

Investigations

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Approved by:	Neurology Directorate Governance Meeting	
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Key Amendments

Date	Amendment	Approved by
May 2022	Documents re-approved with no amendments	Neurology Directorate Governance

In the case of IIH the visual fields may constrict very rapidly, before blindness occurs.

Visual field documentation and acuity measurements must be carried out as a baseline and daily at least and documented.

<http://www.tfpschemes.co.uk/media/9424/Snellen-Eyesight-Chart.pdf>

WRH radiology will facilitate required imaging and have protocols in place to investigate with CT/MRI/MRS/MRV.

If imaging is normal CSF analysis by **left lateral lumbar puncture** is mandatory including CSF opening pressure with manometer.

Radiology – (Always discuss)

- 1) All patients should be admitted as per the clinical protocol
- 2) Urgent MR/CT imaging
- 3) MRI in less than 50 years – MR brain including MRV as standard
- 4) Post contrast MR if clinical/ radiological review suggests
- 5) CT Brain if MRI not available. CT Venogram is also required. Requires discussion with neurology/ radiology