

# 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
- St Vincent's Spine Assessment Referral Form (if applicable)

### 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
<p><b>Urgent:</b></p> <p>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.</p> <p>These patients are seen within <b>30 days</b> of referral receipt.</p>
<p><b>Semi-urgent:</b></p> <p>Referrals are categorized as semi-urgent if the patient has a condition that has the potential to deteriorate within the next 3 months.</p> <p>These patients are seen within <b>90 days</b> of referral receipt.</p>
<p><b>Routine:</b></p> <p>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.</p>
<p><b>Do NOT refer if:</b></p> <ul style="list-style-type: none"> <li>• Patient has been referred to another Neurosurgery department</li> <li>• isolated back pain without radicular signs or symptoms</li> <li>• Isolated neck pain with no radicular signs or symptoms and imaging only showing degenerative changes</li> </ul>
<p><b>Recommendations for GPs in the management of patients with isolated neck or back pain</b></p> <ul style="list-style-type: none"> <li>• Pain management program or referral to chronic pain specialists</li> <li>• Structured rehabilitation program to be arranged by GP</li> </ul>



## CERVICAL CONDITIONS

Condition/Symptoms	GP Management	Investigations PRIOR TO referral	Expected Triage Outcome
<p><b>Neck pain with radiculopathy</b></p> <p><i>-shooting pain in the arm;</i> <i>numbness/tingling/weakness</i> <i>-reduced or absent reflexes</i></p>	<ul style="list-style-type: none"> <li>Analgesia, physiotherapy +/- a trial of oral steroids</li> <li>If persists over 6 – 8 weeks please organise a MRI</li> </ul>	<ul style="list-style-type: none"> <li>Ideally MRI</li> <li>Alternatively: CT cervical spine</li> <li>If injections have been done please include in the referral: type (epidural/nerve root), the level and the side</li> </ul>	Semi-urgent – Routine
<p><b>Myelopathy</b></p> <p><i>-unsteady gait</i> <i>-brisk reflexes below compression level</i> <i>-weakness</i></p>	<ul style="list-style-type: none"> <li>MRI scan</li> </ul>	<ul style="list-style-type: none"> <li>MRI cervical spine</li> </ul>	Urgent – Semi-urgent  (depending on adequate history and examination)



## THORACOLUMBAR CONDITIONS

Condition/Symptoms	GP Management	Investigations PRIOR TO referral	Expected Triage Outcome
<b>Back pain with radiculopathy +/- claudication</b>	<ul style="list-style-type: none"> <li>Analgesia, physiotherapy</li> <li>If persists for &gt;6-8 weeks then organise a MRI</li> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>Ideally MRI</li> <li>Alternatively: CT</li> <li>If injections have been done please include in the referral: type (epidural/nerve root), the level and the side</li> </ul>	Routine
<b>Back pain with red flag symptoms</b>  <i>eg. IV drug use; immunosuppression (eg. steroid use); history of cancer; infective symptoms; unexplained weight loss; constant unremitting pain of recent onset</i>	<ul style="list-style-type: none"> <li>Urgent MRI with contrast (if no contrast allergy and renal function adequate) or CT scan</li> </ul>	<ul style="list-style-type: none"> <li>If no pathology on imaging: reassure and manage as isolated back pain</li> <li>If any pathology (eg. tumour, infection): contact the neurosurgery registrar</li> </ul>	N/A



## INTRACRANIAL CONDITIONS

Condition/Symptoms	GP Management	Investigations PRIOR TO referral	Expected Triage Outcome
Incidental finding of <b>small benign tumours</b> (meningioma, acoustic neuromas, pituitary tumours)	<ul style="list-style-type: none"> <li>Refer to Neurosurgery clinic</li> </ul>	<ul style="list-style-type: none"> <li>MRI brain with contrast (if no contrast allergy and renal function adequate)</li> </ul>	Semi-urgent – routine
Incidental finding of <b>unruptured cerebral aneurysms</b>	<ul style="list-style-type: none"> <li>Control hypertension</li> <li>Advise cessation of smoking, heavy alcohol consumption or IV drug use (if relevant)</li> </ul>	<ul style="list-style-type: none"> <li>CT brain angiogram</li> <li>Or MR brain angiogram</li> </ul>	Semi-urgent – routine
<b>Trigeminal neuralgia</b>	<ul style="list-style-type: none"> <li>If refractory to medication(s), can refer to Neurosurgery clinic for consideration of procedural options</li> </ul>	<ul style="list-style-type: none"> <li>MRI brain</li> </ul>	Semi-urgent



## PERIPHERAL NERVE CONDITIONS

Condition/Symptoms	GP Management	Investigations PRIOR TO referral	Expected Triage Outcome
<p><b>Suspected carpal tunnel syndrome</b></p> <p><b>or ulnar neuropathy</b></p>	<ul style="list-style-type: none"> <li>Refer to neurosurgery clinic</li> </ul>	<ul style="list-style-type: none"> <li>Organise a nerve conduction study to confirm median or ulnar neuropathy if possible</li> </ul>	<p>Semi-urgent to routine</p>





## 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