



Neurosurgery

National Elective Surgery Urgency Categorisation

Updated 30 March 2020

Cranial Procedures

Category One

- Intracranial haemorrhage requiring evacuation due to symptoms of raised Intracranial Pressure
- Acute aneurysmal subarachnoid haemorrhage
- Cranial infection requiring surgery
- Compound depressed skull fractures
- Tumours with deteriorating neurology or significant mass effect
- Pituitary tumours with deteriorating visual acuity/defect; apoplexy causing deteriorating visual deficit (serious consideration should be given to avoiding a trans-sphenoidal approach due to extremely high viral transmission risk)
- Acute hydrocephalus of any aetiology and acute shunt malfunction
- CSF leak both traumatic and iatrogenic

Category Two - High Priority

- Malignant primary brain tumours
- Metastases when recommended for surgery by a multi-disciplinary team
- Visual deterioration in benign intracranial hypertension
- Normal pressure hydrocephalus, only when the patient is a significant falls risk
- Unruptured aneurysm treatment in unstable or clearly symptomatic patients
- Arteriovenous malformations and fistulae treatment in the setting of acute intracranial haemorrhage or symptoms

Spinal Procedures

Category One

- Spinal cord or cauda equina compression with neurological deterioration from any cause
- Open neural tube deficits
- Unstable spine fractures (consideration should be given to conservative measures)
- Spinal infection requiring surgery
- Vertebral body metastases when recommended by a multi-disciplinary team

Category Two - High Priority

- Deteriorating cervical myelopathy
- Intramedullary spinal cord tumours
- Acute lumbar or cervical radiculopathy with progressive motor deficit
- Radiculopathy is rarely urgent with the above exceptions (there may be rare occasions where pain and sensory symptoms may be so severe that the ensuing disability requires surgery but consultation with colleagues would be appropriate)

Pain and Functional

Category One

- Deep brain stimulators with battery failure
- Infection requiring surgery

Category Two - High Priority

- Morphine/baclofen pumps with battery/pump running out within 14 days
- Trigeminal neuralgia in acute crisis which is refractory to medical treatment
- Epilepsy surgery for severe medical refractory epilepsy
- Stimulator or pump surgery for patients in status dystonicus

Peripheral Nerve

Category One

- Only urgent traumatic presentations

Category Two - High Priority

- Trauma
- Progressive motor deficit
- In a patient with very severe disabling symptoms of pain and paraesthesia consultation with colleagues would be appropriate
- Muscle biopsies/nerve biopsies/vessel biopsies are rarely urgent