**Neurovascular Surgery MDT Referral**

**Appropriate for intracranial and spinal vascular pathology only**

|  |
| --- |
| **Please complete electronically and submit** to kch-tr.nv-abi-clinics@nhs.net* **Please complete all fields these are mandatory, attachments are not accepted. Incomplete referrals will be returned.**
* **Referrals are only accepted with relevant clinical information, specified vascular imaging CTA and MRAs and reports.**

For more information see the guidance at the end of this document before referring.**Thank you for your cooperation.** |
| Date |  | Referring Consultant |  |
| Title |  | Secretary e-mail  | @nhs.net |
| Patient Name |  | Secretary telephone |  |
| Date of Birth |  | Referring Hospital |  |
| NHS Number |  |
| Sex |  | NOK name |  |
| Patient telephone |  | NOK telephone |  |
| Patient address |  |
| Does the patient have capacity to make decisions regarding their medical care?  |
| Can the patient speak English? If not what is their first language? |
| Is the patient aware of the diagnosis?  |
| **DIAGNOSIS:**  |
| **QUESTION FOR MDT?**  |
| **CLINICAL PRESENTATION AND EXAMINATION FINDINGS:** Please include relevant blood, lumbar puncture or CSF results  |
| **MEDICAL HISTORY:**  |
| **CURRENT PERFORMANCE STATUS: 1-5:**  |
| **IMAGING REPORT(S) INCLUDING DATE AND LOCATION OF STUDY** |

**GUIDANCE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERFORMANCE STATUS TABLE**

|  |  |
| --- | --- |
| 0 | Asymptomatic: Fully active, able to carry on all pre-disease activities without restriction |
| 1 | Symptomatic but completely ambulatory: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work |
| 2 | Symptomatic: <50% in bed during the day. Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours |
| 3 | Symptomatic: >50% in bed, but not bedbound. Capable of only limited self-care, confined to bed or chair 50% or more of waking hours |
| 4 | Bedbound: completely disabled. Cannot carry on any self-care. Totally confined to bed or chair |
| 5 | Death |

 |
| DEDICATED CROSS-SECTIONAL VASCULAR IMAGING is required for us to provide an MDT opinion on certain pathologiesFailure to provide this will result in the referral being RETURNED until such imaging is performed **ACCEPTED IMAGING MODALITIES**

|  |  |
| --- | --- |
| BRAIN ANEURYSM | MR ANGIOGRAM or CT ANGIOGRAM (MR/CT+ contrast not accepted)  |
| BRAIN AVM/DAVF | MR BRAIN or MR /CT ANGIOGRAM (MR/CT + contrast not accepted)  |
| SPINE AVM/DAVF | MR SPINE |
| CAVERNOMA | MR with T2 and/or susceptibility weighted/gradient echo sequences MR angiogram is NOT required |
| FAMILIAL ANEURYSM SCREENING:  | Imaging is NOT required or recommended before review |

 |
| **ACCEPTED PATHOLOGIES**INTRACRANIAL: ANEURYSM, DAVF, VENOUS VARIX, INTRACRANIAL HAEMORRHAGE, SUBARACHNOID HAEMORRHAGE, CAVERNOMASPINAL: AVM, DAVF, VENOUS VARIX, SPINAL HAEMORRHAGE, CAVERNOMAPlease refer EXTRACRANIAL CAROTID DISEASE, ISCHAEMIC STROKE and ISCHAEMIA attributable to INTRACRANIAL STENOSIS to kch-tr.strokecarotidmdt@nhs.netPlease refer CHIARI MALFORMATION, NPH, IIH, PINEAL CYST, ARACHNOID CYST, SYRINX, SIH tokch-tr.CSFmdtadmin@nhs.netPlease refer TRIGEMINAL NEURALGIA to kch-tr.skullbasereferrals@nhs.netFor further information please contact the Neurovascular MDT Pathway Co-ordinator on 0203 299 3282 or kch-tr.nv-abi-clinics@nhs.net |