A GUIDE TO REFERRAL PATHWAYS



Referral pathways for pituitary conditions depend on the diagnosis and clinical presentation of the pituitary condition. Most pituitary conditions are non-urgent and can follow a systematic, step-by-step process to decide the most appropriate referral pathway. There are certain situations whereby the condition is urgent and this necessitates immediate referral to either the emergency department, or to contact a pituitary neurosurgeon or endocrinologist directly by phone.

URGENT REFERRALS

VISUAL LOSS

Symptoms: Classic "Tunnel-vision" potentially progressing to blindness

Immediate Action:

Ophthalmologist for Visual Field assessment + MRI Brain

Referral:

Urgent referral to a neurosurgeon

PITUITARY APOPLEXY

Symptoms: Sudden onset headache, potential sudden blindness, and collapse

Immediate Action:

If presented to GP, immediate referral to emergency department

Referral:

Immediate referral to an emergency department via ambulance for pituitary blood tests + CT Brain

NON-URGENT REFERRALS

PITUITARY HORMONE DYSFUNCTION

Symptoms: Fatigue, general malaise, loss of libido, weight fluctuation

Action:

Pituitary blood tests: Prolactin, 8am cortisol, growth hormone, IGF-1, TSH, free T4, FSH/LH, estradiol (women) or testosterone (men)

Referral:

Referral to a Pituitary Endocrinologist

INCIDENTAL FINDINGS

Situation: Pituitary lesion (cyst/tumour) found incidentally on MRI or CT brain

Action:

Pituitary blood tests: Prolactin, 8am cortisol, growth hormone, IGF-1, TSH, free T4, FSH/LH, estradiol (women) or testosterone (men)

Referral:

Pituitary Neurosurgeon or Endocrinologist, who will further refer as part of multidisciplinary management if necessary