

**Specialised Services:
Prior approval / audit form**



Commissioning Board

**Flow diverter / Pipeline Embolization Device (PED)
for intracranial aneurysms**

(NHSCB/D03/PS/d)

Current NHS CB policies and the criteria for funding this treatment can be reviewed at [www.....](#)

Please complete sections sections 1-5 and submit this form electronically to:

.....

Requests for funding of treatment outside the policy criteria should be submitted on an Individual Funding Request (IFR) form, found at ...[website]

1. Requester details

Date request submitted	
Requesting clinician (name, & role, specialty)	
Secure NHS email	
Provider Organisation	
Cost of treatment	
HRG code	

2. Patient details

NHS Number	
Hospital Number	
Patient Date of Birth	
Patient GP (name & postcode)	

3. Screening prior to flow diverter implantation

Enter Y/N

3.1 Aneurysm category		
a. Large or giant unruptured intradural saccular aneurysm of anterior circulation		
b. Large or giant unruptured intradural fusiform aneurysm of anterior circulation		
c. Large or giant unruptured intradural aneurysm of the posterior circulation		
d. Symptomatic unruptured extradural aneurysm (including cavernous carotid)		
e. Recently ruptured 'blood blister' aneurysm		
3.2 Previous rupture of target aneurysm	If yes please specify:	

3.3 Previous treatment of target aneurysm	If yes please specify number of a. Coils b. Stents c. Flow diverters ...	
4. Please confirm (Y) that criteria a,b or c AND all criteria d to i are met.		
a. For unruptured aneurysms (categories 3.1/a-c). A careful risk / benefit assessment of the use of this intervention in asymptomatic disease has been carried out. The patient understands that the treatment remains under evaluation and this is clearly documented.		
b. For unruptured aneurysms (category 3.1/d). The patient understands that the treatment remains under evaluation and that the standard treatment is usually conservative / medical. They are also aware that symptoms may persist following flow diverter treatment and this is clearly documented .		
c. For rare and high risk cases as described in 3.1/e, this does not constitute a recommendation for flow diverter treatment but rather, that the decision to proceed is based on local experience and expertise. This is understood by the patient and relatives and this is clearly documented. Retrospective funding is allowed only in emergency circumstances and should be justified requested within 7 days of treatment.		
d. The patient is fit for general anaesthesia		
e. Surgical treatment (including by-pass) and conservative treatment have been rejected in favour of flow diverter treatment: Both neurosurgery and endovascular coiling (with or without stents) are contra-indicated, not feasible or failed.		
f. The number of flow diverter devices inserted is not expected to exceed two.		
g. The patient is under shared care with a vascular neurosurgeon and the procedure will be carried out in a specialist unit.		
h. There will be documented case discussion at MDT (interventional neuroradiology and vascular neurosurgery). This should confirm 4.e		
i. External peer review of case selection should be sought: <ul style="list-style-type: none"> • By inexperienced operators (<10 cases/individual or <20 cases/centre) • If there is uncertainty, or the MDT deems the case controversial, even in experienced centres. 		
5. Pre implant status		
5.1 Aneurysm symptoms		
a. Visual	Specify:	
b. Seizures - poorly controlled on medication or adversely affecting life	Specify:	
c. Sensori-motor	Specify:	
d. Thromboembolic	Specify:	
e. Other	Specify:	
f. Asymptomatic	Specify:	

5.2 Functional status	MRS 0-5
	WFNS (in case of 3.1 e or f)
<p>For approved requests which meet the policy criteria, information on procedural events and outcomes should be:</p> <ul style="list-style-type: none"> • Collected and reported to the UK Flow diverter registry • Made available to commissioners on request using the following: 	
6. Procedural events	
6.1 Serious Adverse Events during treatment Y/N	If Y please specify:
6.2 Adjunctive treatment e.g. Coiling, more than 1 flow diverter used, other	Specify in detail:
7. Follow up at 6 months post procedure	
7.1 Aneurysm symptoms	
a. Visual	Specify:
b. Seizures - (better/worse/stable)	Specify:
c. Sensori-motor	Specify:
d. Thromboembolic	Specify:
e. Other	Specify:
f. Asymptomatic	Specify:
7.2 Functional status	MRS 0-6
7.3 Angiography	
a. Aneurysm occluded Y/N	
b. Parent artery occluded Y/N	
c. Aneurysm patent Y/N	Better / Worse / Stable
7.4 Further treatment planned	Specify in detail:
Clinical feedback provided by:	
Name, role, speciality	
Date:	