

Austin Health Neuro Surgery Department holds three Specialist Clinic sessions to discuss and plan the treatment of patients with rheumatologically conditions.

## Department of Health clinical urgency categories for specialist clinics

**Urgent:** Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients are seen **within 30 days** of referral receipt.

**Semi Urgent:** Referrals should be categorised as Semi Urgent where the patient has a condition that has the potential to deteriorate within 30-90 days.

**Routine:** Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health.

Clinics include:

- Fast track radiculopathy clinic
- Senior Musculoskeletal Physiotherapist clinic with the supervision of a Senior Neurosurgeon
- Neurosurgery Pain clinic

### Exclusion criteria:

- All emergency cases direct to Emergency Department
- Acute isolated back pain < 6 weeks
- Children under 16 years old
- Been seen by another Neurosurgery department

**Referrals faxed to 9496 2097.** Directed to Neurosurgery Department. Marked: spinal referral. – Consultant name – Mr Gonzalvo  
***If concerns please contact 9496 5000 and page Neurosurgery Registrar for advice***

### Nerve root injections

- Interventional Radiological guided injection not required before referral.
- If an injection has before organised please include in the referral: type (Epidural/nerve root), the level and the side.

### GP can organize Medicare-eligible MRI scan for a small set of clinical indications

- Over 16 years old + cervical radiculopathy
- Over 16 years old + suspected cervical trauma

Condition / Symptom	GP Management			
<p><b>Concerns of Cauda Equina Syndrome:</b></p> <ul style="list-style-type: none"> <li>•Saddle Anaesthesia</li> <li>•Acute lower limb weakness</li> <li>•Bowel/bladder symptoms</li> </ul>	<p>Refer immediately to on-call Neurosurgery Registrar through Austin Health Switchboard: 9496 5000</p>			
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected number of Specialist Appointments
<p><b>Back pain + red flag symptoms</b></p> <ul style="list-style-type: none"> <li>-Unilateral pain (Below the knee)</li> <li>-History of cancer</li> <li>-Infective symptoms</li> <li>-IV drug use</li> <li>-Long term steroids</li> <li>-Recent trauma</li> <li>-Unexplained weight</li> <li>-Constant unremitting pain</li> </ul>	<p>If persists for 6-8 weeks then organise imaging MRI (preferred imaging modality)</p> <p>If no pathology - Reassure and commence management back pain i.e. physiotherapy.</p>	<p><b>Demographics</b>  <b>Clinical</b>  <b>Neurosurgical history</b>  <b>Previous Imaging</b></p> <p><b>Diagnostics:</b>            Imaging or CT scans</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent:</b>            Only if positive pathology</p>	<p><i>As Required:</i></p>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected number of Specialist Appointments
<b>Back pain with radiculopathy +/- claudication</b>	<p><b>Initial Management:</b> -Analgesia, gentle exercise, Physiotherapy</p> <p>If persists over 6-8 weeks organise imaging MRI (preferred imaging modality)</p>	<p><b>Required Information on Referral:</b> <i>Demographics, Clinical, Neurosurgical history, Previous Imaging</i></p> <p><b>Diagnostics:</b> urgent Imaging MRI or CT scans</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent:</b> If appropriate will be placed in the fast track radiculopathy clinic</p> <p><b>Routine:</b> If pathology identified on scan can be.</p>	<b>As Required:</b>
<b>Back pain without RED FLAG symptoms or radiculopathy</b>	<p><b>Initial Management:</b> -Analgesia, gentle exercise, Physiotherapy</p> <p>If have no improvement imaging can be arranged if appropriate</p>	<p><b>Required Information on Referral:</b> <i>Demographics, Clinical, Neurosurgical history, Previous Imaging</i></p> <p><b>Diagnostics:</b> Imaging if required</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Routine:</b> Will be triaged to Senior Musculoskeletal Physiotherapist clinic</p> <p>If needed patient will be escalated to consultant clinic post physiotherapy review</p>	<b>As Required:</b>
<b>Neck pain with no radiculopathy (Without trauma)</b>	<p><b>Initial Management:</b> -Analgesia, gentle exercise, Physiotherapy</p> <p>If persists over 6-8 weeks organise imaging MRI (preferred imaging modality)</p>	<p><b>Required Information on Referral:</b> <i>Demographics, Clinical, Neurosurgical history, Previous Imaging</i></p> <p><b>Diagnostics:</b> <b>MRI or CT Scans</b></p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Semi Urgent:</b> <i>To be triaged into appropriate clinic.</i></p> <p><i>If only degenerative changes on scan – patient DOES NOT requires a Neurosurgery review.</i></p>	<b>As Required:</b>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected number of Specialist Appointments
<p><b>Neck pain WITH radiculopathy</b></p>	<p><b>Initial Management:</b> -Analgesia, gentle exercise, Physiotherapy</p> <p>If persists over 6-8 weeks organise imaging MRI (preferred imaging modality)</p>	<p><b>Required Information on Referral:</b> <i>Demographics, Clinical, Neurosurgical history, Previous Imaging</i></p> <p><b>Diagnostics:</b> MRI or CT Scan</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent:</b> If appropriate will be placed in the fast track radiculopathy clinic</p> <p><b>Semi Urgent - Routine:</b> If pathology identified on scan</p>	<p><b>As required:</b></p>
<p><b>Neck pain WITH Cervical myelopathy:</b></p> <p>-Distal weakness</p> <p>-Unsteady gait</p> <p>-Increased reflexes below compression level</p>	<p><b>Initial Management:</b> Organise urgent Imaging MRI or CT Scan.</p>	<p><b>Required Information on Referral:</b> <i>Demographics, Clinical, Neurosurgical history, Previous Imaging</i></p> <p><b>Diagnostics:</b> MRI or CT Scan</p> <p><b>Instruct patient to bring films to the Specialist Clinic appointment</b></p>	<p><b>Urgent:</b> If appropriate will be placed in the fast track radiculopathy clinic</p>	<p><b>As required:</b></p>