

Fact sheet

Royal Adelaide Hospital

Neurosurgery Outpatient Services

Clinical Information Sheet

Clinical Condition	Cervical or thoracic myelopathy
Eligibility	Upper limb and/or lower limb symptoms (e.g. pain, weakness, spasm, paraesthesia) believed to be associated with spinal cord compromise. May involve disturbance of gait, bladder/bowel/sexual function. May be chronic/slowly progressive in nature (e.g. degenerative cervical spondylotic myelopathy) or an acute presentation following trauma. Physical examination reveals clinical signs of upper motor neuron pathology (e.g. hyper-reflexia, increased tone, sensory changes, positive Babinski response, positive Hoffmann's reflex)
Pre-referral management	Referral for CT scan or MRI (best practice) is indicated if a diagnosis of cervical or thoracic myelopathy is suspected.
Priority	IMMEDIATE: If a traumatic spinal cord injury is suspected immediate specialist consultation is indicated. Refer patient immediately to the Emergency Department or contact the Neurosurgery Fellow/Registrar at the RAH via switch: (08) 7074 0000 SEMI-URGENT Refer to the Neurosurgery Outpatient Department (Fax: 08 7074 6247).
Investigations required with referral	Include copies of all relevant investigation findings (as suggested in pre-referral management above) with referral.
Discharge Criteria/information	Discharge following improvement/resolution of symptoms and/or surgical management options no longer being considered.

[For more information](#)

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