

Cerebrovascular Referral and Treatment Pathway

Urgent Referral

Patient presents with previously diagnosed cerebrovascular condition with actively changing or worsening symptoms, including:

- Carotid artery disease (CAD)
- Vertebral artery disease (VAD)
- Cavernous malformation/cavernoma
- Intracranial stenosis
- Moyamoya
- Aneurysms that have changed in size compared to previous imaging with risk factors including new severe headaches, new or changing cranial neuropathies, and/or previous history of ruptures

Next Steps

- Urgent new patient referral to Duke Neurosurgery
- Expedited access scheduled with neurosurgeon
- Neurological evaluation
- Advanced vascular imaging (CT angiogram, MR angiogram, and/or carotid ultrasound)
- Treatment plan determined with multi-disciplinary team with next-day access for urgent surgical and interventional procedures

Routine Referral

Patient diagnosed with less urgent cerebrovascular disease confirmed via imaging tests, including:

- Newly diagnosed
 - Arteriovenous malformation (AVM)
 - Dural arteriovenous fistulas (AVF)
 - Chronic subdural hematoma
 - Cavernous malformation/cavernoma
- Known stable aneurysms or aneurysms without significant risk factors qualifying as “urgent referrals” above
- Stable moyamoya
- Stable intracranial stenosis

Next Steps

- New patient referral to Duke Neurosurgery
- Patient scheduled with neurosurgeon
- Neurological evaluation
- Advanced vascular imaging (CT angiogram, MR angiogram, and/or carotid ultrasound)
- Treatment and management plan determined with multi-disciplinary team (surgery, medical management, and/or monitoring)

Periodic Monitoring

The Duke Neurosurgery team actively monitors patients currently under treatment and maintenance at Durham and Raleigh locations, and remotely via telemedicine.

- Determine monitoring environment (telemedicine or in-person) and frequency
- Partner with referring physician to coordinate ongoing care
- Monitor patient for symptom changes and treatment plan