure or impairment (GFR with 25ml/min/m <sup>2</sup> )	N	Y*	Y*
---	---	----	----

### NEUROLOGICAL

Epilepsy seizures within the last 6 months	N	N	Y*
Myasthenia gravis	N	N	Y*
Rare neurological disorders	N	N	N

### ENDOCRINE

Poorly controlled Diabetes (history of hypoglycaemia in previous 3 months or BMs regularly > 12 mmol/L)	N	N	N
Rare endocrine disorders e.g. Addison's disease, Cushing's syndrome	N	Y*	Y*

### BLOOD DISORDERS

Sickle cell disease	N	Y*	Y*
Thalassaemia	N	Y*	Y*
Myelodysplasia, haemophilia, thrombocytopenia	N	N	N
Anticoagulated on warfarin (depending on indication for anticoagulation)	Y*	Y*	Y* (not dental)

### MENTAL HEALTH

Known unstable mental health	N	N	N
Dementia: Mental capacity to be assessed using best interest checklist	Y*	Y*	Y*

### OTHER

Presence of infected skin lesions or any ongoing infection	N	N	N
Chronic ulceration with cellulitis	N	N	N
Active or severe chronic liver disease	N	N	N
Current or previous MRSA positive (unless negative swabs confirm eradication in previous 6 months)	N	N	N
Immunocompromised patients	N	N	N
Patients on clopidogrel	N	N	N
Malignant hyperthermia	N	N	N

UKSH is able to accept patients with mild to moderate systemic disease or with stable co-morbidities. This corresponds to anaesthetic assessment status ASA – 1, ASA – 2 or stable ASA – 3.

**If you are unsure about any referral please call us on 01749 333 700**

SPECIALITY: **Endoscopy**  
 PROCEDURE(S): **Colonoscopy**

ALOS: **Day case**

- 
- INDICATIONS**
- Diagnostic investigation and surveillance as per referral form
- 
- NOT APPROPRIATE FOR REFERRAL**
- High suspicion of malignancy (2 week wait)
- 
- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment to ensure suitability for bowel preparation
  - U&Es in patients at risk of electrolyte imbalance
  - Print mandatory colonoscopy referral form (available to download from [www.uk-sh.co.uk](http://www.uk-sh.co.uk)), complete and fax the signed copy to **01749 333 601**
- 
- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
- 
- PREPARATION FOR SURGERY**
- Telephone call to patient 7 days before procedure
  - Procedure specific information sent to patient
  - No food 6 hours prior to the procedure
  - Clear fluids up to 2 hours prior to the procedure
  - GP to advise patient regarding regular prescribed medications e.g. **antiepileptics**, etc
  - All patients on **warfarin** without pre-arranged polypectomy can continue on **warfarin** with INR checked prior to starting bowel prep. INR to be <3.5
  - All patients on **warfarin** for pre-arranged polypectomy, **warfarin** to be stopped 5 days pre-operatively with GP consent, INR to be checked before bowel prep commenced INR <1.4

- 
- DISCHARGE CRITERIA**
- Patient meets PACU criteria for safe discharge
- 
- FOLLOW-UP**
- Follow-up call 24 hours post-discharge
  - Further follow-up not usually required
- 
- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
  - National Joint Advisory Group Standards
- 
- ONWARD FORWARD CRITERIA**
- Fast track referral if malignant pathology suspected or confirmed
- 
- INFORMATION TO GPs AT DISCHARGE**
- Routine report to include future management as appropriate
  - Initial report faxed to GP within 2 working days
  - Specific discharge information will be given to the patient for their post-operative management including colonoscopy report
  - Fitness for work certificate will be issued if appropriate
- 
- INFORMATION TO GPs POST-DISCHARGE**
- If unexpected malignancy found on histology after discharge, SMTC will notify GP (and NHS consultant in case of waiting list transfers) within 24 hours by telephone, fax and letter
  - GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Endoscopy**  
 PROCEDURE(S): **Colonoscopy surveillance**

ALOS: **Day case**

**INDICATIONS**

- Patients must have had a colonoscopy and been found to have at least one histologically confirmed adenoma (polyp) or a significant hyperplastic polyp
- After polyp detection from colonoscopy at the SMTC following GP referral
- GP referral for a patient with known colonic polyp history, or a family history of bowel cancer
- From an NHS hospital trust following treatment for bowel cancer or with a family history of bowel cancer

**NOT APPROPRIATE FOR REFERRAL**

- High suspicion of malignancy (2 week wait)

**PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**

- Confirm when contacted by SMTC that
  - (a) The patient address and details are correct
  - (b) surveillance colonoscopy is still clinically appropriate
  - (c) That if (a) and (b) are correct the standard UKSH colonoscopy referral form be completed, signed and returned
- Clinical assessment to ensure suitability for bowel preparation
- U&Es in patients at risk of electrolyte imbalance
- Print mandatory colonoscopy referral form (available to download from [www.uk-sh.co.uk](http://www.uk-sh.co.uk)), complete and fax the signed copy to **01749 333 601**
- If surveillance colonoscopy is no longer clinically appropriate, or patient has moved from practice, GP should indicate this to SMTC, providing new address and new GP practice if known

**EXCLUSION CRITERIA**

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

**PREPARATION FOR SURGERY**

- Telephone call to patient 7 days before procedure
- Procedure specific information sent to patient
- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- GP to advise patient regarding regular prescribed medications e.g. **antiepileptics**, etc
- All patients on **warfarin** without pre-arranged polypectomy can continue on **warfarin** with INR checked prior to starting bowel prep. INR to be <3.5

- All patients on **warfarin** for pre-arranged polypectomy, **warfarin** to be stopped 5 days pre-operatively with GP consent, INR to be checked before bowel prep commenced INR <1.4

**DISCHARGE CRITERIA**

- Patient meets PACU criteria for safe discharge

**FOLLOW-UP**

- Follow-up call 24 hours post-discharge for all patients
- The follow-up interval will be determined by the referring endoscopist based on the histology, size and number of polyps
- If repeat colonoscopy with different bowel prep, or under GA needed, SMTC will arrange this with patient
- If barium enema or CT colonography needed, SMTC will inform GP who will make the referral to an acute provider

**EXPECTED CLINICAL OUTCOMES**

- Patient reported outcome measures as applicable
- National Joint Advisory Group Standards

**ONWARD FORWARD CRITERIA**

- Fast track referral if malignant pathology suspected or confirmed

**INFORMATION TO GPs / REFERRING HOSPITAL CONSULTANT AT DISCHARGE**

- Routine report to include future management as appropriate
- Specific discharge information will be given to the patient for their post-operative management including colonoscopy report
- Fitness for work certificate will be issued if appropriate

**INFORMATION TO GPs / CONSULTANTS POST-DISCHARGE**

- If unexpected malignancy found on histology after discharge, SMTC will notify GP (and NHS consultant in case of waiting list transfers) within 24 hours by telephone, fax and letter
- GP / consultant to inform / advise patient and make onward fast track referral

SPECIALITY: **Endoscopy**  
 PROCEDURE(S): **Gastroscopy**

ALOS: **Day case**

- 
- INDICATIONS**
- Diagnostic investigation for digestive disorders
  - Indications as on referral form
- 
- NOT APPROPRIATE FOR REFERRAL**
- Therapeutic e.g. dilatation of strictures
  - High suspicion of malignancy (2 week wait)
- 
- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment
  - Print mandatory gastroscopy referral form (available to download from [www.uk-sh.co.uk](http://www.uk-sh.co.uk)), complete and fax the signed copy to **01749 333 601**
- 
- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
- 
- PREPARATION FOR SURGERY**
- Telephone call to patient 7 days before procedure
  - Procedure specific information sent to patient before procedure
  - No food 6 hours prior to the procedure
  - Clear fluids up to 2 hours prior to the procedure
  - **Warfarin** can continue but INR must be checked by a GP and shown to be in the normal therapeutic range or below (3.5 or lower)
  - **Proton pump inhibitors** and **H2 blockers** to be stopped 10 days prior to procedure for first UKSH gastroscopy where CLO test required
  - For subsequent gastroscopies **PPIs** and **H2 blockers** can continue

- 
- DISCHARGE CRITERIA**
- Patient meets PACU criteria for safe discharge
- 
- FOLLOW-UP**
- Follow-up call 24 hours post-discharge
  - Further follow-up not usually required
  - Repeat 3 month gastroscopy arranged by UKSH for peptic ulcers
- 
- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
  - National Joint Advisory Group Standards
- 
- ONWARD FORWARD CRITERIA**
- Fast track referral if malignant pathology suspected or confirmed
- 
- INFORMATION TO GPs AT DISCHARGE**
- Routine report to include advice on future management as appropriate
  - Initial report faxed to GP within 2 working days
  - CLO test result if performed
  - Specific discharge information will be given to the patient for their post-operative management including gastroscopy report
  - Fitness for work certificate will be issued if appropriate
- 
- INFORMATION FOR GPs POST-DISCHARGE**
- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
  - GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Ear, Nose and Throat**

PROCEDURE(S): **Adult tonsillectomy**

ALOS: **Day case to 1 night**

#### INDICATIONS

- In line with NHS Somerset local policy relating to procedures of limited clinical value

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

#### REFERRAL CRITERIA

- As per indications

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Patient eating and drinking
- No bleeding
- Pain controlled

#### DISCHARGE CRITERIA

- Haemostasis
- Patients are able to eat and drink

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Improved quality of life
- Reduced work absence
- Reduced antibiotic prescribing for throat infections

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

**SPECIALITY:** Ear, Nose and Throat

**PROCEDURE(S):** ENT Procedures include: inferior turbinectomy, sub-mucosal diathermy, turbinate outfracture, functional endoscopic sinus surgery (FESS), nasal polypectomy, septoplasty

**ALOS:** Day case or 1 to 2 nights for FESS

**INDICATIONS**

- Persistent nasal obstruction, refractory to medical treatment
- Clinically obvious nasal polyps refractory to medical treatment
- Persistent facial pain suggestive of chronic sinusitis. More than four episodes of acute sinusitis requiring treatment with antibiotics in one year
- Relieve nasal obstruction secondary to septal deviation. To relieve symptoms of snoring aggravated by septal deviation

**PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**

- Clinical assessment
- Failed trial of topical steroid therapy for a minimum of 6 weeks

**REFERRAL CRITERIA**

- As per indications
- Unilateral nasal polyps in the presence of bleeding should indicate fast track referral to exclude carcinoma

**EXCLUSION CRITERIA**

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

**PRE-OPERATIVE ASSESSMENT VISIT**

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- Identification of sinus pathology by CT scan of paranasal sinuses (axial, coronal and sagittal) if necessary
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

**PREPARATION FOR SURGERY**

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery

- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

**POST-OPERATIVE CARE**

- Antibiotic nasal cream
- Rinse nasal cavity

**DISCHARGE CRITERIA**

- Haemostasis

**FOLLOW-UP**

- Follow-up call 24 hours post-discharge

**EXPECTED CLINICAL OUTCOMES**

- Patient reported outcome measures as applicable
- Symptomatic relief of nasal obstruction, resolution of facial pain

**ONWARD FORWARD CRITERIA**

- Fast track referral if malignant pathology suspected or confirmed

**INFORMATION TO GPs AT DISCHARGE**

- Routine letter
- Advice regarding topical steroid therapy
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

**INFORMATION FOR GPs POST-DISCHARGE**

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Ear, Nose and Throat**  
 PROCEDURE(S): **Minor ear procedures: wax removal, microsuction, myringotomy and grommet insertion**  
 ALOS: **Day case**

### INDICATIONS

- > 20 DB of conductive hearing loss, confirmed by audiometry in patients with > 6 months hearing loss
- Recurrent otitis media, defined as 5 or more episodes per year requiring antibiotic therapy
- Impacted ear wax not removed by topical softeners and three attempts at syringing in primary care
- Impacted ear wax with perforated ear drum
- Mastoid cavity toilet as part of an agreed pathway with acute providers

### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Pure tone audiometry, where appropriate

### REFERRAL CRITERIA

- As per indications
- 20 DB or greater hearing loss confirmed on audiometry
- Ear wax causing symptoms

### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

### PREPARATION FOR SURGERY

- No preparation required for wax removal or microsuction
- For all other procedures:
- No food 6 hours prior to the procedure
  - Clear fluids up to 2 hours prior to the procedure
  - If the patient takes **aspirin** they should stop this 7 days pre-operatively

- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

### POST-OPERATIVE CARE

- Routine

### DISCHARGE CRITERIA

- Clinically stable

### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Wax removal, follow up not normally needed unless mastoid cavity toilet as above

### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Improved post operative hearing after myringotomy, grommet insertion or wax removal
- Resolution of otitis externa

### ONWARD FORWARD CRITERIA

- Not anticipated except cholesteatoma
- Fast track referral if malignant pathology suspected or confirmed

### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **General Surgery**  
 PROCEDURE(S): **Cholecystectomy (laparoscopic or open)**

ALOS: **Day case to 1 night**

#### INDICATIONS

- Repeated episodes of biliary pain and USS confirmation of gall stones with normal common bile ducts

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- LFTs
- Abdominal ultrasound confirming presence of gall stones
- Ultrasound, images and report required where PACs not available

#### REFERRAL CRITERIA

- As per indications
- USS valid up to 6 weeks pre-operatively
- Not suitable for referral:
  - Actual or suspected stones in common bile duct
  - Acute cholecystitis
  - History of acute pancreatitis
  - Uninvestigated abnormal LFTs
  - Patients requiring ERCP
  - Dilated common bile duct

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk

- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine wound care

#### DISCHARGE CRITERIA

- Eating and drinking
- Pain controlled
- Independently mobile

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Pain free at three months
- Conversion rate to open procedure less than local average

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter including surgical approach to cholecystectomy with details of link to <http://www.nrls.npsa.nhs.uk>
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **General Surgery**  
 PROCEDURE(S): **Excision of lumps**

ALOS: **Day case**

<b>INDICATIONS</b>	<ul style="list-style-type: none"> <li>In line with NHS Somerset local policy relating to procedures of limited clinical value</li> <li>Sebaceous cyst, lipoma, fibroma, dermoid cyst, inclusion cyst, myxoid cyst</li> </ul>
<b>PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS</b>	<ul style="list-style-type: none"> <li>Clinical assessment</li> </ul>
<b>REFERRAL CRITERIA</b>	<ul style="list-style-type: none"> <li>See indications, cutaneous or subcutaneous lumps required to be removed for clinical reasons (i.e. not for cosmetic reasons)</li> </ul>
<b>EXCLUSION CRITERIA</b>	<ul style="list-style-type: none"> <li>Please refer to the UKSH exclusion criteria detailed on pages 4/5</li> </ul>
<b>PRE-OPERATIVE ASSESSMENT VISIT</b>	<ul style="list-style-type: none"> <li>Multidisciplinary team assessment: consultant / nurse / anaesthetist</li> <li>All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given</li> <li>Patient specific information given:           <ul style="list-style-type: none"> <li>EIDO procedure specific information leaflet</li> <li>Thromboembolism fact sheet</li> </ul> </li> </ul>
<b>PREPARATION FOR SURGERY</b>	<ul style="list-style-type: none"> <li>No restrictions for patients having a procedure under local anaesthetic</li> <li>If the patient takes <b>aspirin</b> they should stop this 7 days pre-operatively</li> <li>If the patient takes <b>warfarin</b> they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery</li> <li>The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions</li> </ul>

<b>POST-OPERATIVE CARE</b>	<ul style="list-style-type: none"> <li>Routine wound care</li> </ul>
<b>DISCHARGE CRITERIA</b>	<ul style="list-style-type: none"> <li>Routine</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>Follow-up call 24 hours post-discharge</li> <li>Further follow-up not usually required</li> </ul>
<b>EXPECTED CLINICAL OUTCOMES</b>	<ul style="list-style-type: none"> <li>Patient reported outcome measures as applicable</li> <li>Complete removal of lump</li> <li>Histology reported in all cases</li> </ul>
<b>ONWARD FORWARD CRITERIA</b>	<ul style="list-style-type: none"> <li>Fast track referral if malignant pathology suspected or confirmed</li> </ul>
<b>INFORMATION TO GPs AT DISCHARGE</b>	<ul style="list-style-type: none"> <li>Routine letter</li> <li>Specific discharge information will be given to the patient for their post-operative management</li> <li>Medication (TTOs) will be prescribed as required</li> <li>Fitness for work certificate will be issued if appropriate</li> </ul>
<b>INFORMATION FOR GPs POST-DISCHARGE</b>	<ul style="list-style-type: none"> <li>If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter</li> <li>GP to inform / advise patient and make onward fast track referral</li> </ul>

SPECIALITY: **General Surgery**  
 PROCEDURE(S): **Hernia repair (laparoscopic or open)**

ALOS: **Day case to 1 night**

<b>INDICATIONS</b>	<ul style="list-style-type: none"> <li>Inguinal, femoral, epigastric, umbilical, paraumbilical hernia</li> <li>Incisional (not extensive, less than 10 cm)</li> <li>Hernia is symptomatic or palpable</li> </ul>
<b>PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS</b>	<ul style="list-style-type: none"> <li>Clinical assessment</li> <li>USS assessment as appropriate</li> </ul>
<b>REFERRAL CRITERIA</b>	<ul style="list-style-type: none"> <li>See indications</li> </ul>
<b>EXCLUSION CRITERIA</b>	<ul style="list-style-type: none"> <li>Please refer to the UKSH exclusion criteria detailed on pages 4/5</li> </ul>
<b>PRE-OPERATIVE ASSESSMENT VISIT</b>	<ul style="list-style-type: none"> <li>Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio</li> <li>All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given</li> <li>Patient specific information given:             <ul style="list-style-type: none"> <li>EIDO procedure specific information leaflet</li> <li>Thromboembolism fact sheet</li> </ul> </li> </ul>
<b>PREPARATION FOR SURGERY</b>	<ul style="list-style-type: none"> <li>No food 6 hours prior to the procedure</li> <li>Clear fluids up to 2 hours prior to the procedure</li> <li>If the patient takes <b>aspirin</b> they should stop this 7 days pre-operatively</li> <li>If the patient takes <b>warfarin</b> they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery</li> <li><b>HRT/contraceptive pill containing oestrogen</b> should cease 6 weeks pre-operatively to reduce their VTE risk</li> <li>The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions</li> </ul>

<b>POST-OPERATIVE CARE</b>	<ul style="list-style-type: none"> <li>Routine wound care</li> </ul>
<b>DISCHARGE CRITERIA</b>	<ul style="list-style-type: none"> <li>Eating and drinking</li> <li>Pain controlled</li> <li>Independently mobile</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>Follow-up call 24 hours post-discharge</li> <li>Further follow-up not usually required</li> </ul>
<b>EXPECTED CLINICAL OUTCOMES</b>	<ul style="list-style-type: none"> <li>Patient reported outcome measures as applicable</li> <li>Pain free at 3 months</li> <li>No recurrence of hernia within 1 year</li> </ul>
<b>ONWARD FORWARD CRITERIA</b>	<ul style="list-style-type: none"> <li>Not anticipated</li> </ul>
<b>INFORMATION TO GPs AT DISCHARGE</b>	<ul style="list-style-type: none"> <li>Routine letter and method of repair (i.e. Liechtenstein, mesh or laparoscopic)</li> <li>Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)</li> <li>Medication (TTOs) will be prescribed as required</li> <li>Fitness for work certificate will be issued if appropriate</li> </ul>

SPECIALITY: **General Surgery**

PROCEDURE(S): **Perianal surgery**

ALOS: **Day case**

#### INDICATIONS

- In line with NHS Somerset local policy relating to procedures of limited clinical value
- Haemorrhoids, anal fissure, pilonidal sinus, anal skin tags, (banding, sclerotherapy as well as haemorrhoidectomy)

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Patients with rectal bleeding will undergo a diagnostic flexible sigmoidoscopy at SMTC prior to the surgery, SMTC to arrange

#### REFERRAL CRITERIA

- Recurrent bleeding from haemorrhoids with no response to medical management
- Painful anal fissure not responding to medical management
- Recurrent infections of pilonidal sinus
- Irritation from anal skin tags causing skin infection and inflammation

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine wound care, aperients prescribed
- Shower/wash area after bowel movement to keep clean

#### DISCHARGE CRITERIA

- Eating and drinking
- Pain controlled
- Independently mobile
- Haemostasis

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Haemorrhoidectomy and fissures 4 to 6 weeks outpatient appointment

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Resolution of symptoms at 3 months

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Colporrhaphy, sacrocolpopexy**

ALOS: **3 to 4 nights**

#### INDICATIONS

- Uterine or vaginal prolapse in line with Somerset prolapse pathway

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- USS
- FBC

#### REFERRAL CRITERIA

- Refer to specialist gynaecological physiotherapist for trial of pelvic floor exercises prior to referral
- Consider use of ring pessary prior to referral as appropriate

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team INR to be below 1.4 on day of surgery

- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Patient to expect vaginal spotting or discharge for 3 to 4 weeks

#### DISCHARGE CRITERIA

- Mobilising
- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Resolution of prolapse

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Endometrial ablation**

ALOS: **Day case**

#### INDICATIONS

- Menorrhagia, following the agreed Somerset pathway
- Pre-menopausal women over 45 with negative endometrial biopsy

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Pelvic examination
- FBC
- USS

#### REFERRAL CRITERIA

- Indications as above
- Future fertility not required

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- Telephone call to patient 7 days before surgery
- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient received a pre-admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Day case
- Advice regarding analgesia
- Patient to expect vaginal discharge for up to 6 weeks

#### DISCHARGE CRITERIA

- Pain controlled
- No significant PV loss
- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Consultant appointment at 6 weeks

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Reduction or absence of menstruation

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Hysteroscopy**

ALOS: **Day case**

#### INDICATIONS

- Intermenstrual bleeding <45 years old, >3 months in women who do not fulfil the fast track criteria
- Uterine polyp
- Displaced IUS/D where removal in FPC has failed
- Not for fertility investigations

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Pelvic examination
- FBC
- Negative triple swabs
- Up to date cervical cytology
- Negative pregnancy test
- USS pelvis (trans-vaginal)

#### REFERRAL CRITERIA

- As per indications

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery

- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Day case

#### DISCHARGE CRITERIA

- No excessive vaginal bleeding
- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Removal of polyp / IUS / IUD

#### ONWARD FORWARD CRITERIA

- Diagnostic procedure – may need further treatment so may need to link with other care pathways
- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Laparoscopy (diagnostic and therapeutic)**

ALOS: **Day case**

#### INDICATIONS

- Persistent pelvic pain
- Ultrasound evidence of endometriosis/endometriomas
- Simple ovarian cyst
- Sterilisation

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- Negative pregnancy test
- Triple swabs
- Pelvic USS
- Counselling re sterilisation – failure rate, irreversible, risk of ectopic pregnancy, contraception until sterilisation

#### REFERRAL CRITERIA

- Consider fast track referral if any suspicious findings on ultrasound scan
- As indications

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery

- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Advice regarding analgesia
- Advice regarding wound care / suture removal if appropriate

#### DISCHARGE CRITERIA

- Pain well controlled
- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- 6 weeks appointment following interventional procedures

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Sterility, if procedure performed for sterilisation

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter stating procedure undertaken
- If diagnostic laparoscopy – a management plan for any conditions diagnosed
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Total abdominal hysterectomy +/- bilateral salpingo oophorectomy**

ALOS: **3 to 4 nights**

#### INDICATIONS

- Intractable menorrhagia/ or dysmenorrhoea, following failure of other treatments or patient choice in line with Somerset agreed pathway
- Large uterus > 12 weeks in size not amenable to uterine artery embolisation
- Endometriosis not responsive to conservative treatments
- Simple hyperplasia – patient declined progestogens

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- FBC
- Up to date cervical cytology
- USS pelvis

#### REFERRAL CRITERIA

- Indications as above
- If >45 with irregular bleeding consider endometrial biopsy
- Negative pregnancy test and use contraception if appropriate until procedure

#### NOT APPROPRIATE FOR REFERRAL

- Post-menopausal bleeding or abnormal scan findings - high suspicion of cancer

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- Discussion regarding bilateral salpingo oophorectomy
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively

- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Warn patient they may have vaginal spotting up to 4 weeks

#### DISCHARGE CRITERIA

- Passed urine and bowels open

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Consultant appointment at 6 weeks

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Resolution of symptoms

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Information on HRT prescribing if bilateral salpingo oophorectomy performed
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Transvaginal tape**

ALOS: **Day case to 1 night**

#### INDICATIONS

- Stress incontinence

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- Urinalysis and MSU

#### REFERRAL CRITERIA

- As per indications
- No obvious prolapse
- Patient has had 6 months specialist physiotherapy with no improvement in symptoms

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Pain controlled

#### DISCHARGE CRITERIA

- Passed urine normally

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Consultant appointment at 6 weeks

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Improvement in patient's symptoms of stress incontinence

#### ONWARD FORWARD CRITERIA

- Not normally indicated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Vaginal hysterectomy**

ALOS: **3 to 4 nights**

#### INDICATIONS

- Intractable menorrhagia/ or dysmenorrhoea, following failure of other treatments or patient choice in line with Somerset agreed pathway
- Simple hyperplasia – patient declined progestogens
- Prolapse in line with Somerset prolapse pathway

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- USS if appropriate
- FBC
- Negative pregnancy test and use of contraception if appropriate until procedure

#### REFERRAL CRITERIA

- For menorrhagia – failed IUS or endometrial ablation
- Consider endometrial biopsy with menorrhagia >45 years
- Not suitable for peri/post menopausal bleeding

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team INR to be below 1.4 on day of surgery

- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Patient to expect vaginal spotting or discharge for 3 to 4 weeks

#### DISCHARGE CRITERIA

- Mobilising
- Passed urine
- Patient support for 24 hours

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Resolution of symptoms

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Vulval surgery**

ALOS: **Day case**

#### INDICATIONS

- Vulval cyst e.g. Bartholin's
- Vulval skin tag/polyp
- Vulval sebaceous cyst
- In line with Somerset policy for procedures of limited clinical value and excluding lesions which meet fast track criteria

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

#### REFERRAL CRITERIA

- As per indications above

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Pain controlled
- Wound clean and dry

#### DISCHARGE CRITERIA

- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Resolution of symptoms

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Ophthalmology**  
 PROCEDURE(S): **Blepharoplasty**

ALOS: **Day case**

<b>INDICATIONS</b>	<ul style="list-style-type: none"> <li>In line with NHS Somerset local policy relating to procedures of limited clinical value</li> </ul>
<b>PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS</b>	<ul style="list-style-type: none"> <li>Clinical assessment</li> </ul>
<b>REFERRAL CRITERIA</b>	<ul style="list-style-type: none"> <li>Through individual funding review panel with photographic evidence</li> <li>Significant effect on visual fields in relaxed, non compensated state</li> <li>Recurrent infection due to drooping eyelid</li> <li>Impairment of eyelid function</li> </ul>
<b>EXCLUSION CRITERIA</b>	<ul style="list-style-type: none"> <li>Please refer to the UKSH exclusion criteria detailed on pages 4/5</li> </ul>
<b>PRE-OPERATIVE ASSESSMENT VISIT</b>	<ul style="list-style-type: none"> <li>Multidisciplinary team assessment: consultant / nurse</li> <li>Patient specific information given:           <ul style="list-style-type: none"> <li>EIDO procedure specific information leaflet</li> </ul> </li> </ul>
<b>PREPARATION FOR SURGERY</b>	<ul style="list-style-type: none"> <li>May eat and drink as normal</li> <li>Patients do not need to stop <b>warfarin</b> or <b>aspirin</b>. INR needs to be below 3 on day of surgery. If the patient takes <b>warfarin</b> they should visit their GP practice the day before for INR check, the result of this is to be phoned to PACU.</li> <li>The patient receives a pre-admission telephone call no later than 7 days prior to admission to assess fitness for surgery and confirm specific pre-operative instructions</li> </ul>
<b>POST-OPERATIVE CARE</b>	<ul style="list-style-type: none"> <li>Routine eye care and protection</li> <li>Specific post surgery instructions for each patient</li> </ul>
<b>DISCHARGE CRITERIA</b>	<ul style="list-style-type: none"> <li>Pain controlled</li> </ul>

<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>Telephone contact within 24 hours</li> </ul>
<b>EXPECTED CLINICAL OUTCOMES</b>	<ul style="list-style-type: none"> <li>Patient reported outcome measures if applicable</li> <li>Improved visual function</li> <li>No clinical complications</li> </ul>
<b>ONWARD FORWARD CRITERIA</b>	<ul style="list-style-type: none"> <li>Not anticipated</li> </ul>
<b>INFORMATION TO GPs AT DISCHARGE</b>	<ul style="list-style-type: none"> <li>Routine letter</li> <li>Specific discharge information will be given to the patient for their post-operative management</li> <li>Medication (TTOs) will be prescribed as required</li> <li>Fitness for work certificate will be issued if appropriate</li> </ul>

SPECIALITY: **Ophthalmology**  
 PROCEDURE(S): **Cataract removal**

ALOS: **Day case**

#### INDICATIONS

- Lens opacity causing interference with vision and adversely affecting quality of life
- Ophthalmoscopic confirmation of cataract

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Ophthalmoscopic confirmation of cataract
- GOS 18 form from optometrist

#### REFERRAL CRITERIA

- GOS 18 form received from optometrist
- Direct referral may be made from accredited optometrist

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse
- Discussion around flexible lens options
- Visual acuity performed
- Assessment of whether general anaesthetic needed if patient unable to lie flat/keep still
- Treatment of concurrent minor eye conditions may be carried out prior to cataract extraction if the surgeon considers this necessary
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet
- Assessment for 2nd eye performed at 1st eye follow-up visit

#### PREPARATION FOR SURGERY

- May eat and drink as normal
- Patients do not need to stop **warfarin** or **aspirin**. INR needs to be below 3 on day of surgery. If the patient takes **warfarin** they should visit their GP practice the day before for INR check, the result of this is to be phoned to PACU.
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to assess fitness for surgery and confirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine eye care and protection
- Specific post-surgery instructions for each patient

#### DISCHARGE CRITERIA

- Pain controlled

#### FOLLOW-UP

- Telephone contact within 24 hours
- Appointment at 2 weeks

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Complete removal or correction of original pathology

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required including post cataract eye drops
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Ophthalmology**  
 PROCEDURE(S): **Periocular procedure**

ALOS: **Day case**

#### INDICATIONS

- In line with NHS Somerset local policy relating to procedures of limited clinical value
- Periocular skin lump, meibomian cyst, ectropion, lacrimal duct syringing

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

#### REFERRAL CRITERIA

- Obstruction of vision
- Where the extent and/or size of the lesion may be regarded as disfigurement (minimum 1 cm in size)

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse
- The procedure is usually carried out on the same day as the assessment
- Patient specific information given:
  - EIDO procedure specific information leaflet

#### PREPARATION FOR SURGERY

- May eat and drink as normal
- Patients do not need to stop **warfarin** or **aspirin**. INR needs to be below 3 on day of surgery. If the patient takes **warfarin** they should visit their GP practice the day before for INR check, the result of this is to be phoned to PACU.
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to assess fitness for surgery and confirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine eye care and protection

#### DISCHARGE CRITERIA

- Routine wound care and/or eye care and protection

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Complete removal or correction of original pathology

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Orthopaedics**  
 PROCEDURE(S): **Hip joint replacement**

ALOS: **Up to 4 nights**

- INDICATIONS**
- Painful or stiff hip joint affecting patient quality of life
  - Osteoarthritis of joint refractory to non-surgical treatment
- 
- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment
  - X-ray to confirm diagnosis. If x-ray is older than 3 months then new x-ray will be performed at the pre-assessment
- 
- REFERRAL CRITERIA**
- Hip pain/stiffness not controllable by medical means and significant adverse effect on quality of life
  - All referrals via OASIS
- 
- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
- 
- PRE-OPERATIVE ASSESSMENT VISIT**
- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
  - Point of treatment discussion
  - Assessment may be combined with OASIS assessment at satellite clinic
  - Social assessment for discharge by UKSH physio team to include delivery of appropriate equipment
  - All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
  - Patient specific information given:
    - EIDO procedure specific information leaflet
    - Thromboembolism fact sheet
- 
- PREPARATION FOR SURGERY**
- No food 6 hours prior to the procedure
  - Clear fluids up to 2 hours prior to the procedure
  - If the patient takes **aspirin** they should stop this 7 days pre-operatively
  - If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team. INR to be below 1.4 on day of surgery
  - **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
  - The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

- POST-OPERATIVE CARE**
- Routine wound care
  - Exercise regime
  - Thromboprophylaxis
  - Planned mobility outcomes day 1 to discharge agreed with patient
- 
- DISCHARGE CRITERIA**
- Walking safely with 1 or 2 crutches
  - Pain controlled
  - Safely assessed on stairs
  - Understands and is able to perform post-operative home exercise regime
  - Thromboembolism fact sheet reviewed
- 
- FOLLOW-UP**
- Follow-up call 24 hours post-discharge for all patients
  - 2 week follow-up call by physio team to review progress against home exercise plan
  - 6 weeks, 3 months and 1 year follow-up appointments
- 
- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
  - Walking independently by 6 weeks post operatively
  - Hip flexion to 90 degrees
  - Improvement in Oxford hip score
  - Compliance with National Joint Registry (NJR)
  - No leg length discrepancy
- 
- ONWARD FORWARD CRITERIA**
- Not anticipated
- 
- INFORMATION TO GPs AT DISCHARGE**
- Routine letter and prosthesis type (cemented or uncemented)
  - Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
  - Physiotherapy will be arranged by SMTC including onward referral if required
  - Medication (TTOs) will be prescribed as required (Pain relief and thromboprophylactic treatment)
  - Fitness for work certificate will be issued if appropriate

SPECIALITY: **Orthopaedics**  
 PROCEDURE(S): **Knee arthroscopy**

ALOS: **Day case**

<b>INDICATIONS</b>	<ul style="list-style-type: none"> <li>• Meniscal or chondral pathology with MRI</li> <li>• Continuing diagnostic uncertainty following MRI</li> <li>• Intractable knee pain or persistent knee symptoms considered likely to benefit from arthroscopic treatment according to specialist assessment</li> </ul>
<b>PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS</b>	<ul style="list-style-type: none"> <li>• Clinical assessment</li> <li>• X-ray within 3 months of referral where appropriate</li> <li>• MRI scan (organised by OASIS)</li> </ul>
<b>REFERRAL CRITERIA</b>	<ul style="list-style-type: none"> <li>• All referrals via OASIS interface service</li> </ul>
<b>EXCLUSION CRITERIA</b>	<ul style="list-style-type: none"> <li>• Please refer to the UKSH exclusion criteria detailed on pages 4/5</li> </ul>
<b>PRE-OPERATIVE ASSESSMENT VISIT</b>	<ul style="list-style-type: none"> <li>• Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio</li> <li>• Point of treatment discussion</li> <li>• Assessment may be combined with OASIS assessment at satellite clinic</li> <li>• Procedure may be carried out at same visit as pre-operative assessment</li> <li>• All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given</li> <li>• Patient specific information given:                         <ul style="list-style-type: none"> <li>◦ EIDO procedure specific information leaflet</li> <li>◦ Thromboembolism fact sheet</li> </ul> </li> </ul>
<b>PREPARATION FOR SURGERY</b>	<ul style="list-style-type: none"> <li>• No food 6 hours prior to the procedure</li> <li>• Clear fluids up to 2 hours prior to the procedure</li> <li>• If the patient takes <b>aspirin</b> they should stop this 7 days pre-operatively</li> <li>• If the patient takes <b>warfarin</b> they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery</li> <li>• <b>HRT/contraceptive pill containing oestrogen</b> should cease 6 weeks pre-operatively to reduce their VTE risk</li> <li>• The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions</li> </ul>

<b>POST-OPERATIVE CARE</b>	<ul style="list-style-type: none"> <li>• Routine wound care</li> <li>• Exercise regime</li> <li>• Thromboprophylaxis dependent on risk</li> </ul>
<b>DISCHARGE CRITERIA</b>	<ul style="list-style-type: none"> <li>• Walking safely with 1 or 2 crutches</li> <li>• Pain controlled</li> <li>• Able to perform post-operative home exercise regime</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>• Follow-up call 24 hours post-discharge for all patients</li> <li>• Six weeks physiotherapy assessment to review progress against home exercise plan and assess range of movement</li> </ul> <p><i>NB: Patient advised to contact SMTc if not progressing well to walking independently by 2 weeks</i></p>
<b>EXPECTED CLINICAL OUTCOMES</b>	<ul style="list-style-type: none"> <li>• Patient reported outcome measures if applicable</li> <li>• Knee flexion to 90 degrees</li> <li>• Walking independently by 6 weeks post surgery</li> <li>• Cause of knee symptoms identified and treated successfully</li> </ul>
<b>ONWARD FORWARD CRITERIA</b>	<ul style="list-style-type: none"> <li>• May be needed if further complex specialist intervention required</li> </ul>
<b>INFORMATION TO GPs AT DISCHARGE</b>	<ul style="list-style-type: none"> <li>• Routine letter and physiotherapy arrangements</li> <li>• Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)</li> <li>• Physiotherapy will be arranged by SMTc including onward referral if required</li> <li>• Medication (TTOs) will be prescribed as required (Pain relief and thromboprophylactic treatment)</li> <li>• Fitness for work certificate will be issued if appropriate</li> </ul>

SPECIALITY: **Orthopaedics**  
 PROCEDURE(S): **Knee joint replacement**

ALOS: **Up to 4 nights**

- INDICATIONS**
- Painful joint damage affecting patients quality of life
  - Osteoarthritis of joint refractory to non-surgical treatment
- 
- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment
  - X-ray to confirm diagnosis. If x-ray is older than 3 months then new x-ray will be performed at the pre-assessment
- 
- REFERRAL CRITERIA**
- Knee pain/stiffness not controllable by medical means and significant adverse effect on quality of life
  - All referrals via OASIS
- 
- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
- 
- PRE-OPERATIVE ASSESSMENT VISIT**
- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
  - Point of treatment discussion
  - Assessment may be combined with OASIS assessment at satellite clinic
  - Social assessment for discharge by SMTC physio team to include delivery of appropriate equipment
  - All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
  - Patient specific information given:
    - EIDO procedure specific information leaflet
    - Thromboembolism fact sheet
- 
- PREPARATION FOR SURGERY**
- No food 6 hours prior to the procedure
  - Clear fluids up to 2 hours prior to the procedure
  - If the patient takes **aspirin** they should stop this 7 days pre-operatively
  - If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team INR to be below 1.4 on day of surgery
  - **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
  - The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

- POST-OPERATIVE CARE**
- Routine wound care, exercise regime
  - Thromboprophylaxis
  - Planned mobility outcomes day 1 to discharge agreed with patient, physiotherapy twice a day
- 
- DISCHARGE CRITERIA**
- Walking safely with 1 or 2 crutches
  - Pain controlled
  - Safely assessed on stairs
  - Understands and is able to perform post-operative home exercise regime
  - Thromboembolism fact sheet given
- 
- FOLLOW-UP**
- Follow-up call 24 hours post-discharge for all patients
  - 2 week follow-up call by physio team to review progress against home exercise plan
  - 6 weeks, 3 months and 1 year follow-up appointments
- 
- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
  - Knee flexion to 90 degrees
  - Walking independently by 6 weeks post surgery
  - Improvement in Oxford knee score and PROMS
  - Compliance with National Joint Registry (NJR)
- 
- ONWARD FORWARD CRITERIA**
- Not anticipated
- 
- INFORMATION TO GPs AT DISCHARGE**
- Routine letter and prosthesis type
  - Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
  - Physiotherapy will be arranged by SMTC including onward referral if required
  - Medication (TTOs) will be prescribed as required Pain relief and thromboprophylactic treatment
  - Fitness for work certificate will be issued if appropriate

**SPECIALITY:** Day Case Orthopaedics  
**PROCEDURE(S):** Lower limb. Procedures include: osteotomy, toenail excisions, hammer toe procedures, toe amputations, phalangeal arthrodesis, bunionectomy, hallux valgus correction, removal of metalwork if inserted by SMTC, excision of exostosis  
**ALOS:** Day case

<b>INDICATIONS</b>	<ul style="list-style-type: none"> <li>• Symptomatic bunion</li> <li>• Toe joint pain or fixed flexion</li> <li>• Symptomatic exostosis</li> <li>• Suspected Morton’s neuroma</li> </ul>
<b>PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS</b>	<ul style="list-style-type: none"> <li>• Clinical assessment</li> <li>• X-ray within 3 months if appropriate</li> </ul>
<b>REFERRAL CRITERIA</b>	<ul style="list-style-type: none"> <li>• See indications</li> </ul>
<b>EXCLUSION CRITERIA</b>	<ul style="list-style-type: none"> <li>• Please refer to the UKSH exclusion criteria detailed on pages 4/5</li> </ul>
<b>PRE-OPERATIVE ASSESSMENT VISIT</b>	<ul style="list-style-type: none"> <li>• Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio</li> <li>• Assessment may be combined with OASIS assessment at satellite clinic</li> <li>• All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given</li> <li>• Patient specific information given: <ul style="list-style-type: none"> <li>◦ EIDO procedure specific information leaflet</li> <li>◦ Thromboembolism fact sheet</li> </ul> </li> </ul>
<b>PREPARATION FOR SURGERY</b>	<ul style="list-style-type: none"> <li>• No food 6 hours prior to the procedure</li> <li>• Clear fluids up to 2 hours prior to the procedure</li> <li>• If the patient takes <b>aspirin</b> they should stop this 7 days pre-operatively</li> <li>• If the patient takes <b>warfarin</b> they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery</li> <li>• <b>HRT/contraceptive pill containing oestrogen</b> should cease 6 weeks pre-operatively to reduce their VTE risk</li> <li>• The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions</li> </ul>

<b>POST-OPERATIVE CARE</b>	<ul style="list-style-type: none"> <li>• Routine wound care</li> <li>• Exercise regime in accordance with procedure</li> </ul>
<b>DISCHARGE CRITERIA</b>	<ul style="list-style-type: none"> <li>• Mobile with or without crutches</li> <li>• Orthotic fitted</li> <li>• Exercise plan agreed</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>• Follow-up call 24 hours post-discharge for all patients</li> <li>• 3 week nurse clinic</li> <li>• 6 week radiographic image and consultant appointment</li> <li>• May take place in satellite clinic</li> </ul>
<b>EXPECTED CLINICAL OUTCOMES</b>	<ul style="list-style-type: none"> <li>• Patient reported outcome measures if applicable</li> <li>• Relief from original symptoms</li> <li>• Improvement in function</li> </ul>
<b>ONWARD FORWARD CRITERIA</b>	<ul style="list-style-type: none"> <li>• Not anticipated</li> </ul>
<b>INFORMATION TO GPs AT DISCHARGE</b>	<ul style="list-style-type: none"> <li>• Routine letter and physiotherapy arrangements</li> <li>• Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)</li> <li>• Physiotherapy will be arranged by SMTC including onward referral if required</li> <li>• Medication (TTOs) will be prescribed as required Pain relief and thromboprophylactic treatment</li> <li>• Fitness for work certificate will be issued if appropriate</li> </ul>

**SPECIALITY:** Day Case Orthopaedics

**PROCEDURE(S):** Upper limb. Procedures include: osteotomy, Dupuytren's contracture release, ganglion removal, trigger finger release, carpal tunnel decompression, nerve entrapment decompression

**ALOS:** Day case

**INDICATIONS**

- In line with NHS Somerset policy for procedures of limited clinical value
- Palmar contractures interfering with function
- Symptomatic ganglion
- Painful trigger finger or interfering with function
- Symptoms consistent with nerve compression (with or without EMG confirmation)

**PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**

- Clinical assessment
- X-ray within 3 months of referral where appropriate
- EMG where diagnosis uncertain

**REFERRAL CRITERIA**

- See indications above
- For ganglion removal through individual patient review panel. If ganglion has resulted in functional impairment which prevents the individual from carrying out work, study or domestic responsibilities or the individual is experiencing considerable pain as a result of the ganglion size or position

**EXCLUSION CRITERIA**

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

**PRE-OPERATIVE ASSESSMENT VISIT**

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- Assessment may be combined with OASIS assessment at satellite clinic
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

**PREPARATION FOR SURGERY**

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery

- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

**POST-OPERATIVE CARE**

- Routine wound care
- Exercise regime in accordance with the procedure

**DISCHARGE CRITERIA**

- Orthotic fitted if indicated
- Exercise regime agreed
- Pain controlled

**FOLLOW-UP**

- Follow-up call 24 hours post-discharge for all patients
- No routine follow-up appointment required except for Dupuytren's contracture release – 3 to 4 days (physio/nurse), 2 weeks to see the surgeon

**EXPECTED CLINICAL OUTCOMES**

- Patient reported outcome measures if applicable
- Relief from original symptoms
- Improvement in function

**ONWARD FORWARD CRITERIA**

- Not anticipated

**INFORMATION TO GPs AT DISCHARGE**

- Routine letter and physiotherapy arrangements
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Physiotherapy will be arranged by SMTC including onward referral if required
- Medication (TTOs) will be prescribed as required (Pain relief and thromboprophylactic treatment)
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Pain Management**  
 PROCEDURE(S): **Steroid epidural injections, nerve root injections, lumbar sympathectomy, stellate ganglion block, peripheral nerve injections**  
 ALOS: **Day case**

**INDICATIONS**

- Non cancer related pain persisting on a daily basis for 3 months, unrelieved by other measures
- Includes spinal pain, other musculoskeletal conditions and nerve pain

**COMMUNITY BASED PAIN SERVICE ASSESSMENT +/- DIAGNOSTICS**

- Assessment and package of psycho social and other support from Somerset community based Pain Management Service

**REFERRAL CRITERIA**

- As indications, referrals only from Somerset Pain Management Service
- Referrals direct from GPs will be returned to referrer

**EXCLUSION CRITERIA**

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

**PREPARATION FOR PROCEDURE**

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

**POST-OPERATIVE CARE**

- Mobilisation
- Care of injection site
- Patient information given
- Outcomes agreed with patient

**DISCHARGE CRITERIA**

- Able to mobilise
- No unexpected symptoms or neurological deficit

**FOLLOW-UP**

- Follow-up call 24 hours post-discharge for all patients

**EXPECTED CLINICAL OUTCOMES**

- Patient reported outcome measures if applicable
- To be measured by community based pain service

**ONWARD REFERRAL CRITERIA**

- This procedure is part of a package of care managed through Somerset Pain Management Service, further procedures may be indicated

**INFORMATION FOR GPs AT DISCHARGE**

- Discharge information will be sent to Pain Management Service and to GP
- Procedure performed
- Specific discharge information will be given to the patient for their post-operative management
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Urology**  
 PROCEDURE(S): **Circumcision**

ALOS: **Day case**

#### INDICATIONS

- Phimosis causing painful intercourse or difficulty with micturition
- Recurrent UTIs or balanitis secondary to phimosis

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Difficulty retracting foreskin
- Ballooning of foreskin on micturition or outflow obstruction symptoms +/- confirmed UTI

#### REFERRAL CRITERIA

- As per indications

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine wound care
- Analgesia

#### DISCHARGE CRITERIA

- Able to pass urine normally

#### FOLLOW-UP

- Follow-up call post-discharge for all patients

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Resolution of symptoms
- Reduced UTIs

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Procedure undertaken
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Urology**  
 PROCEDURE(S): **Flexible cystoscopy**

ALOS: **Day case**

#### INDICATIONS

- Integration with acute trusts for surveillance cystoscopies after treatment for bladder carcinoma
- Integration with acute trusts as part of the haematuria pathway

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Haematuria with UTI excluded

#### REFERRAL CRITERIA

- As per indications
- Referral by acute trust consultants, not GP

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Direct referral therefore pre-operative assessment not required unless clinically indicated following triage of referral letter
- If pre-operative assessment required, the procedure will normally be carried out during the same visit
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- Eat and drink normally
- **Aspirin** and **warfarin** do not need to stop pre-operatively
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to assess fitness for surgery and confirm specific pre-procedure instructions

**POST-OPERATIVE CARE** • Has passed urine post procedure

**DISCHARGE CRITERIA** • Able to pass urine

**FOLLOW-UP**

- Follow-up call 24 hours post-discharge for all patients
- Follow-up appointments integrated with acute trusts in line with agreed pathways

**EXPECTED CLINICAL OUTCOMES**

- Patient reported outcome measures if applicable
- To detect recurrent cancers and treat appropriately

**ONWARD FORWARD CRITERIA**

- To urology cancer network according to biopsy results and cystoscopy findings
- Fast track referral if malignant pathology suspected or confirmed

**INFORMATION TO REFERRING CONSULTANT AND GPs AT DISCHARGE**

- Routine letter
- Follow-up advice from clinician performing cystoscopy when histology available
- If a patient has difficulty passing urine after discharge, they are to contact SMTC for advice
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

**INFORMATION FOR GPs / CONSULTANTS POST-DISCHARGE**

- If unexpected malignancy found on histology after discharge, SMTC will notify GP / consultant within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Urology**  
 PROCEDURE(S): **Hydrocele, epididymal cyst and varicocele excision**

ALOS: **Day case**

#### INDICATIONS

- Large hydroceles or varicoceles causing persistent or recurrent scrotal discomfort
- Subfertility or infertility where varicoceles present
- Epididymal cysts that cause persistent or recurrent scrotal pain

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Hydrocele, varicocele or epididymal cyst confirmed with USS
- Related symptoms persistent longer than 3 months

#### REFERRAL CRITERIA

- As per indications
- Primary testicular pathology or malignancy has been excluded as a cause of symptoms
- Where subfertility or infertility is the indication, other causes of subfertility have been excluded in both partners

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine wound care
- Analgesia

#### DISCHARGE CRITERIA

- Able to pass urine normally

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge for all patients

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Resolution of symptoms

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Protocol if develops retention
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral





**Cirencester NHS Treatment Centre**

Cirencester Hospital, Tetbury Road, Cirencester GL7 1UY

**Devezes NHS Treatment Centre**

Marshall Road, Devezes SN10 3UF

**Emersons Green NHS Treatment Centre**

The Brooms, Emersons Green, Bristol BS16 7FH

Telephone **0117 906 1801**  
 24hr Patient Advice Line **0117 906 1900**  
 Email [enquiries@uk-sh.co.uk](mailto:enquiries@uk-sh.co.uk)

**Peninsula NHS Treatment Centre**

20 Brest Road, Plymouth International Business Park, Plymouth PL6 5XP

Telephone **01752 506 070**  
 24hr Patient Advice Line **01752 506 020**  
 Email [peninsula@uk-sh.co.uk](mailto:peninsula@uk-sh.co.uk)

**Shepton Mallet NHS Treatment Centre**

Old Wells Road, Shepton Mallet BA4 4LP

Telephone **01749 333 600**  
 24hr Patient Advice Line **01749 333 600**  
 Email [sheptonmallet@uk-sh.co.uk](mailto:sheptonmallet@uk-sh.co.uk)