

## Neurosurgery Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of spinal and brain conditions. Patients will be triaged by health professionals into management pathways according to specific clinical requirements (either to the neurosurgery clinic or the physiotherapy led neurosurgery clinic).

## Conditions not seen by Neurosurgery Specialists at Western Health:

- Patients experiencing **degenerative spinal pain only**, and no presence of limb pain or neurological deficit unless significant instability on imaging i.e. severe malalignment or dynamic instability (movement on flexion/extension imaging) that potentially carries a risk of spinal cord or cauda equina compression)
- Patients with **degenerative spine conditions** (chronic neck or back pain) where appropriate conservative strategies have not been optimized (in the absence of motor deficits)
- **Scoliosis** – please refer to Royal Melbourne Hospital Orthopaedic Clinic
- **Aneurysm or Cavernoma, Venous Malformations & Vascular lesions** - please refer to [Royal Melbourne Hospital Cerebrovascular Clinic](#)
- **Pituitary tumours** – please refer to [Royal Melbourne Hospital Neurosurgery Pituitary Clinic](#)
- **Peripheral nerve tumours** – please refer to [Plastic Surgery Specialist Clinic](#)
- **Carpal tunnel syndrome** not responding to conservative management – please refer to [Plastic Surgery Specialist Clinic](#)
- **Ulna nerve compression** not responding to conservative management - refer to [Orthopaedic Specialist Clinic](#)
- Patients not wanting to consider surgery

## Neurosurgery Alarm Symptoms:

Any patient presenting with the following should **present directly to the nearest emergency department**:

- Brain tumours with any of the following:
  - o Significant mass effect (especially with midline shift)
  - o Significant neurological signs (especially depression of conscious state)
- Pituitary tumours associated with any of the following:
  - o Significant intra-cranial mass effect
  - o Neurological signs (impairment of vision, or depressed conscious state)
  - o Patients with pituitary failure, especially hypotension or hyponatraemia
- Hydrocephalus with any of the following:
  - o Acute headache, drowsiness, vomiting
  - o Acute headache, drowsiness, vomiting with VP shunt in situ
  - o Other serious neurological disturbance especially papilloedema or 6<sup>th</sup> nerve palsy
- Vascular lesion (aneurysms, AVMs, vascular conditions) with any of the following:
  - o Acute haemorrhage
  - o Acute third nerve palsy
  - o Other significant neurological disturbance
- Neck or back pain:
  - o Acute bacterial infection of the spine (suspected or proven)
  - o Neurological disturbance (acute quadriplegia or paraplegia, severe focal weakness not due to pain)
  - o Cauda equina symptoms
  - o Vertebrobasilar insufficiency symptoms

## Access & Referral Priority Neurosurgery:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<p style="text-align: center;"><b>URGENT</b></p> <p style="text-align: center;"><b>Appointment timeframe 30 days.</b></p>	<p style="text-align: center;"><b>ROUTINE</b></p> <p style="text-align: center;"><b>Appointment timeframe greater than 30 days, depending on clinical need.</b></p>
<p><b>Neck:</b></p> <ul style="list-style-type: none"> <li>- Neck pain with neurological deficit due to cord compression (eg cervical myelopathy)</li> <li>- Neck pain with referred pain to the arm (eg severe radicular pain AND significant focal weakness)</li> <li>- Malignant disease of the spine without neurological disturbance</li> <li>- Suspected chronic spinal infection</li> </ul>	<p><b>Neck:</b></p> <ul style="list-style-type: none"> <li>- Cord compression on MRI with pain and/or minor disability</li> <li>- Cervical radiculopathy with pain and neurological symptoms persisting for longer than 6 weeks</li> </ul>
<p><b>Back:</b></p> <ul style="list-style-type: none"> <li>- Back pain with referred pain to the leg (severe pain AND significant focal weakness)</li> <li>- Back pain secondary to neoplastic disease or infection</li> </ul>	<p><b>Back:</b></p> <ul style="list-style-type: none"> <li>- Significant sciatica without focal motor weakness &gt; 4 weeks duration</li> <li>- Neurogenic claudication (comes on with walking &gt;200m)</li> </ul>
<p><b>Brain:</b></p> <ul style="list-style-type: none"> <li>- Tumours of moderate dimensions without major neurological disturbance</li> <li>- Hydrocephalus &amp; periventricular oedema</li> <li>- Trigeminal neuralgia with severe pain despite medication</li> <li>- Vascular lesion larger than 5mm in diameter</li> </ul>	<p><b>Brain:</b></p> <ul style="list-style-type: none"> <li>- Small or benign tumours or cysts without major neurological disturbance</li> <li>- Aneurysm or cavernoma smaller than 5mm diameter (without haemorrhage or significant neurological disturbance)</li> <li>- Venous malformations</li> </ul>

## Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Neck	Key Information Points:	Clinical Investigations:
Cervical Myelopathy	<ul style="list-style-type: none"> <li>Completed <a href="#">General Practitioner Referral to Neurosurgery Specialist Clinic Back &amp; Neck Questionnaire</a> (see Appendix 1)</li> <li>There is a medical software compatible version of this form available for GPs to download into their software. <a href="https://www.westernhealth.org.au/HealthProfessionals/ForGPs/Pages/Referrals-to-Western-Health.aspx">https://www.westernhealth.org.au/HealthProfessionals/ForGPs/Pages/Referrals-to-Western-Health.aspx</a></li> </ul>	<ul style="list-style-type: none"> <li>Imaging: MRI preferable, if unavailable CT scan</li> <li>Include Imaging report &amp; radiology provider details with referral</li> <li>FBE, CRP &amp; ESR if infection suspected</li> </ul> <p><i>-&gt;Please note, GP Medicare rebates apply for MRI C-Spine (suspected trauma OR suspected cervical spine radiculopathy). See <a href="#">here</a> for further details.</i></p>
Cervical Radiculopathy		
Malignant disease of cervical spine		
Chronic infection of cervical spine		
Back	Key Information Points:	Clinical Investigations:
Back pain with radiculopathy	<ul style="list-style-type: none"> <li>Completed <a href="#">General Practitioner Referral to Neurosurgery Specialist Clinic Back &amp; Neck Questionnaire</a> (see Appendix 1)</li> <li>There is a medical software compatible version of this form available for GPs to download into their software. <a href="https://www.westernhealth.org.au/HealthProfessionals/ForGPs/Pages/Referrals-to-Western-Health.aspx">https://www.westernhealth.org.au/HealthProfessionals/ForGPs/Pages/Referrals-to-Western-Health.aspx</a></li> </ul>	<ul style="list-style-type: none"> <li>Imaging: MRI preferable, if unavailable CT scan</li> <li>Include Imaging report &amp; radiology provider details with referral</li> <li>FBE, CRP &amp; ESR if infection suspected</li> </ul>
Neurogenic claudication		
Back pain secondary to neoplastic disease or infection		
Brain	Key Information Points:	Clinical Investigations:
Tumours or cysts	<ul style="list-style-type: none"> <li>Clinical history, examination findings including neurological exam</li> <li>Details of functional deficits</li> <li>Past medical history &amp; current medications</li> </ul>	<ul style="list-style-type: none"> <li>Imaging: MRI preferable, if unavailable CT scan</li> <li>Include Imaging report &amp; radiology provider details with referral</li> </ul> <p><i>-&gt; Please note, GP Medicare rebates apply for MRI Brain (unexplained seizure/s OR unexplained chronic headache with suspected intracranial pathology). See <a href="#">here</a> for further details.</i></p>
Hydrocephalus & periventricular oedema		
Trigeminal neuralgia		

# Western Health Specialist Clinics Access & Referral Guidelines

## Appendix 1: General Practitioner Referral to Neurosurgery Specialist Clinic Back & Neck Questionnaire

**PLEASE ATTACH CURRENT  
IMAGING & INVESTIGATION  
RESULTS TO REFERRAL**

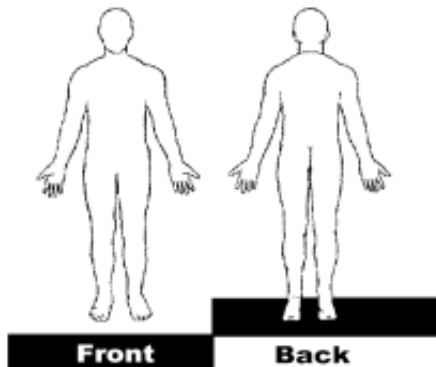
Western Health 

OUTPATIENT DEPARTMENT FAX: 8345 6856  
NEUROSURGERY REGISTRAR: 8345 6666 PAGER

### GENERAL PRACTITIONER REFERRAL TO NEUROSURGERY SPECIALIST CLINIC BACK AND NECK QUESTIONNAIRE

PATIENT INFORMATION		MALE/FEMALE	MR/MRS/MS	REFERRER DETAILS	
FIRST NAME:	LAST NAME:			NAME:	
DOB:	WESTERN HEALTH UR # (IF KNOWN):			CLINIC NAME	
ADDRESS:				ADDRESS:	
CONTACT NUMBERS—HOME:				MOBILE:	
INTERPRETER REQUIRED: YES/NO: If yes LANGUAGE:				PHONE:	
				FAX:	

#### INDICATE AREA(S) OF SYMPTOMS



#### PRIORITY SIGNS OF NEUROLOGICAL SYMPTOMS

- |   |     |    |
|---|-----|----|
| 1. WEAKNESS<br>if Yes, list weak muscle groups: _____ | YES | NO |
| 2. SENSORY LOSS                                       | YES | NO |
| 3. URINARY/BOWEL DYSFUNCTION<br>PERIANAL SENSORY LOSS | YES | NO |
| 4. LOSS OF REFLEX<br>If Yes, which reflex _____       | YES | NO |
| 5. HYPER-REFLEXIA                                     | YES | NO |
| 6. ATAXIA   | YES | NO |
| 7. PLANTAR REFLEX                                     | YES | NO |
| 8. CLONUS   | YES | NO |

**PLEASE BE AWARE THAT 90-95% OF REFERRALS TO NEUROSURGERY  
DO NOT REQUIRE SURGICAL INTERVENTION. NEUROSURGERY  
SPECIALTY IS A SURGICAL CLINIC.**

#### HISTORY OF CURRENT CONDITION (OR ATTACH REFERRAL LETTER)

Date of Onset: \_\_\_\_\_

Pain Duration: (include pain score: Visual Analogue Scale 0 - 10)  
\_\_\_\_\_

Radicular Arm/Leg Pain \_\_\_\_\_

Neurological Involvement: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Current/Previous Management for this Condition: \_\_\_\_\_

Many types of low back/leg pain and neck/arm pain will respond to a range of CONSERVATIVE treatments. In order to prevent acute pain becoming chronic, these conservative options should be explored first unless the involvement of neurological signs is more profound.

#### THE EXPECTATION IS THAT TREATMENTS HAVE BEEN TRIALLED AS PART OF THE MANAGEMENT HISTORY

TREATMENTS HAVE BEEN TRIALLED AND LENGTH OF TIME:

EXERCISE: YES/TIME: \_\_\_\_\_ NO

PHYSIOTHERAPY: YES/TIME: \_\_\_\_\_ NO

WEIGHT LOSS: YES/TIME: \_\_\_\_\_ NO

ANTI-INFLAMMATORY MEDICATION: \_\_\_\_\_ NO

IF YES: NAME/TIME FRAME: \_\_\_\_\_

OTHER: please specify: \_\_\_\_\_

FUNCTIONAL LIMITATION closest response:

WALKING: <100m 50—100m >500m

SITTING DURATION: < 5 mins 5—15 mins > 15 mins

SLEEP SIGNIFICANTLY DISTURBED: YES NO

BODY MASS INDEX \_\_\_\_\_