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| **ECTROPION** | | | | | | | | | |
| **PRIOR APPROVAL REQUIRED** | | | | | | | | | |
| 1. **Patient Information** | | | | | | | | | |
| **Name** |  | | | | Male |  | Female |  | |
| **Address**  **Post Code** |  | | | | | | | | |
| **Date of Birth** |  | **NHS Number** | |  | | | | | |
| **B. Referrer’s Details (GP / Consultant / Clinician)** | | | | | | | | | |
| **Name** |  | | | **Patient requested referral** | | | | | |
| **Address**  **Post Code** |  | | | | | | | | |
| **Telephone** |  | | **Email** |  | | | | | |
| **GP Details (if not referrer)** | | | | | | | | | |
| **Name** |  | | **Practice** |  | | | | | |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:   * Discussed all alternatives to this intervention with the patient * Had a conversation with the patient about the most significant benefits and risks of this intervention – Where appropriate * Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated * Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs * Checked that the patient understands spoken and written English, or clarified required needs   I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel / IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient / representative has been informed of the details that will be shared for the purpose and consent has been given. | | | | | | | | |
| **Submission**  The completed form(s) should be sent electronically (from an *nhs.net* email address) in confidence with any other supporting documents to the appropriate email address: [BSWICB.EFR@nhs.net](mailto:BSWICB.EFR@nhs.net).  **To comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an *nhs.net* account.** | | | | | | | | |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

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| **C Clinical Criteria** |

**Right eye:** Choose an item. **Left eye:** Choose an item. **Bilateral:** Choose an item.

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| **CLINICAL CRITERIA FOR SURGERY** | |
| **Ectropion**  This condition is not dangerous, it may cause epiphora (watery eye) / soreness but can normally be managed in primary care:  The ICB will consider funding the correction of **ectropion via prior approval** where supporting evidence in the form of photographs will be required.  The ICB require photographs but will **NOT** reimburse the costs of medical photography.  Photographs attached: Choose an item. | |
| This procedure is not funded on cosmetic grounds alone.  Prior Approval is required prior to referral for a secondary care opinion for watery eyes, surgery, and potential surgical treatment of eyelid ectropion, if the following criteria can be met: | |
| * Vision is impeded | Choose an item. |
| **OR** | |
| * There is exposure of the cornea (e.g., in paralytic ectropion) and risk of keratopathy (urgent correction required). | Choose an item. |
| **OR** | |
| For symptoms relating to persistent and troublesome epiphora resulting in watery eyes: | |
| * The patient is experiencing constant daytime clear watering causing tears to run down the face and severe enough to impair vision daily, causing smearing on glasses. | Choose an item. |
| * Symptoms are interfering markedly with quality of life. | Choose an item. |
| * The watering occurs in both outdoor and indoor settings. | Choose an item. |
| * Symptoms of persistent clear watering plus three episodes of infection or sticky discharge within 12 months. | Choose an item. |
|  | |
| * **Supporting information must be provided with the application (please document the evidence you are enclosing to support this request).** * **To enable the ICB to approve individual cases, information with examples of functional impairment using the guidance below should be provided.** * **The patient is welcome to provide a statement, to include examples of significant functional impairment.** | |
| **Significant functional impairment is defined as:** *Symptoms preventing the patient fulfilling activities of daily living or conducting vital domestic or carer activities.* | |