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26<sup>th</sup> November, 2001.

File Neurosurgery

Dear Colleague,

I met with Stephen Cusack on Tuesday, 20<sup>th</sup> November to discuss a number of issues relating to the care of head injured patients admitted to Cork University Hospital. He and his Colleagues felt that A&E Consultants were being asked to manage a variety of head injury admissions which would be better managed by the Neurosurgical Service.

1. We agreed that any patient with a CT brain scan showing a small acute subdural or extradural haematoma should be admitted under neurosurgical care rather than under the care of the A&E Service.
2. Any patient who is being artificially ventilated on the Intensive Care Unit because of impairment of consciousness following trauma needs to be admitted under neurosurgical care – quite possibly under joint Consultant care with other surgical teams. It is not satisfactory that these patients are managed by the A&E Service.
3. Compound depressed fractures, *i.e.* those not thought to require neurosurgical intervention with elevation, etc. need proper management by the neurosurgical team rather than the A&E staff.

There is no great logistical problem here. Almost all such patients will have already been admitted to C.U.H. It mainly requires a change of Consultant name on the admission form, plus a little bit more input from the neurosurgical team for a relatively small number of cases.

Yours sincerely,

Charles Marks

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