

# REFERRAL GUIDELINES: NEUROSURGERY

## When to Refer

### URGENT

Step 1 Contact the neurosurgery registrar via St Vincent's switch board on 03 9231 2211

URGENT CONDITIONS		
BRAIN	SPINE	
<ul> <li>Brain Tumours causing symptoms of raised intracranial pressure, epilepsy</li> <li>Intracranial bleeds including; subarachnoid haemorrhage, subdural haemorrhage, extradural haemorrhage, intracranial haemorrhage</li> <li>Brain Abscess</li> <li>Hydrocephalus causing symptoms of raised intracranial pressure, (headaches, nausea and vomiting)</li> <li>Blocked V-P Shunt</li> </ul>	<ul> <li>Cord Compression with Neurological symptoms</li> <li>Cauda equina syndrome as defined by Back pain with neurological and bladder involvement</li> <li>Known history of Malignancy particularly with Metastasis</li> </ul>	

### SEMI-URGENT

- Step 1 All semi-urgent referrals are to be referred to St. Vincent's Hospital, Neurosurgery Outpatient's clinic.
- Step 2 Neurosurgery Outpatient Fax: 9231 3489 Neurosurgery Outpatient Phone: 9231 3475
- Step 3 All referrals will be triaged according to clinical urgency.
- Step 4 Referrals must include the following Demographic and Clinical details;
  - date of birth
  - contact details (including mobile phone)
  - referring GP details
  - Interpreter requirements
  - Medicare number
  - reason for referral
  - duration of symptoms
  - relevant pathology and imaging reports
  - past medical history
  - current medications
- Step 5 Imaging must be included with the referral. Please note that General Practitioners are able to order rebatable MRI's for patients over the age of 16 years for the following;
  - MRI cervical spine for radiculopathy or trauma
  - MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology.

SPINE		BRAIN
•	Cervical disc prolapse or cord compression with scans and appropriate signs (arm pain +/- neurological deficit) Lumbar canal stenosis with scans and appropriate signs (leg pain +/- neurological deficit)	• Trigeminal Neuralgia

ROUTIN	INE			
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Ctor D	Outpatient's Clinic			
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	Referrals must include the following Demographic and Clinical details;			
bicp 4	<ul> <li>date of birth</li> </ul>			
	<ul> <li>contact details (including mobile phone)</li> </ul>			
	<ul> <li>referring GP details</li> </ul>			
	Interpreter requirements			
	Medicare number			
	reason for referral			
	duration of symptoms			
	<ul> <li>relevant pathology and imaging reports</li> </ul>			
<ul> <li>past medical history</li> </ul>				
	current medications			
Step 5	Imaging must be included with the referral.			
-	Please note that General Practitioners are able to order Me	edicare rebatable MRI's for patients over		
	the age of 16 years for the following;			
	MRI cervical spine for radiculopathy or trauma			
	<ul> <li>MRI head for unexplained seizures or chronic headach pathology.</li> </ul>	nes with suspected intracranial		
SPINE				
	Cervical disc prolapse with no neurological     deficit			
	<ul><li>Lumbar with no neurological deficit</li><li>Peripheral nerve loss</li></ul>			
	• Carpal Tunnel Syndrome			
	<ul> <li>Ulnar Neuropathy</li> </ul>			
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### Conditions not seen at St Vincent's Hospital

- 1. Patient's already on another hospital's waiting list
- 2. Headache with no pathology or imaging
- 3. Seizures without abnormality on imaging
- 4. Neck pain with no radicular signs or symptoms and imaging only showing degenerative changes
- 5. Back pain

### Recommendations for GP in the Management of Patients who present with only Neck Pain or Back Pain

- 1. Consider Bone Scan
- 2. If abnormal imaging, they may be suitable for facet joint injections
- 3. Structured rehabilitation program to be arranged by GP
- 4. Pain management program to be arranged by GP

#### These are general recommendations and not specific to your patient.