Selective dorsal rhizotomy for spasticity in cerebral palsy
National Institute for Health and Clinical Excellence

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
This study aims to assess the current evidence on selective dorsal rhizotomy for spasticity in cerebral palsy.

Authors' conclusions
1 Guidance
1.1 Current evidence on the safety of selective dorsal rhizotomy (SDR) for spasticity in cerebral palsy appears adequate; however, there is evidence of only limited efficacy. Therefore, the procedure should not be used without special arrangements for consent and for audit or research.

1.2 Clinicians wishing to undertake SDR for spasticity in cerebral palsy should take the following actions. - Inform the clinical governance leads in their Trusts. - Ensure that patients or their parents/carers understand the uncertainty about the efficacy of this procedure, that it is irreversible and that there is a risk of serious complications. They should also be counselled on the extensive physiotherapy and rehabilitation required after this procedure and clinicians should provide them with clear written information. Use of the Institute's information for patients ('Understanding NICE guidance') is recommended (available from www.nice.org.uk/IPG195publicinfo). - Audit and review clinical outcomes of all patients having SDR for spasticity in cerebral palsy.

1.3 Patient selection should be carried out in the context of a multidisciplinary team with specialist expertise in various treatment options for spasticity in patients with cerebral palsy. This should normally include a physiotherapist, a paediatrician, an orthopaedic surgeon and a neurosurgeon.

1.4 Further evidence on the efficacy outcomes of the procedure will be useful. The Institute may review the procedure upon publication of further evidence.

Project page URL
http://www.nice.org.uk/guidance/IPG195

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