Trust/GP address

Date

IFR team

South, Central & West CSU

Omega House

112 Southampton Road

Eastleigh SO50 5PB

[**scwcsu.ship.ifrrequests@nhs.net**](mailto:scwcsu.ship.ifrrequests@nhs.net)

Dear team

Prior Approval– Chronic Anal Fissure (CAF) in Adults

|  |  |
| --- | --- |
| Patient Name/ DoB |  |
| NHS Number |  |
| Referring GP/ practice |  |
| Consultant/ Providing Trust |  |
| Date of clinic |  |

Lateral sphincterotomy can only be considered if all the following options have failed;

|  |  |
| --- | --- |
| Patient has been treated in primary care and been fully advised about diet and the avoidance of constipation being imperative |  |
| Please provide detail here (supportive evidence is required) | |

|  |  |
| --- | --- |
| Patient has tried GTN (glyceryl trinitrate) rectal ointment for >1 month |  |
| Please provide further detail here (supportive evidence is required) | |

**AND**

|  |  |
| --- | --- |
| Patient has been offered a botulinum toxin injection (restricted to one injection) |  |
| Please provide details if injection received and any benefit | |

**To the best of my knowledge I have given the most accurate and up to date information regarding this patient’s clinical condition.  I have ensured that I have obtained consent from my patient or their legal representative /guardian to share their information with SCW CSU for the purposes of enabling full consideration of this funding request. All applications for Prior Approval are recorded and applicants may be held accountable for the information they submit.**

Yours sincerely

Referring/Treating clinician GMC Number