St Vincent's Hospital Neurosurgery Referral Guidelines

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WHEN TO REFER

Urgent conditions:

***Do NOT fax referral letters to the outpatient clinic**, instead, please contact the neurosurgery registrar via St Vincent's switch board on 03 9231 2211*

Urgent Conditions
Brain
• Any conditions that cause symptoms of raised intracranial pressure (nausea, vomiting, headache & acutely deteriorating vision), eg. brain tumours, blocked cerebrospinal fluid (CSF) shunt, hydrocephalus • Intracranial haemorrhage (extradural, subdural, subarachnoid, intraparenchymal) • Brain abscess
Spine
• Spinal cord compression • Cauda equina syndrome • Epidural abscess • Known history of malignancy with spinal metastasis

Important Information for Referrers

Neurosurgery Outpatient **Phone: 9231 3475 Fax: 9231 3489**

What to include in the referral:

- Patient's demographic and clinic details (adequate history is essential)
- Patient's past neurosurgery history (previous consultation or operations: surgeon name, management date and location)
- Imaging report must be provided with the referral, including source (eg. MIA) and patient ID number
- Patients must be instructed to bring a CD or hard copy films of their latest and previous scans to their appointments.
- Indicate if interpreter is required for non – English speaking patients

Medicare-eligible MRI scans that can be organised by the GP:

- Over 16 years old + cervical radiculopathy or trauma
- Over 16 years old + unexplained seizures or headaches with suspected intracranial pathologies

Triage Frequency: weekly
Expected Triage Outcome
Urgent: Referrals are categorized as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant impacts on health and quality of life if not managed promptly. These patients are seen within **30 days** of referral receipt.
Semi-urgent: Referrals are categorized as semi-urgent if the patient has a condition that has the potential to deteriorate within the next 3 months. These patients are seen within **90 days** of referral receipt.
Routine: Referrals are categorized as routine if the patient's condition is unlikely to deteriorate within the next 3 months or have significant consequences on the person's health.
Do NOT refer if: • Patient has been referred to another Neurosurgery department • isolated back pain without radicular signs or symptoms • Isolated neck pain with no radicular signs or symptoms and imaging only showing degenerative changes
Recommendations for GPs in the management of patients with isolated neck or back pain
• Pain management program or referral to chronic pain specialists • Structured rehabilitation program to be arranged by GP

CERVICAL CONDITIONS

Condition/Symptoms	GP Management	Investigations PRIOR TO referral	Expected Triage Outcome
Neck pain with radiculopathy *-shooting pain in the arm;* *numbness/tingling/weakness* *-reduced or absent reflexes*	• Analgesia, physiotherapy +/- a trial of oral steroids • If persists over 6 – 8 weeks please organise a MRI	• Ideally MRI • Alternatively: CT cervical spine • If injections have been done please include in the referral: type (epidural/nerve root), the level and the side	Semi-urgent – Routine
Myelopathy *-unsteady gait* *-brisk reflexes below compression level* *-weakness*	• MRI scan	• MRI cervical spine	Urgent – Semi-urgent (depending on adequate history and examination)

THORACOLUMBAR CONDITIONS

Condition/Symptoms	GP Management	Investigations PRIOR TO referral	Expected Triage Outcome
Back pain with radiculopathy +/- claudication	• Analgesia, physiotherapy • If persists for >6-8 weeks then organise a MRI • Not all back or hip/leg pain is due to spinal pathology, please consider other aetiologies (eg. osteoarthritis of the hip , trochanteric bursitis or vascular aetiology)	• Ideally MRI • Alternatively: CT • If injections have been done please include in the referral: type (epidural/nerve root), the level and the side	Routine
Back pain with red flag symptoms *eg. IV drug use; immunosuppression (eg. steroid use); history of cancer; infective symptoms; unexplained weight loss; constant unremitting pain of recent onset*	• Urgent MRI with contrast (if no contrast allergy and renal function adequate) or CT scan	• If no pathology on imaging: reassure and manage as isolated back pain • If any pathology (eg. tumour, infection): contact the neurosurgery registrar	N/A

INTRACRANIAL CONDITIONS

Condition/Symptoms	GP Management	Investigations PRIOR TO referral	Expected Triage Outcome
Incidental finding of **small benign tumours** (meningioma, acoustic neuromas, pituitary tumours)	• Refer to Neurosurgery clinic	• MRI brain with contrast (if no contrast allergy and renal function adequate)	Semi-urgent – routine
Incidental finding **of unruptured cerebral aneurysms**	• Control hypertension • Advise cessation of smoking, heavy alcohol consumption or IV drug use (if relevant)	• CT brain angiogram • Or MR brain angiogram	Semi-urgent – routine
Trigeminal neuralgia	• If refractory to medication(s), can refer to Neurosurgery clinic for consideration of procedural options	• MRI brain	Semi-urgent

PERIPHERAL NERVE CONDITIONS

Condition/Symptoms	GP Management	Investigations PRIOR TO referral	Expected Triage Outcome
Suspected carpal tunnel syndrome **or ulnar neuropathy**	• Refer to neurosurgery clinic	• Organise a nerve conduction study to confirm median or ulnar neuropathy if possible	Semi-urgent to routine

Neurosurgery Outpatient Clinic Waiting List Status

Total number of patients waiting to be seen: 2, 560

2018 – 19 Fiscal Year	
Urgent Referrals: 53	Seen within time target: 81.13%
Routine Referrals: 1, 704	Seen within time target: 45.95%
No. of new patients seen:	1, 815
No. of review patients seen:	4, 014
No. of patients discharged:	843
No. of patients waitlisted for surgery:	223