

## Clinical Lead

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Neurosurgeon

## How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral**.

All new referrals are processed by the Bayside Health - Regional Care Group (Bass Coast) Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health – Regional Care Group can be sent via email ([Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au))

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to [Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au)

### Relevant referral form

[Outpatient specialist clinic referral \(MR-309\)](#)

### Referrer guidance

Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

## Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet**;

- [Minimal Referral Criteria](#)
- [State-wide Referral Criteria](#) (where applicable),
- Local Bass Coast service eligibility
- [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Please note, the [Managing referrals to non-admitted specialist services policy](#) states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

## Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

## Priority

### EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

### URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

### ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

## Safety risk screening



### RED FLAG CONDITIONS

### EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Any neurological event considered urgent.
- Aneurysms, AVM's
- Rapidly progressive neurological signs or symptoms leading to weakness or imbalance.
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control)
- Present or suspected ruptured abdominal aortic aneurysm
- Suspected spinal infection.
- Recent spinal trauma or fracture associated with neurological deficits.
- Acute development of peripheral nerve compression symptoms following trauma.
- New diagnosis of spinal tumour with neurological deficits.
- Tumours associated with mass effect
- Fever with acutely painful, hot, swollen joint(s).
- Suspected systemic infection
- Acute severe headache, drowsiness &/or vomiting
- Seizures
- Deteriorating neurological function i.e. increasing headache and/or nausea, vomiting, decrease in conscious level, seizure, development of focal neurological sign
- Suspected glucocorticoid deficiency

Procedures/Conditions consults at Bayside Health –  
Regional Care group (Bass Coast)

- [Cranial Brain Tumours](#)
- [Cranial - Hydrocephalus and colloid cysts](#)
- [Cranial – Trigeminal Neuralgia & hemifacial spasm](#)
- [Cranial – Chiari Malformations & syringomyelia](#)
- [Cranial - Pituitary Tumours](#)
- [Peripheral nerve – Carpal Tunnel](#)
- [Peripheral nerve – Peripheral nerve Tumour](#)
- [Peripheral nerve – Ulnar neuropathy](#)
- [Spinal Oncology](#)
- [Spinal – Vascular disorders](#)
- [Spinal cord compression](#)

## Exclusions

The following conditions / procedures are not routinely seen at Bayside Health - Regional Care Group (Bass Coast)

- Degenerative Spine
- Sciatica
- Spinal Trauma
- Chronic Pain
- Progressive lower back
- Neck pain
- Radiculopathy
- Paediatric care <8 years

Refer to [Bayside Health-Alfred](#) or [Monash Health](#)

## Cranial Brain Tumours ; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Diagnosed Brain Tumour

### Additional Information to be included

• [Minimal Referral Criteria](#)

- Reason for referral
- Clinical history and exam
- CT if MRI cannot be arranged
- Hormone levels including Prolactin if suspected Pituitary Tumour
- Family history
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\*\* Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred  
\*\* Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

### EMERGENCY

Refer to [Safety Risk Screening – Red Flag Conditions](#):

### URGENT

- Tumours of moderate dimensions without major neurological disturbance

### ROUTINE

- Small benign tumours or cysts without major neurological disturbance

## Cranial - Hydrocephalus and colloid cysts ; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Identified Hydrocephalus and colloidcysts

### Additional Information to be included

- [Minimal Referral Criteria](#)
- Reason for referral
- CT if MRI not possible

\*\* Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred  
\*\* Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

### EMERGENCY

Refer to [Safety Risk Screening – Red Flag Conditions](#):

### URGENT

- Significant but less severe features
- Scan with hydrocephalus and periventricular oedema, without severe neurological features

### ROUTINE

- Elderly patient with progressive ataxia and possible NPH on scan
- Hydrocephalus on scan without significant neurological sequelae

## Cranial – Trigeminal Neuralgia & hemifacial spasm; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Identified Trigeminal Neuralgia & hemifacial spasm

#### \*\* Management Options for referrers

- Carbamazepine is generally the most effective first line management for TN. This needs to be introduced slowly from 100mg BD to avoid excessive sedation.
- Lyrica and gabapentin are reasonable second-line options.

### Additional Information to be included

- [Minimal Referral Criteria](#)
- Provide details of severity and nature of pain, treatment effects and other symptoms

### EMERGENCY

Refer to [Safety Risk Screening – Red Flag Conditions](#):

### URGENT

- Severe pain despite appropriate maximal medical management ,and/or severe medication side-effects because of the level of treatment required.

### ROUTINE

- Pain is controlled to a troublesome but manageable level with medical management.
- Pain controlled but the patient wants or requires specialist assessment.

## Cranial – Chiari Malformations & syringomyelia; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Identified Chiari Malformations (identified cerebellar tonsils being herniated out the skull into the spinal canal) & syringomyelia

### Additional Information to be included

- [Minimal Referral Criteria](#)
- Reason for referral
- CT if MRI not possible

\*\* Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred

\*\* Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

**EMERGENCY**

Refer to [Safety Risk Screening – Red Flag Conditions](#):

**URGENT**

- Significant but less severe features
- Determined by neurosurgeon

**ROUTINE**

- All other routine

## Cranial - Pituitary Tumours; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Identified Pituitary Tumour

### Additional Information to be included

- [Minimal Referral Criteria](#)
- Clinical history and exam
- CT if MRI cannot be arranged
- Hormone levels including Prolactin

\*\* Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred  
\*\* Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

### EMERGENCY

Refer to [Safety Risk Screening – Red Flag Conditions](#):

### URGENT

- Tumours of moderate dimensions with mild visual or neurological disturbance

### ROUTINE

- Small benign tumours or cysts without neurological or visual disturbance

## Peripheral nerve – Carpal Tunnel; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Neurogenic injury confirmed by nerve conduction study with either:
- Severe disabling symptoms with weakness and wasting
- Rapid progression
- Unresponsive to at least three months of medical management(that is at least two of hand therapy, orthotics/splinting ,ergonomic modifications, local steroid injection, oral steroids, alone or in combination)
- Recurrence of neurogenic injury after surgical decompression.

### Additional Information to be included

- Description of onset, nature, progression, recurrence and duration of symptoms
- History of and response to treatment, thus far (e.g., Physio)
- Recent nerve conduction study report
- How symptoms are impacting on daily activities including impact on work, study or carer role
- If referral relates to recurrence after surgical decompression, details of previous surgery including when and where procedure(s) were performed
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

### EMERGENCY

Refer to [Safety Risk Screening – Red Flag Conditions](#): Acute development of peripheral nerve compression symptoms following trauma.

### URGENT

- Progressive symptoms, rapidly deteriorating and causing severe loss of mobility and/or disability
- Severe neural compromise or permanent sensory loss
- Associated muscle weakness

### ROUTINE

- Functional impairments and/or pain persists despite conservative management

Peripheral nerve – Peripheral nerve tumour; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

**When to refer**

Identified Peripheral nerve tumour

**Additional Information to be included**

- [Minimal Referral Criteria](#)
- Referral reason
- Clinical history and exam
- CT or MRI

\*\* Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred  
\*\* Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

**EMERGENCY**

Refer to [Safety Risk Screening – Red Flag Conditions](#):

**URGENT**

- Incidental vascular lesion larger than 5mm in diameter

**ROUTINE**

- Aneurysm or Cavernoma smaller than 5mm diameter without haemorrhage or significant neurological disturbance.
- Venous malformations

## Peripheral nerve – Ulnar neuropathy; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

### When to refer

- Neurogenic injury confirmed by nerve conduction study with either:
- Severe disabling symptoms with weakness and wasting
- Rapid progression
- Unresponsive to at least three months of medical management(that is at least two of hand therapy, orthotics/splinting ,ergonomic modifications, local steroid injection, oral steroids, alone or in combination)
- Recurrence of neurogenic injury after surgical decompression.

### Additional Information to be included

- Description of onset, nature, progression, recurrence and duration of symptoms
- History of and response to treatment, thus far (e.g., Physio)
- Recent nerve conduction study report
- How symptoms are impacting on daily activities including impact on work, study or carer role
- If referral relates to recurrence after surgical decompression, details of previous surgery including when and where procedure(s) were performed
- Statement about the patient’s interest in having surgical treatment if that is a possible intervention.

### EMERGENCY

Refer to [Safety Risk Screening – Red Flag Conditions](#):

### URGENT

- Progressive symptoms, rapidly deteriorating and causing severe loss of mobility and/or disability
- Severe neural compromise or permanent sensory loss
- Associated muscle weakness

### ROUTINE

- Functional impairments and/or pain persists despite conservative management

## Spinal cord compression; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Confirmed spinal compression  
not degenerative spine

### Additional Information to be included

- [Minimal Referral Criteria](#)

- Referral reason
- Clinical history and exam
- CT or MRI
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\*\* Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred

\*\* Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

**EMERGENCY**

Refer to [Safety Risk Screening – Red Flag Conditions](#):

**URGENT**

• All urgent

**ROUTINE**

• Referred for follow up from tertiary hospital

## Spinal Oncology; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Confirmed spinal tumour or Metastatic Cancer

### Additional Information to be included

- [Minimal Referral Criteria](#)
- Referral reason
- Clinical history and exam
- CT or MRI

\*\* Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred

\*\* Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

**EMERGENCY**

Refer to [Safety Risk Screening – Red Flag Conditions](#):

**URGENT**

• All urgent

**ROUTINE**

• Referred for follow up from tertiary hospital

## Spinal – Vascular disorders; consult at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

- Aneurysms Arteriovenous malformations (AVMs) Dural Arteriovenous fistula (DAVF)
- Other miscellaneous vascular conditions

\*\*Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

The Alfred has facilities for coiling and embolization, stereotactic radio-surgery, neurosurgery, and a Stroke Service.

### Additional Information to be included

#### •[Minimal Referral Criteria](#)

- In addition to essential demographic details and clinical information, and findings on neurological examination:
- Neuroimaging: CT scan or MRI scan or angiogram

\*\* Note for referrers - Provide MRI if available, otherwise an MRI can be performed at the Alfred  
\*\* Please note: Medicare provides a rebate for MRI head for unexplained seizures or chronic headaches with suspected intracranial pathology in patients over 16 years of age when requested by a General Practitioner.

**EMERGENCY**

Refer to [Safety Risk Screening – Red Flag Conditions](#):

**URGENT**

- All urgent

**ROUTINE**

Referred for follow up from tertiary hospital