

Neurosurgery Cranial Referral Guide

Austin Health Neurosurgery Unit holds weekly multidisciplinary meetings with ENT, Neurology/Epilepsy/Stroke, Neuro-oncology, Radiotherapy and Neuro-interventional radiology to discuss and plan the treatment of patients with Cranial conditions.

Department of Health clinical urgency categories for specialist clinics

Emergency: For all emergency cases that require immediate review, or pose an immediate risk to life, please dial 000 and send the patient to Emergency department

- **Acute neurological deterioration – Sudden onset confusion, focal deficits, decreased consciousness**
- **Acute intracranial haemorrhage (suspected or confirmed on imaging)**
- **Brain abscess**
- **Shunt malfunction – suspected shunt obstruction/infection**

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 should be seen **within 30 days** of referral receipt.

- **Confirmed intracranial mass on CT/MRI with progressive symptoms**
- **New persistent headache with red flags – headache worse in the morning, associated focal deficits, signs of increased ICP such as papilloedema, visual changes**
- **New-onset or worsening seizures with intracranial mass**

Semi Urgent/ Routine: If the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

Exclusions:

- **Patients under 18 years of age (? Exact age cut off)**
- **Patient who are being treated for the same condition at another Victorian Public Hospital**

Please include in the referral:

Demographic details:

- **Date of birth**
- **Patient's contact details including mobile phone number and/or name/contact details of carer**
- **Referring GP details**
- **If an interpreter is required**
- **Medicare number**

Clinical information:

- **Reason for referral**
- **Duration of symptoms**
- **Relevant examination findings, including neurological examination findings**
- **Relevant pathology and imaging reports**
- **Past medical history**

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Please provide MRI results where appropriate to expedite patient management.

Medicare rebates now apply for MRIs requested by a GP for patients over 16 years of age for:

- MRI head for unexplained seizure(s) or chronic headaches with suspected intracranial pathology.
- Where unable to obtain an MRI, CT imaging must be included
- Please include the name and location of the radiology provider, patient's imaging ID number for digital access of imaging

If this is not the case, please ensure your patient brings their films or CDs to their appointment.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If there is a concern about the delay of the appointment, any deterioration in the patient's condition, or if an urgent specialist opinion is required, please contact the Neurosurgery Registrar on call on 9496 5000.

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<ul style="list-style-type: none"> • Meningiomas • Skull base tumours • Pituitary tumours 	<p>When to Refer: If no Concerning symptoms Please send referrals to the Austin Electronic referral Management system</p> <p>For concerning symptoms (refer above) Immediately contact the Neurosurgery registrar 9496 5000</p> <p>In case of glucocorticoid deficiency, please contact endocrinology team urgently, and refer patient to emergency department</p>	<p>Information that must be provided in the referral:</p> <ul style="list-style-type: none"> • Demographic details • Clinical history and examination findings • Previous and current treatment • CT or MRI <p>Hormone levels including Prolactin if suspected pituitary tumour</p> <ul style="list-style-type: none"> • Family history • Audiogram report within last 6 months required for acoustic neuroma <p>With suspected pituitary tumours, please provide the following</p> <ul style="list-style-type: none"> • Pituitary panel hormone levels • Full visual assessment including visual field 	<p>When Triaged by our Neurosurgery Team the expected wait times are:</p> <p>When Triaged Urgent: Within 4 Weeks.</p> <p>When Triaged as Semi Urgent: Up to 12 months</p> <p>When Triaged as Routine: Up to 24 months</p>	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments (surveillance) • Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) 	>2

Neurosurgery Cranial Referral Guide

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<ul style="list-style-type: none"> • Cerebrovascular disorders • Intracranial Aneurysms • Arteriovenous malformations (AVMs) • Dural Arteriovenous fistula (DAVF) • Other miscellaneous vascular conditions 	<p>When to Refer: If no Concerning symptoms Please send referrals to the Austin Electronic referral Management system and start following management</p> <ul style="list-style-type: none"> • Strict BP control • Smoking cessation • Cholesterol control • Avoid heavy lifting or strenuous exercise <p>For concerning symptoms Immediately contact the Neurosurgery registrar on 9076 2000 to arrange an urgent assessment</p>	<p>Information that must be provided in the referral:</p> <ul style="list-style-type: none"> • Demographic details • Clinical history and examination findings • Previous and current treatment • CT Brain with angiogram or MRI Brain MR angiogram • Family history (esp. cerebrovascular disease, connective tissue disease) • Smoking history <p>Provide if available:</p> <ul style="list-style-type: none"> • MRI and MR Angiogram 	<p>When Triaged by our Neurosurgery Team the expected wait times are:</p> <p>When Triaged Urgent: Within 4 Weeks.</p> <p>When Triaged as Semi Urgent: Up to 12 months</p> <p>When Triaged as Routine: Up to 24 months</p>	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments (surveillance) Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) 	>2
<ul style="list-style-type: none"> • Hydrocephalus • Other miscellaneous conditions 	<p>When to Refer: If no Concerning symptoms Please send referrals to the Austin Electronic referral Management system -</p> <p>For concerning symptoms Immediately contact the Neurosurgery registrar on</p>	<p>Information that must be provided in the referral:</p> <ul style="list-style-type: none"> • Demographic details • Clinical history and examination findings • Previous and current treatment • CT Brain or MRI Brain 	<p>When Triaged by our Neurosurgery Team the expected wait times are:</p> <p>When Triaged Urgent: Within 4 Weeks.</p>	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments (surveillance) Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) 	>2

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	9076 2000 to arrange an urgent assessment		<p>When Triaged as Semi Urgent:</p> <p>Up to 12 months</p> <p>When Triaged as Routine:</p> <p>Up to 24 months</p>		
<ul style="list-style-type: none"> • Trigeminal Neuralgia • Hemifacial spasm • Other cranial Nerve Abnormalities 	<p>When to Refer: If no Concerning symptoms Please send referrals to the Austin Electronic referral Management system -</p>	<p>Information that must be provided in the referral:</p> <ul style="list-style-type: none"> • Demographic details • Clinical history and examination findings • Severity of pain and associated symptoms • Previous and current treatment • MRI Brain and T2 FIESTA base of skull <p>Provide if available:</p> <ul style="list-style-type: none"> • MRI 	<p>When Triaged by our Neurosurgery Team the expected wait times are:</p> <p>When Triaged Urgent:</p> <p>Within 4 Weeks.</p> <p>When Triaged as Semi Urgent:</p> <p>Up to 12 months</p> <p>When Triaged as Routine:</p> <p>Up to 24 months</p>	<ul style="list-style-type: none"> • Initial Outpatient Appointment • Review appointments (surveillance) <p>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</p>	<p>>2</p>

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Chiari Malformation	Incidental finding and patient is asymptomatic	Nil	No review required		0
	Symptomatic <ul style="list-style-type: none"> Intermittent or persistent intracranial hypertension symptoms Peripheral symptoms with motor or sensory changes in limbs 	Information that must be provided in the referral: <ul style="list-style-type: none"> Demographic details Clinical history and examination findings CT/MRI 		<ul style="list-style-type: none"> Initial Outpatient Appointment Review appointments (surveillance) Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission) 	>2