Bayside Health

Referral Guideline – Regional

Neurosurgery

Neurosurgery specialises in consultation for brain, spine and peripheral nerve surgery

How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral.**

All new referrals are processed by the Bayside Health Regional Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health Regional can be sent via email (access@basscoasthealth.org.au)

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to access@basscoasthealth.org.au

Relevant referral form

Outpatient specialist clinic referral (MR-309)

Referrer guidance

Clinically recommended guidance for referrers is available through Gippsland Pathways.

Clinical Lead

Professor Victoria Mar

Role: Clinical Lead and Melanoma Specialist

Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet:**

- Minimal Referral Criteria
- State-wide Referral Criteria (where applicable),
- Local Bass Coast service eligibility
- Anaesthesia and Surgical Services – Patient Suitability Framework

Please note, the Managing referrals to non-admitted specialist services policy states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening

RED FLAG CONDITIONS

EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Any neurological event considered urgent.
- Aneurysms, AVM's
- Rapidly progressive neurological signs or symptoms leading to weakness or imbalance.
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control)
- Present or suspected ruptured abdominal aortic aneurysm
- Suspected spinal infection.
- Recent spinal trauma or fracture associated with neurological deficits.
- Acute development of peripheral nerve compression symptoms following trauma.
- New diagnosis of spinal tumour with neurological deficits.
- Tumours associated with mass effect
- Fever with acutely painful, hot, swollen joint(s).
- Suspected systemic infection
- Acute severe headache, drowsiness &/or vomiting
- Seizures
- Deteriorating neurological function i.e. increasing headache and/or nausea, vomiting, decrease in conscious level, seizure, development of focal neurological sign
- Suspected glucocorticoid deficiency

Procedures/Conditions seen at Bayside Health Regional

- Cranial Brain Tumours
- Cranial – Hydrocephalus and colloid cysts
- Cranial – Trigeminal Neuralgia & hemifacial spasm
- Cranial – Chiari Malformations & syringomyelia
- Cranial – Pituitary Tumours
- Peripheral nerve – Carpal Tunnel
- Peripheral nerve – Peripheral nerve Tumour
- Peripheral nerve – Ulnar neuropathy
- Spinal Oncology
- Spinal – Vascular disorders
- Spinal cord compression

Exclusions

The following conditions / procedures are not routinely seen at Bayside Health Regional

- Degenerative Spine
- Sciatica
- Spinal Trauma
- Chronic Pain
- Progressive lower back
- Neck pain
- Radiculopathy
- Paediatric care <8 years

Refer to Bayside Health Alfred or Monash Health

Cranial Brain Tumours; consult seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Diagnosed Brain Tumour

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Clinical history and exam
- CT if MRI cannot be arranged
- Hormone levels including Prolactin if suspected Pituitary Tumour
- Family history

** Note for referrers - Provide MRI if available, otherwise an MRI can be performed at The Alfred.

** Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

EMERGENCY	• Refer to RED flag conditions
URGENT	• Tumours of moderate dimensions without major neurological disturbance
ROUTINE	• Small benign tumours or cysts without major neurological disturbance

Cranial - Hydrocephalus and colloid cysts; consult at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Hydrocephalus and colloidcysts.

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- CT if MRI not possible

** Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred

** Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

EMERGENCY

- Refer to RED flag conditions

URGENT

- Significant but less severe features
- Scan with hydrocephalus and periventricular oedema, without severe neurological features

ROUTINE

- Elderly patient with progressive ataxia and possible NPH on scan
- Hydrocephalus on scan without significant neurological sequelae

Cranial – Trigeminal Neuralgia & hemifacial spasm; consult at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Identified Trigeminal Neuralgia & hemifacial spasm.

**** Management Options for referrers**

- Carbamazepine is generally the most effective first line management for TN. This needs to be introduced slowly from 100mg BD to avoid excessive sedation.
- Lyrica and gabapentin are reasonable second-line options.

Additional Information to be included

- Minimal Referral Criteria
- Provide details of severity and nature of pain, treatment effects and other symptoms

EMERGENCY

- Refer to RED flag conditions

URGENT

- Severe pain despite appropriate maximal medical management ,and/or severe medication side-effects because of the level of treatment required

ROUTINE

- Pain is controlled to a troublesome but manageable level with medical management
- Pain controlled but the patient wants or requires specialist assessment

Cranial – Chiari Malformations & syringomyelia; consult at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Chiari Malformations (identified cerebellar tonsils being herniated out the skull into the spinal canal) & syringomyelia.

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- CT if MRI not possible

** Note for referrers - Provide MRI if available, otherwise an MRI can be performed at The Alfred

** Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner

EMERGENCY

- Refer to RED flag conditions

URGENT

- Significant but less severe features
- Determined by neurosurgeon

ROUTINE

- All other referrals considered routine

Cranial - Pituitary Tumours; consult at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Pituitary Tumour.

Additional Information to be included

- Minimal Referral Criteria
- Clinical history and exam
- CT if MRI cannot be arranged
- Hormone levels including Prolactin

** Note for referrers - Provide MRI if available, otherwise an MRI can be performed at The Alfred

** Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

EMERGENCY	• Refer to RED flag conditions
URGENT	• Tumours of moderate dimensions with mild visual or neurological disturbance
ROUTINE	• Small benign tumours or cysts without neurological or visual disturbance

Peripheral nerve – Carpal Tunnel; consult at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Neurogenic injury confirmed by nerve conduction study with either:

- Severe disabling symptoms with weakness and wasting
- Rapid progression
- Unresponsive to at least three months of medical management(that is at least two of hand therapy, orthotics/splinting ,ergonomic modifications, local steroid injection, oral steroids, alone or in combination)
- Recurrence of neurogenic injury after surgical decompression.

Additional Information to be included

- Description of onset, nature, progression, recurrence and duration of symptoms
- History of and response to treatment, thus far (e.g., Physio)
- Recent nerve conduction study report
- How symptoms are impacting on daily activities including impact on work, study or carer role
- If referral relates to recurrence after surgical decompression, details of previous surgery including when and where procedure(s) were performed
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

EMERGENCY

- Refer to RED flag conditions
- Acute development of peripheral nerve compression symptoms following trauma

URGENT

- Progressive symptoms, rapidly deteriorating and causing severe loss of mobility and/or disability
- Severe neural compromise or permanent sensory loss
- Associated muscle weakness

ROUTINE

- Functional impairments and/or pain persists despite conservative management

Peripheral nerve – Peripheral nerve tumour; Consult at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Identified Peripheral nerve tumour

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Clinical history and exam
- CT or MRI

** Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred

** Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

EMERGENCY

- Refer to RED flag conditions

URGENT

- Incidental vascular lesion larger than 5mm in diameter

ROUTINE

- Aneurysm or Cavernoma smaller than 5mm diameter without haemorrhage or significant neurological disturbance.
- Venous malformations

Peripheral nerve – Ulnar neuropathy; consult at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Neurogenic injury confirmed by nerve conduction study with either:

- Severe disabling symptoms with weakness and wasting
- Rapid progression
- Unresponsive to at least three months of medical management(that is at least two of hand therapy, orthotics/splinting ,ergonomic modifications, local steroid injection, oral steroids, alone or in combination)
- Recurrence of neurogenic injury after surgical decompression

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- Statement about the patient's interest in having surgical treatment if that is a possible intervention

EMERGENCY

- Refer to RED flag conditions

URGENT

- Progressive symptoms, rapidly deteriorating and causing severe loss of mobility and/or disability
- Severe neural compromise or permanent sensory loss
- Associated muscle weakness

ROUTINE

- Functional impairments and/or pain persists despite conservative management

Spinal Oncology; consult at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Confirmed spinal tumour or Metastatic Cancer

Additional information to be included

- Minimal Referral Criteria
- Referral reason
- Clinical history and exam
- CT or MRI

** Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred

** Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

EMERGENCY	• Refer to RED flag conditions
URGENT	• All urgent
ROUTINE	• Referred for follow up from tertiary hospital

Spinal – Vascular disorders; consult at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Aneurysms Arteriovenous malformations (AVMs) Dural Arteriovenous fistula (DAVF)
- Other miscellaneous vascular conditions

**Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

The Alfred has facilities for coiling and embolization, stereotactic radio-surgery, neurosurgery, and a Stroke Service.

Additional information to be included

- Minimal Referral Criteria
- In addition to essential demographic details and clinical information, and findings on neurological examination:
- Neuroimaging: CT scan or MRI scan or angiogram

** Note for referrers - Provide MRI if available, otherwise an MRI can be performed at The Alfred

** Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

EMERGENCY

- Refer to RED flag conditions

URGENT

- All urgent

ROUTINE

- Referred for follow up from tertiary hospital

Spinal cord compression; consult at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Confirmed spinal compression
- Not degenerative spine

Additional information to be included

- Minimal Referral Criteria
- Referral reason
- Clinical history and exam
- CT or MRI

** Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred

** Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

EMERGENCY	• Refer to RED flag conditions
URGENT	• All urgent
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