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AUTHOR:	JOB TITLE:		DIVISION: DEPARTMENT			
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REPLACES:			HEAD OF DEPARTMENT:			
N/a			Arnab Bhowmick			
VALIDATED BY	-		DATE:			
Division of Sur	gery		06 March 2018			
RATIFIED BY:			DATE:			
	cuments Ratification (06 March 2018			
(NOTE: Review date: changes are made).	s may alter if any significant		REVIEW DATE: Click here to enter a date.			
WHICH PRINCI	PLES OF THE NHS	<u>Tick</u>	WHICH STAFF PLEDGES OF THE			
CONSTITUTION	APPLY?	those which	NHS CONSTITUTION APPLY?			
Click here for guidar	nce on Principles	apply	Click here for guidance on Pledges			
1. The NHS provides a comprehensive service,			1. Provide a positive working environme		_	
available to all. 2. Access to NHS services is based on clinical		\downarrow	and to promote supportive, open culture staff do their job to the best of their abilit			
need, not an individua		N N	2. Provide all staff with clear roles and	<u>y.</u>		
3.The NHS aspires to	the highest standards of	\checkmark	responsibilities and rewarding jobs for teams and			
excellent and professi			individuals that make a difference to pat	<u>ients, their</u>		
NHS does.	at the heart of everything the		families and carers and communities. 3. Provide all staff with personal develop	ment.		
5. The NHS works ac	ross organisational	√	access to appropriate education and tra	ining for		
boundaries.	ttad ta mas della a baat calca		their jobs, and line management support	t to enable		
6. The NHS is committed to providing best value for taxpayers' money.			them to fulfil their potential. 4. Provide support and opportunities for staff to			
7. The NHS is accountable to the public,			maintain their health, wellbeing and safe	ety.		
communities and patie	ents that it serves.		5. Engage staff in decisions that affect the		_	
			services they provide, individually, throu representative organisations and throug			
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		partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families. 6. To have a process for staff to raise an internal grievance. 7. Encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996.	
WHICH AIMS OF THE TRUST APPLY? Click here for Aims	Tick those which apply	WHICH AMBITIONS OF THE TRUST APPLY? Click here for Ambitions	Tick those which apply
 To offer excellent health care and treatment to our local communities. To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria. To drive innovation through world-class education, teaching and research. 	√	 Consistently deliver excellent care. Great place to work. Deliver value for money. Fit for the future. 	→ □ → →

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**

Document for Public Display: No

Has an evidence search been completed? N/a

If so, by whom? Click here to enter text.

Date evidence search conducted: Click here to enter a date.

AMENDMENT HISTORY				
Version No.	Date of	Page/Selection	Description of Change	Review Date
	Issue	Changed		
1	19/03/2018	1	Division changed to Surgery from Medical and Head of Department change from David Shakespeare to Arnab Bhowmick. Validated by changed to Division of Surgery.	March 2021

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Urgent Cases

Patients with obstructive hydrocephalus, tonsillar descent or refractive severe trigeminal neuralgia may warrant direct admission for consideration of surgery. Such cases are discussed by MDT members outside the normal skull base pathway.

Non-Urgent Cases

Patients deemed non-urgent are managed as per the skull base pathway, i.e. MDT meeting/ skull base clinic. Patients with NF2 and TYA patients are referred to the Manchester skull base service.

Small Tumours (Intracanalicular +/- Extracanalicular Component < 1.5 cm)

These patients are given a choice between radiological surveillance, radiosurgery or microsurgery. Most opt for radiological surveillance and thereafter for radiosurgery in the event of radiological progression.

Medium Tumours (Extracanalicular Component 1.5 – 3 cm)

Treatment is recommended for these patients and choice is given between radiosurgery or microsurgery.

Large/ Giant Tumours (Extracanalicular Component > 3 cm)

These patients are in general considered for surgery rather than radiosurgery (exceptions depend on age and general health). The extent of surgery is discussed and agreed with the patient beforehand, i.e. near-complete excision followed by surveillance versus subtotal resection followed by radiosurgery.

Specific Skull Base Rehabilitation Issues

- Unilateral Deafness bone anchored hearing aid (BAHA)
- Facial Palsies lubricants, eyelid gold weights, static oral sling, cross-facial nerve graft.

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Equality, Diversity & Inclusion Impact Assessment Form

Department/Function	Neurosurgery			
Lead Assessor	Interim Director of Governance			
What is being assessed?	Introduction of SOP and	d Gui	delines	
Date of assessment				
	Equality of Access to Health Group		Staff Side Colleagues	
What groups have you consulted with? Include	Service Users		Staff Inclusion Network/s	
details of involvement in the Equality Impact	Personal Fair Diverse Champions		Other (Inc. external orgs)	
Assessment process.	Please give details: Skull based Peer review is managed by an external assessment team.			

1) What is the impact on the following equality groups?					
Positive: Advance Equality of opportunity Foster good relations between different groups Address explicit needs of Equality target groups		Negative: > Unlawful discrimination, harassment and victimisation > Failure to address explicit needs of Equality target groups Neutral: > It is quite acceptable for the assessment to come out as Neutral Impact. > Be sure you can justify this decision with clear reasons and evidence if you are challenged			
Equality Groups	Impact (Positive / Negative / Neutral)	Comments: ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?			
Race (All ethnic groups)	Neutral				
Disability (Including physical and mental impairments)	Neutral				
Sex	Neutral				
Gender reassignment	Neutral				
Religion or Belief (includes non- belief)	Neutral				
Sexual orientation	Neutral				

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Age	Neutral			
Marriage and Civil Partnership	Neutral			
Pregnancy and maternity	Neutral			
Other (e.g. caring, human rights, social)	Neutral			
impact identified contribute to or promoting equals	impact identified contribute to or hinder promoting equality and diversity across the			
 3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups This should be reviewed annually. 				
ACTION PLAN SUMMARY				
Action			Lead	Timescale
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