

•Presentation:

- Patient identified for possible spinal biopsy
- Appropriate scan (CT/MRI) at CHFT

CHFT

Referral:

- CHFT Team to ensure scan images are uploaded to LTHT PACS servers
- CHFT Consultant/delegate to refer patient to LTHT via LTHT on-call Orthopaedic Registrar via switchboard if unable to contact registrar then contact on-call consultant directly via switchboard
- CHFT Team to provide contact details for result including telephone contact and secure NHS.net email address
- LTHT On-Call Orthopaedic Registrar discusses with On-call Leeds Spinal Team Consultant at next available handover meeting

LTHT

Radiology Referral:

- Leeds Spinal Team request CT Biopsy on ICE
- Leeds Spinal Team to discuss with radiology/MDT MSK Secretarial Team at LGI [0113 3926320]
- Leeds Spinal Team arrange date for biopsy with radiology team



•Plan:

- Leeds Spinal Team communicate planned date for biopsy to CHFT Referring Consultant via email
- Plan communicated re. pre-op work up required [INR only needed if patient is actively anti-coagulated or has altered liver function. INR to be less than 1.5. This can be discussed with radiologist at time of referral]
- Plan communicated re. Date of day case procedure disseminated via single email to CHFT / L26 / Bed Managers / Theatre Schedulers



Pre-procedure (CHFT):

- CHFT to arrange transport to LTHT Ward L26 for day case procedure
- CHFT to contact Nurse in charge Ward L26 to ensure adequate availability IF CAPACITY AN ISSUE WARD L26 NIC TO ESCALATE TO LGI NEURO PATIENT FLOW IMMEDIATELY TO ENSURE ALTERNATIVE BED CAPACITY IDENTIFIED. THIS MUST NOT DELAY TRANSFER
- CHFT to keep bed open for same day repatriation



Pre-Procedure (LTHT):

- Patient admitted to L26 for day case biopsy
- Clerked in by L26 medical team (L28 SHO/ACP Team)
- Final discussion with radiology to plan biopsy logistics L26 Nursing team



•Post-Procedure:

- Patient returns to L26 post op for minimum 2 hours:
- Full op-note completed by radiologist to include all post-op instructions including timing of anticoagulants etc
- Observations 1/2 hourly for 2 hours. 4 hourly until discharge. Full NEWS Score + Limb Powers on each set of observations.
- Escalation of concerns L28 /ACP team



Discharge:

- Consultant of the week or Leeds Spinal Team delegate reviews patient and initial biopsy findings
- Plan for restarting anti-coagulation confirmed by consultant Letter / eDAN completed for return with patient (L28 SHO/ACP Team)
- Transport back to CHFT arranged by L26 team



•Return to Calderdale:

- CHFT follow eDan instructions
- Any post-procedure issues or concerns to be escalated to Spinal Team via Orthopedic Registrar on-call as per initial referral
- LTHT Pathology services to provide results via email to address provided at referral
- Urgent results to be phoned through to CHFT team on phone number provided at referral

Standard discharge letter template to accompany eDan:

Dear Colleagues,

The above patient was admitted to Leeds Spinal Service for day-case Spinal Biopsy
Spinal Biopsy at LEVEL(S) performed under local anaesthetic by INSERT NAME AND GRADE OF RADIOLOGIST
Procedure performed with/without complication - GIVE DETAILS OF ANY COMPLICATIONS
The following findings have been communicated to the patient - DETAIL ANY RELEVANT FINDINGS
The following follow-up is required - DETAIL ANY FOLLOW UP REQUIREMENTS AT LTHT.

If none required state NO FOLLOW UP REQUIRED WITH LTHT TEAM

Post Procedure advice:

Can mobilise as able
Continue observations 4 hourly for next 24 hours (to include limb powers)
Dressing to remain on for 48 hours
Escalate concerns directly to Leeds Spinal Team via telephone referral system to Orthopaedic registrar on call