

Name: Emanuele MANCO | DOB: 12/7/1981 | MRN: 170063626 | GP: | Legal Name: Emanuele MANCO

## Letter Details

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### Orthopaedics, Plastic Surgery & Rheumatology Institute Orthopaedic Surgery

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**Mr Michael Fox**  
**Consultant Peripheral Nerve Surgeon**  
**Emanuele MANCO**

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**Appointment type:** Referral to  
Consultant

**GP Practice ID:** E82133

**GP Address:**  
HIGH STREET SURGERY  
13-15 HIGH STREET  
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WALTHAM CROSS  
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EN8 0BX

**Appointment date:** 28/9/2023

Dear Mr. MANCO,

Thank you for attending your appointment on 28/9/2023. Included below are my notes from the clinic visit which have been shared with your referring doctor. I hope that you had the opportunity to discuss all matters and that I was able to explain clearly your condition and next steps.

#### **Clinic Note:**

I had the opportunity to review Mr Manco who is a 42 right-hand dominant gentleman who works in information technology and whose problems date back to 15th July this year when he fell at a party and attempted to stabilise himself by holding onto a wooden pillar.

This led to a distal biceps rupture which was fixed at Barnet Hospital on 27th July with 2 titanium screws to the proximal radius. He is very clear that since the operation he has had reduced sensation onto the dorsum of his hand and that this is associated with significant pain which limits the use of his arm.

He has a history of degenerative disc disease at L4/5 but has no other significant past medical history has no allergies.

To clinical examination, he has a longitudinal scar on the medial border of his mobile wad with a strongly positive Tinel's in the proximal third radiating to the superficial radial nerve territory. He has no appreciation of light touch or pinprick significantly to his superficial radial nerve territory. He does have sensation in the lateral cutaneous nerve of the arm and he has good distal motor

power for the radial nerve, median and ulnar nerves including into the hand.

There is no injury to the posterior interosseous nerve but there is to my mind an injury to the superficial radial nerve.

On balance given that this was associated with surgery and has not improved since the date of surgery some 2 months ago and with a static Tinel's as per Mr Aresti's previous examination, I think we should explore his superficial radial nerve and be prepared to neurolysis it, or prepare a conduit graft and repair of the same.

I will list him for this as a matter of priority.

Thank you for the opportunity to provide you care. Please do not hesitate to contact me should you have any questions.

Yours sincerely,

**Mr Michael Fox**  
**Consultant Peripheral Nerve Surgeon**

GMC ID: 4319786

*Electronically completed on 28/09/23 at 15:47*

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