

OFFICIAL

# OUTPATIENT SERVICE DESCRIPTION & TRIAGE GUIDELINES NEUROSURGERY

## Southern Adelaide Local Health Network (SALHN)

### Description of Service

The Neurosurgery Unit is based at Flinders Medical Centre (FMC).

Click on the following links for referral and management guidelines for specific conditions. All required information and investigations outlined in these links need to be provided on the referral to enable appropriate triaging. Referrals that do not include the required information will be returned to the referring doctor.

- [Spinal disorders](#)
- [Cranial disorders](#)
- Movement disorders – [refer to Neurology for assessment](#)

### Services provided

Spinal disorders – lumbar

- Sciatica
- Spinal claudication pain
- Fracture
- Tumours

Spinal disorders - cervical

- Brachialgia
- Radiculopathy
- Myelopathy

Cervical disorders

- Altered consciousness
- Raised ICP symptoms
- Seizures
- Visual symptoms
- Brain tumour
- Vascular (AVM/Aneurysm)
- Hydrocephalus
- Chiari Malformation
- Arachnoid cyst

### Services not provided

- Chronic back pain
- Chronic neck pain
- Nonspecific headache

### For admission or **URGENT** advice contact the Neurosurgery Registrar

Flinders Medical Centre (FMC)

Ph: 8204 5511

### For appointments contact the Neurosurgery clinic

Flinders Medical Centre (FMC)

Fax: 8204 4059

### Triage Criteria for Referral

<b>Category 1</b> <b>Immediate</b> Referrer must contact the Registrar to arrange urgent appointment/admission	<b>Category 2</b> <b>Target within 3 months</b> <b>Current wait 6 months</b>	<b>Category 3</b> <b>Target within 6 months</b> <b>Current wait 2 years</b>
<ul style="list-style-type: none"> <li>• Tumour Cranial or Spinal</li> <li>• Abnormal imaging where malignancy is suspected</li> <li>• Symptomatic pituitary tumour (visual field loss)</li> <li>• Cauda Equina</li> <li>• Cervical myelopathy</li> <li>• increased tone, weakness</li> <li>• hyper- reflexia</li> <li>• Head injury</li> <li>• Deteriorating consciousness</li> <li>• Spinal fracture with neural / functional deficit</li> <li>• Suspected AVM/Aneurysm 'thunderclap headache' photophobia</li> <li>• Hydrocephalus with papilloedema/ visual deterioration</li> </ul>	<ul style="list-style-type: none"> <li>• All referral from within FMC/RGH/NHS (unless fit category 1)</li> <li>• Patient presented to ED and did not fit urgent category experiencing significant impact WITH correlating radiological findings</li> <li>• Sciatica with severe radiculopathy decreased power /reflexes</li> <li>• Severe Trigeminal neuralgia ( 2 – 4 weeks)</li> <li>• Benign intracranial tumour with minimal or stable deficit</li> <li>• Acoustic neuroma</li> <li>• Carpal tunnel category 2or3 depending on severity of symptoms</li> <li>• Incidental finding pituitary tumour</li> <li>• Peripheral nerve disorder with muscle wasting (severe)</li> </ul>	<ul style="list-style-type: none"> <li>• Patient already under the care of pain physicians</li> <li>• Patient with specialist referral</li> <li>• Sciatica &gt; 6 weeks mild radiculopathy</li> <li>• Carpal tunnel category 2 or 3 depending on severity of symptoms</li> <li>• Neck pain associated with arm pain &gt; 6 weeks no neurological deficit</li> <li>• Peripheral nerve disorder moderate impact</li> </ul>

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website [www.sahealth.sa.gov.au/SALHNoutpatients](http://www.sahealth.sa.gov.au/SALHNoutpatients)

Version	Date from	Date to	Amendment
1.0	Oct 2014	Oct 2016	Original