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, consider referral to Pain services- CoHealth Footscray, Western Health Chronic Pain Service, Royal Melbourn Back Assessment Clinic
- 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
- Spinal canal stenosis without neurogenic claudication- refer to physiotherapy
- Carpal Tunnel Surgery- Refer to Plastic and Reconstructive Surgery
- Arachnoid cyst
- Incidental findings on imaging not relating to presenting symptoms
- Intracranial Aneurysm - 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
- 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:
  - Significant mass effect (especially with midline shift)
  - Significant neurological signs (especially depression of conscious state)
- Pituitary tumours associated with any of the following:
  - Significant intra-cranial mass effect
  - Neurological signs (impairment of vision, or depressed conscious state)
  - Patients with pituitary failure, especially hypotension or hyponatraemia
- Hydrocephalus with any of the following:
  - Acute headache, drowsiness, vomiting with or without VP shunt in situ
  - Other serious neurological disturbance especially papilloedema or 6th nerve palsy
- Vascular lesion (aneurysms, AVMs, vascular conditions) with any of the following:
  - Acute haemorrhage
  - Acute third nerve palsy
  - Other significant neurological disturbance
- Neck or back pain:
  - Acute bacterial infection of the spine (suspected or proven)
  - Neurological disturbance (acute quadriplegia or paraplegia, severe focal weakness not due to pain)
  - Cauda equina symptoms
  - Vertebrobasilar insufficiency symptoms

Date: May 2025
Review Date: May 2028

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.

URGENT **Appointment timeframe 30 days.**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**
Neck: - Neurological deficit due to cord compression (e.g. cervical myelopathy) - Radicular referred pain to the arm (e.g. severe radicular pain AND significant focal weakness) - Malignant disease of the spine without neurological disturbance - Suspected chronic spinal infection	**Neck:** - Cord compression on MRI with pain and/or minor disability - Persistent (>6 weeks) cervical radiculopathy with pain and neurological symptoms
Back: - Radicular referred pain to the leg (severe pain AND significant focal weakness) - Neoplastic disease or infection of the spine	**Back:** - Significant sciatica without focal motor weakness > 4 weeks duration - Neurogenic claudication (comes on with walking >200m)
Brain: - Tumours of moderate dimensions without major neurological disturbance - Hydrocephalus & periventricular oedema - Trigeminal neuralgia with severe pain despite medication - Vascular lesion larger than 5mm in diameter	**Brain:** - Incidental small (<1cm) or benign tumours or cysts - Cavernoma smaller than 5mm diameter (without haemorrhage or significant neurological disturbance) - Venous malformations

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 Cervical Radiculopathy	• Completed General Practitioner Referral to Neurosurgery Specialist Clinic Back & Neck Questionnaire (see Appendix 1) • There is a medical software compatible version of this form available for GPs to download into their software. https://www.westernhealth.org.au/HealthProfessionals/ForGPs/Pages/Referrals-to-Western-Health.aspx • Expressed interest in surgical treatment if it is a possible intervention	• Imaging: MRI preferable, if unavailable CT scan • Include Imaging report & radiology provider details with referral *->Please note, GP Medicare rebates apply for MRI C-Spine (suspected trauma OR suspected cervical spine radiculopathy). See here for further details.*
Neoplastic disease or infection	• Clinical history, examination findings including neurological exam • Past medical history & current medications	• Imaging: MRI preferable, if unavailable CT scan • Include Imaging report & radiology provider details with referral • FBE, CRP & ESR if infection suspected
Back	**Key Information Points:**	**Clinical Investigations:**
Radiculopathy Neurogenic claudication	• Completed General Practitioner Referral to Neurosurgery Specialist Clinic Back & Neck Questionnaire (see Appendix 1) • There is a medical software compatible version of this form available for GPs to download into their software. https://www.westernhealth.org.au/HealthProfessionals/ForGPs/Pages/Referrals-to-Western-Health.aspx • Expressed interest in surgical treatment if it is a possible intervention	• Imaging: MRI preferable, if unavailable CT scan • Include Imaging report & radiology provider details with referral

Back	• **Key Information Points:**	• **Clinical Investigations:**
Neoplastic disease or infection	• Clinical history, examination findings including neurological exam • Past medical history & current medications	• Imaging: MRI preferable, if unavailable CT scan • Include Imaging report & radiology provider details with referral • FBE, CRP & ESR if infection suspected
Brain	**Key Information Points:**	**Clinical Investigations:**
Tumours or cysts Hydrocephalus & periventricular oedema Trigeminal neuralgia	• Clinical history, examination findings including neurological exam • Details of functional deficits • Past medical history & current medications • Expressed interest in surgical treatment if it is a possible intervention	• Imaging: MRI preferable, if unavailable CT scan • Include Imaging report & radiology provider details with referral *-> Please note, GP Medicare rebates apply for MRI Brain (unexplained seizure/s OR unexplained chronic headache with suspected intracranial pathology). See here for further details.*

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

PLEASE ATTACH CURRENT IMAGING & INVESTIGATION RESULTS TO REFERRAL

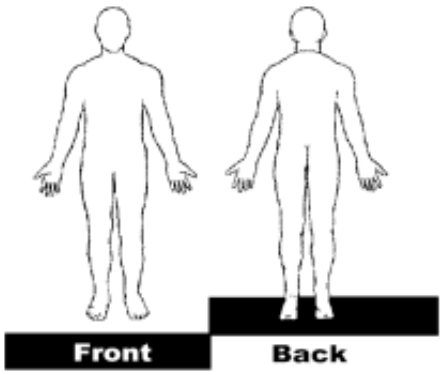
Western Health

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:	PHONE:
INTERPRETER REQUIRED: YES/NO: If yes LANGUAGE:	FAX:

INDICATE AREA(S) OF SYMPTOMS



PRIORITY SIGNS OF NEUROLOGICAL SYMPTOMS

1. WEAKNESS YES NO
   if Yes, list weak muscle groups: _____
2. SENSORY LOSS YES NO
3. URINARY/BOWEL DYSFUNCTION YES NO
   PERIANAL SENSORY LOSS YES NO
4. LOSS OF REFLEX YES NO
   If Yes, which reflex _____
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 DISTURED: YES NO

BODY MASS INDEX _____