

Selective dorsal rhizotomy

Consider selective dorsal rhizotomy to improve walking ability in children and young people with spasticity at (Gross Motor Function Classification System (GMFCS) level II or III:

- Patient selection and treatment should be carried out by a multidisciplinary team with specialist training and expertise in the care of spasticity, and with access to the full range of treatment options.
- Discuss the irreversibility of the treatment, the known complications and the uncertainties over long-term outcomes with children and young people, and their parents and/or carers (see also [‘Selective dorsal rhizotomy for spasticity in cerebral palsy’](#), NICE interventional procedure guidance 373).
- Teams offering selective dorsal rhizotomy should participate in a co-ordinated national agreed programme to collect information on short- and long-term outcomes on all patients assessed for selective dorsal rhizotomy, whether or not selective dorsal rhizotomy is performed. These recorded outcomes should include measures of muscle tone, gross motor function, neurological impairment, spinal deformity, quality of life and need for additional operations, with nationally agreed consistent definitions.

The guideline will assume that prescribers will use a drug's summary of product characteristics (SPC) to inform decisions made with individual patients. Please refer to footnotes in the recommendations in the full guideline for information about the use of drugs outside their licensed indications.