**Neurovascular Surgery MDT Referral**

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

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| **Please complete electronically and submit** to [kch-tr.nv-abi-clinics@nhs.net](mailto: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**

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| **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 pathologies  Failure 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, CAVERNOMA  SPINAL: AVM, DAVF, VENOUS VARIX, SPINAL HAEMORRHAGE, CAVERNOMA  Please refer EXTRACRANIAL CAROTID DISEASE, ISCHAEMIC STROKE and ISCHAEMIA attributable to INTRACRANIAL STENOSIS to [kch-tr.strokecarotidmdt@nhs.net](mailto:kch-tr.strokecarotidmdt@nhs.net)  Please refer CHIARI MALFORMATION, NPH, IIH, PINEAL CYST, ARACHNOID CYST, SYRINX, SIH to  [kch-tr.CSFmdtadmin@nhs.net](mailto:kch-tr.CSFmdtadmin@nhs.net)  Please refer TRIGEMINAL NEURALGIA to [kch-tr.skullbasereferrals@nhs.net](mailto:kch-tr.skullbasereferrals@nhs.net)  For further information please contact the Neurovascular MDT Pathway Co-ordinator on 0203 299 3282 or [kch-tr.nv-abi-clinics@nhs.net](mailto:kch-tr.nv-abi-clinics@nhs.net) |