

07 May 2021

GM Critical Care Network

Dear colleagues

Pathway for Critical Care patients with brachial plexopathy

We are writing to offer the support of the Greater Manchester Peripheral Nerve and Brachial Plexus Service for any patients presenting during their hospital stay or on follow up with signs or symptoms of brachial plexus injury following treatment in Critical Care. Our service is based at Wythenshawe, is comprised of four Consultants plus hand Therapists, and offers a four-weekly MDT clinic and a full reconstructive surgical service. We accept referrals from the whole of Greater Manchester, Lancashire and Cumbria.

Brachial plexopathy as a complication of prolonged intubation due to COVID has recently been reported in the medical literature. The aetiology is currently unclear but may be a mixture of traction plexopathy due to prolonged proning or a microangiopathic phenomenon due to COVID itself. We do not yet know if a group of these patients will need surgery, but a small subset may benefit from surgical neurolysis of the plexus or peripheral nerves or may go on to need late reconstruction.

If you encounter any patients with symptomatic upper limb nerve deficits following Critical Care stays – in particular neuropathic pain or muscle weakness – we advise the following pathway:

- request nerve conduction studies and EMGs within three months
- refer to any of us for assessment in the Plexus MDT clinic

We aim to see patients within six weeks of referral, but there may be delays if many patients are referred in a short period.

We would also be happy to offer advice by email. We can be contacted individually, or through the joint mailbox at peripheralnerve@mft.nhs.uk

Yours faithfully

Sent on behalf of:

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