Maidstone and Tunbridge Wells NHS Trust

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**Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Complex Regional Pain Care Syndrome (CRPS).

*What does your acute Complex Regional Pain Care Syndrome (CRPS) pathway look like for trauma and orthopaedic, rheumatology and hand acute services?*

There is no formal trust wide pathway but our orthopaedic colleagues and our pain service work closely as we obviously provide anaesthetic services as well so talk about such matters.

It is notable over the last few years that CRPS is being suspected a lot sooner than previously.

However it has been widely communicated both within MTW (Maidstone and Tunbridge Wells NHS Trust) and to WKCCG (West Kent CCG) and at GP teaching sessions that CRPS (Complex Regional Pain Syndrome) even if suspected rather than florid, if less than 6 months duration will be reviewed on an urgent clinical basis - i.e. within a maximum of 2 weeks of the receipt of the referral. If we confirm CRPS we also treat on an urgent basis knowing that there is limited evidence of benefit from a whole range of treatments, but if you can get in within the first 6 months the patient has improved chances of better outcome. We are fully aware of the lack of progress after 6 months.

The key is the rehab so we work really closely with the physiotherapy department and book the patient in for a series of 3 local anaesthetic blocks to allow aggressive, passive physiotherapy essentially on an anaesthetised limb.
1. We make the limb extremely numb using a local anaesthetic block and then send them to the physiotherapy department an hour or 2 later. This has to be carefully arranged ahead of time.
2. Whilst numb, the limb can be moved to increase the range of movement which we emphasise is our number one outcome priority - not the pain. Any pain reduction is to be considered a bonus.

3. We repeat the process two weeks later and then 4 weeks later (i.e. 3 in total)
4. The idea is that after each session we gradually improve the range of movement i.e. 20% obtained at first session, 50% after second session and then 90-100% ideally after the third.

If < 6 months we will also run a pamidronate infusion 60mg as per the CRPS guidelines.

If above management doesn't help much, we then do consider referral to London for consideration of implant of a spinal cord stimulator - again within the NICE guidelines and the CRPS guidelines.

CRPS is something we regard as clinically urgent if <6 months old and we treat aggressively as the window of opportunity is small.