information about all aspects of the subject, avoiding complicated medical jargon. This section includes clear illustrations and good links to other sites. In addition, users of the site have the opportunity to pose questions on issues that concern them. The healthcare professional's section provides primary care physicians with a number of useful resources, guidelines and reference materials on the diagnosis and management of hyperhidrosis. It can be accessed by physicians only and requires the provision of a GMC number.

Peripheral nerve surgery

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Peripheral nerve surgery encompasses acute nerve injuries, entrapment neuropathies and nerve sheath tumours. It is practiced by surgeons of varying backgrounds with expertise in orthopaedic, neurological, plastic and reconstructive surgery. Increasingly, several international centres of excellence have emerged whose surgeons are experts in the field and which offer the multidisciplinary care that patients with peripheral nerve disorders require. Most of these centres have websites outlining the services they offer but very few go into the level of detail which would clarify the concerns and queries that this group of patients commonly have.

www.neurosurgery.ucla.edu/Diagnoses/PeripheralNerve/

This is the website of the Division of Neurosurgery at the University of California in Los Angeles. The main diagnoses requiring surgical intervention are clearly listed from the beginning. Each is then elaborated in a question and answer type format clearly explaining anatomy, aetiology, treatment and prognosis. Links to relevant patient-information societies are given. The areas of their research are also briefly highlighted. The main drawback is the lack of diagrams and illustrations. However, in view of the clarity of explanations and layout, this site is probably the best starting point for the interested patient.***

www.neuro.jhmi.edu/Peripheral_Nerve/

This is a patient resource supplied by the Department of Neurosurgery at the Johns Hopkins University Hospital. Constructed on similar lines to the UCLA site, it gives a very basic introduction to the field of peripheral nerve surgery and most of the key headings are covered. The tumour section is still under construction. Although it is thin on details regarding what the patient is likely to experience with regards to investigation, treatment and recovery, it is again a fair starting point for any patient wanting to learn about the field.**

www.nlm.nih.gov/medlineplus/peripheralnervedisorders.html

This portal has been created by the US National Library of Medicine and the National Institutes of Health and contains a

vast array of information specifically targeted to the lay person. It lists over 700 topics on various conditions with a medical dictionary available to the navigator. The medical encyclopaedia is well illustrated and with regards to peripheral nerves the links on brachial plexus injuries are the only ones covered in enough detail to be of any use to the patient.**

www.theuniversityhospital.com/healthlink/archives/articles/nerve.html

This link is from the site of the University of Medicine and Dentistry in New Jersey, USA. It is essentially a patient's account of his symptoms after developing a schwannoma (nerve sheath tumour) of his sciatic nerve. What is especially useful for patients and surgeons alike is the characteristic description given by this patient of the pain he experienced prior to surgery which is typical of neuropathic pain states associated with peripheral nerve disorders. The account later moves on to a general description by the operating surgeon on the principles of treating peripheral nerve trauma. Although just a single-page link, this is one of the very few patient accounts to be found on the net.**

www.wheelsonline.com

This constantly updated online textbook cannot be ignored in any website review of an orthopaedic-related specialty. It is widely accepted as a key resource for orthopaedic surgeons in training. The site has a whole section on nerves which can be easily navigated. The section is set out with a list of all the nerves in the upper and lower limbs and what follows for most of them is a description of the anatomy. Unfortunately, due to this layout, there is no real overview of the surgical disorders of peripheral nerves. Most sections have abundant links to abstracts on all the key topics in peripheral nerve surgery – an invaluable feature for the treating physician. The obstetric brachial plexus palsy (OBPP) section is poorly covered with no mention of Narakas' clinical classification of OBPP which is the key in determining the prognosis of these injuries. There are also very few diagrams or photographs. For those familiar with peripheral nerve surgery, the site acts as an excellent revision aid but fails to paint the whole picture.***

www.peripheralnerves.com

This site has been constructed by one of the previous registrars at our unit. It starts very promisingly giving a good outline of the work involved in the specialty and a very comprehensive review of obstetric brachial plexus palsy targeted both towards the patient and the surgeon. Unfortunately the remaining categories including adult trauma, tumours and nerve compression syndromes are all under construction. The site does not seem to have been updated for a while, but definitely holds a lot of promise.***

www.neurosurgery.com.au

With regard to design, this site created by three neurosurgeons in Melbourne, Australia, is extremely user-friendly and ideal for the patient. It follows a question and answer type format and what makes it unique are accompanying leaflets of postoperative

instructions for the patients. However, as with other neurosurgical sites, peripheral nerve disorders are not well covered and this site only explains entrapment neuropathies of individual nerves and completely overlooks the brachial plexus and tumours.*

Brachial plexus and peripheral nerve injury

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The spectrum of peripheral nerve injuries seen by a specialist unit falls under three main categories: (i) obstetric brachial plexus palsy; (ii) severe trauma (motor vehicle accidents/stab/gunshot wounds); and (iii) iatrogenic injury. The brachial plexus forms a major part of the workload but the lower limb plexuses and the individual nerves in the upper and lower limbs are included in this group. The main implications for the patient range from temporary dysfunction to total paralysis of the affected limb and, in some cases, severe neuropathic pain. We review a mix of sites related to description and management of these difficult problems.

www.emedicine.com/orthoped/topic26.htm

www.emedicine.com/orthoped/topic537.htm

This well-known resource for patients and clinicians presents sections on brachial plexus and peripheral nerve injury. The site is not particularly up-to-date but displays a brief overview of the historical background and current understanding of basic and clinical science aspects. As with all clinical subjects on this site, the 'quick find' and regular index displays are the standard format used to facilitate navigation. An interesting selection of images is also shown with an essential reference list. This resource is a good brief introduction into the field.**

www.drathbrachialplexus.com

This website has been created by a US peripheral nerve surgeon affiliated with a brachial plexus institute in Texas. Targeted at the patient and family, it provides a truly interactive experience for understanding this injury in considerable depth. It is a well-designed site, headed by an easy to use index which navigates the user through everything from the anatomy of injury, the surgical decision-making process, to details of specific procedures. It achieves this via a vast array of images, diagrams, video and digital animations. There is even an interactive brachial plexus with animations representing the appearances of specific injuries. The site also incorporates a novel self-referral method via a digitally animated guide which encourages home video evaluation of function following injury. For patient satisfaction and clinical research, a trademarked patient surveillance system has also been installed to track the long-term progress of patients, whilst continually updating and collecting patient data. Patient support links are abundant, with clear downloadable PDF

postoperative instructions, and there is even a novel 'brachial plexus buddies' service set up to link families and individuals together for one-on-one support. Although this is one surgeon's site, and aimed primarily for patients in the US, it is a great example of an interactive portal for education and action for those involved in such injuries. Providing a dynamic system for use by the patient and the surgeon, this site may be the shape of the next generation of healthcare portals on the internet. Furthermore, Dr Nath MD has been peer-nominated as one of 'America's top surgeons', so naturally, its worth a look!*****

www.drathimpotencesurgery.com

The aforementioned surgeon is also involved with this interesting area of peripheral nerve surgery. This site is a little more basic compared to the brachial plexus portal but, nevertheless, presents a particular operation for reconstruction of neural damage sustained following prostatic surgery. Again, the site is well displayed with clear descriptions of the anatomy of injury and approach to surgery. All the associated patient links, support groups and self-referral methods are present as in the partner site. This site may provide interesting viewing for those involved in this specialist area.**

www.wfubmc.edu/ortho/brachial_plexus

Another site targeted at the patient audience, this one is produced by the Wake Forest University Baptist Medical Center. The peripheral nerve section focuses on brachial plexus injury but in contrast to other patient sites, explains the surgery with great clarity and is accompanied by excellent schematic diagrams and intra-operative pictures. Again, there are links to various brachial plexus injury support groups and a whole section on the rehabilitation services offered by the hospital which form a major part in the functional and psychological recovery of these patients.***

www.orthoinfo.aaos.org

This is predominantly a patient resource supplied by the American Academy of Orthopedic Surgeons. Its coverage of peripheral nerve disorders is fairly limited but it does have sections on Erb's palsy, the basics of nerve injury and electrodiagnostic testing which are particularly well explained in a very simple style. A valuable resource for patients wanting to understand the basics of nerve anatomy and gain an insight into what to expect when they are subjected to various electrophysiological investigations.***

www.neuro.wustl.edu/neuromuscular/nanatomy/proxmot.html

Pain after peripheral nerve injury is arguably the most debilitating symptom of this condition. Sites for physicians and surgeons are limited to links to various scientific publications. This is one of the few sites which comprehensively covers all the brachial neuropathies and importantly includes the pain states which arise in brachial plexus lesions associated with traction, gunshot and birth injuries. Although it does not go into much detail on pathophysiology, clinical features and treatment are covered well, thus making it an invaluable aid to those involved in treating this patient population.***