

Neurovascular Surgery MDT Referral

Appropriate for intracranial and spinal vascular

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.
- Referrals from GPs must come via eRS.

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	
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can the patient speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If not, what is their first language?			
Is the patient aware of the diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DIAGNOSIS:			
If the diagnosis is an Aneurysm, please specify the type of Aneurysm from the drop-down:			
Other/Multiple (please specify)			
Please be advised that if this is not deemed to be a Neurovascular issue, the referral will be rejected.			
Laterality of the Aneurysm:			
Left <input type="checkbox"/> Right <input type="checkbox"/> Multiple Aneurysms <input type="checkbox"/>			
Please specify the size of the aneurysm:			
mm			

Imaging Report:

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 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

Please refer **CHIARI MALFORMATION, NPH, IIH, PINEAL CYST, ARACHNOID CYST, SYRINX, SIH** to kch-tr.CSFmdtadmin@nhs.net

Please refer **TRIGEMINAL NEURALGIA** to 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