Referral of patients to Orthopaedic spinal service

Back-ache is an extremely common complaint in General practice (80% of World population – will present with back ache during their lifetime).
Red-flag symptoms or signs require investigation and examination up until a final diagnosis have been made.
Appropriate management depends on underlying condition, and often requires management at a higher level of care.
Investigation needs to be taken as far as possible at the referring institution.

Referral to Tygerberg Orthopaedic spinal service - information

- Emergency referrals must be done by contacting the registrar on-call at Tygerberg Academic hospital.

- The online referral system is for elective (non-emergency) referrals only.

- The Orthopaedic spinal service provides approximately 3 000 000 people in the Tygerberg catchment area (limit resources). Our estimated waiting period prior to non-emergency surgery currently exceeds a year, and clinic appointments are booked 12-18 months in advance.
This means that realistic waiting periods for elective appointments (non-emergency) can be months.
On-going management of these patients, until such time as evaluation at our unit is possible, remains with the treating physician.
Any interim escalation in urgency must be managed on an individual case basis, in discussion with the on-call registrar at Tygerberg Academic Hospital (emergency referral).

- Please consider that the contribution that we offer towards patient-care typically involves surgical intervention.

- Conservative management of back ache is not a function catered for by a tertiary level hospital, and the patients not for surgical intervention or active management will be returned to level 1 and level 2 facilities for conservative management.
Symptomatic treatment for back-ache in the absence of red-flag signs or symptoms is a function of General Medical practice.

- Please consider the patient’s needs and expectations (do not refer someone for surgical intervention if their host-status or preference do not allow for surgical management).
MRI scans are performed as a pre-amble to a surgical intervention, following tangible and objective clinical findings - not merely because a patient has back-ache. Only patients with red-flag symptoms or signs will be seen at the Orthopaedic spinal service.

Red flag symptoms / signs:

- Age < 20 or > 55 (onset)
- Violent Trauma - fall from a height / car accident
- Constant, progressive, non-mechanical pain – Night pain
- Thoracic pain
- History of cancer
- Systemic steroids
- Systemically unwell – Fever / Malaise
- Weight loss
- Persisting severe restriction of lumbar flexion (stiffness)
- Neurological signs
- Structural deformity

1st contact clinician responsibilities:

1. Appropriate history and clinical examination (actively seek out red-flag signs / symptoms).

2. Special investigations appropriate to the underlying condition (pending available resources)
   - Non red-flag back-ache does not require Xr’s if duration is < 6/52

3. Categorize the patient as:
   - **Back ache due to on-going pathological process** (malignancy / infective / inflammatory)
   - **Back-ache with neurological component**
   - **Mechanical back ache**
   - **Back ache from non-spinal cause** (Aorta aneurysm etc.)
     Manage according to flow diagram (see below)

4. Symptomatic treatment (multi-disciplinary):
   - Education (very important) – develop patient’s insight into degeneration in the spine as part of the human ageing process.
     Back-ache in the absence of red flags is normal.
   - Medical management
     - NSAID’s (if not contra-indicated).
     - Other analgesia
       1. Paracetamol
       2. Opiates (careful – addiction)
     - Central working muscle relaxant (careful - addiction)
     - Antidepressants
       1. Tricyclic (effective in pain from neurological origin).
       2. Other
   - Neurologically directed
     1. Lyrica
2. Tegretol
c. Goal directed Physiotherapy (involve Physiotherapist)
d. Weight loss if indicated (involve Dietician).
e. Manage depression if present (involve Psychologist).
f. Alter working environment (involve Occupational therapist)
g. Limit bed-rest 3/7 (Do not reinforce Pt’s perception of debility)