



DOCUMENT TYPE: Guideline		UNIQUE IDENTIFIER: CM 03/2018 - 05	
DOCUMENT TITLE: Skull Base Guidelines - Malignant Skull Base Tumours		VERSION NUMBER: 1.1	
SCOPE: Trust Wide		STATUS: Draft	
CLASSIFICATION: Departmental		DEPARTMENT: Neurosurgery	
AUTHOR: Gareth Roberts	JOB TITLE: Consultant Neurosurgery	DIVISION: Surgery	DEPARTMENT: Neurosurgery
REPLACES: N/a		HEAD OF DEPARTMENT: Arnab Bhowmick	
VALIDATED BY: Division of Surgery		DATE: 06 March 2018	
RATIFIED BY: Procedural Documents Ratification Group		DATE: 06 March 2018	
(NOTE: Review dates may alter if any significant changes are made).		REVIEW DATE: Click here to enter a date.	
WHICH PRINCIPLES OF THE NHS CONSTITUTION APPLY? Click here for guidance on Principles		WHICH STAFF PLEDGES OF THE NHS CONSTITUTION APPLY? Click here for guidance on Pledges	
<ol style="list-style-type: none"> 1. <u>The NHS provides a comprehensive service, available to all.</u> <input type="checkbox"/> 2. <u>Access to NHS services is based on clinical need, not an individual's ability to pay.</u> <input checked="" type="checkbox"/> 3. <u>The NHS aspires to the highest standards of excellent and professionalism.</u> <input checked="" type="checkbox"/> 4. <u>The patient will be at the heart of everything the NHS does.</u> <input type="checkbox"/> 5. <u>The NHS works across organisational boundaries.</u> <input checked="" type="checkbox"/> 6. <u>The NHS is committed to providing best value for taxpayers' money.</u> <input type="checkbox"/> 7. <u>The NHS is accountable to the public, communities and patients that it serves.</u> <input type="checkbox"/> 	Tick those which apply	<ol style="list-style-type: none"> 1. <u>Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability.</u> <input type="checkbox"/> 2. <u>Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.</u> <input checked="" type="checkbox"/> 3. <u>Provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.</u> <input type="checkbox"/> 4. <u>Provide support and opportunities for staff to maintain their health, wellbeing and safety.</u> <input type="checkbox"/> 5. <u>Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be</u> <input type="checkbox"/> 	Tick those which apply

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		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.	<input type="checkbox"/> <input type="checkbox"/>
WHICH AIMS OF THE TRUST APPLY? Click here for Aims 1. To offer excellent health care and treatment to our local communities. 2. To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria. 3. To drive innovation through world-class education, teaching and research.	Tick those which apply <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WHICH AMBITIONS OF THE TRUST APPLY? Click here for Ambitions 1. Consistently deliver excellent care. 2. Great place to work. 3. Deliver value for money. 4. Fit for the future.	Tick those which apply <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

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 Issue	Page/Selection Changed	Description of Change	Review Date
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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Management Guidelines: Malignant Skull Base Tumours

All patients require CT and MR imaging of the head as well staging CT scans of the chest, abdomen and pelvis.

All patients require biopsy (usually endoscopic).

Pre-operative endocrinology &/or ophthalmology assessment is acquired when appropriate.

An assessment of co-morbidities is required prior to proceeding with skull base resection.

In general, brain invasion by a malignant tumour is a contraindication to skull base resection as are systemic metastases and age above 75 years.

Extent of resection is determined on an individual basis by MRI scanning within 24 hours of surgery and radiotherapy is recommended unless free resection margins are attained.

These patients are generally followed up by the anterior skull base ENT surgeons.

Anterior Skull Base Malignancies

Approaches depend upon tumour location, e.g.

- **Endoscope-Assisted Anterior Cranial Fossa Resection** – for tumours involving the ethmoids/ nasopharyngeal roof/ anterior sphenoid.
- **Temporal Fossa/ Infratemporal Fossa Approaches** – for tumours involving these regions.
- **Orbital Exenteration** – for tumours involving the orbit.

Cranial compartment closure is usually achieved using pedicled pericranium or mobilised temporalis and human fibrin glue.

The appropriate skull base resection is combined with the H&N procedure relevant to the pathology, e.g. neck dissection, maxillectomy, parotidectomy. Neck dissection is generally delayed until a second stage.

Lateral Skull Base Malignancies

Temporal bone squamous cell carcinomas undergo tracheostomy/ parotidectomy/ neck dissection (if appropriate) followed by neuronavigation-assisted petrosectomy a few days later.

Cranial compartment closure is achieved using pedicled pericranium and either mobilised temporalis or rectus abdominis free flap depending on the size of the defect.

Patients subsequently require CSF and wound drainage.

Specific Skull Base Rehabilitation Issues

- **Surgical Defect** – orbitofacial/ ear/ palatal prostheses.
- **Facial Palsies** – lubricants, eyelid gold weights, static oral sling.

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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 Guidelines			
Date of assessment				
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	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:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ 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:
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
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	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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<p>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.</p> <ul style="list-style-type: none"> ➤ 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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