

The Pediatric Neurosurgery practice at Valley Children's specializes in the diagnosis and treatment of a variety of diseases and conditions of the central nervous system for infants, children and adolescents. Our neurosurgery program offers comprehensive, most up-to-date care for the full range of neurosurgical diseases. We have clinical expertise in treating brain tumors, epilepsy, hydrocephalus, congenital malformations, cranial and spinal trauma, peripheral nerve and craniofacial disorders. We are equipped with the most advanced technologies such as the ROSA robot (robotic assistant for minimally invasive neurosurgical procedures), intraoperative neuro navigation and stereotaxy, intraoperative imaging and the Neuroblate laser – allowing us to provide the most state-of-the-art care for our children.

Diseases we treat include:

- Tethered cord syndrome
- Spina bifida (myelomeningoceles, lipomyelomeningoceles, dermal sinus tracts, split cord malformations)
- Encephaloceles
- Hydrocephalus, CSF shunt malfunctions, syringomyelia
- Chiari malformations
- Pseudotumor cerebri
- Aqueductal stenosis
- Arachnoid cysts
- Plagiocephaly
- Craniosynostosis, craniofacial anomalies, and macrocephaly
- Central nervous system tumors
- Head and spine trauma
- Central nervous system vascular malformations
- Spasticity
- Epilepsy

Neurosurgery is also part of several multidisciplinary teams at Valley Children's that provide coordinated comprehensive care for your child. Multidisciplinary programs at Valley Children's include our neuro-oncology program, craniofacial clinic, spina bifida clinic, spasticity clinic and a level 4 epilepsy center.

Access Center

24/7 access for referring physicians
866-353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: 559-353-8888

Neurosurgery Office Numbers

Main: 559-353-6277
FAX: 559-353-5424

Physician Liaison

559-353-7229

Condition	Pre-Referral Work-up	When to Refer
Brain and Spinal Cord Abscesses	<ul style="list-style-type: none"> Document neurological symptoms and signs 	<ul style="list-style-type: none"> If patient is symptomatic with a positive scan
Cerebral Palsy/Spasticity	<ul style="list-style-type: none"> Document neurological symptoms and signs, treatment history, and response to prior therapies 	<ul style="list-style-type: none"> Secondary referral after Neurology or Physiatry consult
Chiari Malformation	<ul style="list-style-type: none"> Document neurological symptoms and signs MRI of head and cervical spine 	<ul style="list-style-type: none"> Positive scan
Craniosynostosis	<ul style="list-style-type: none"> Clinical exam 	<ul style="list-style-type: none"> Early referral if clinical suspicious
Cysts, Lumps and Bumps on Head	<ul style="list-style-type: none"> Document history of affected area 	<ul style="list-style-type: none"> Routine referral upon positive physical finding or scan
Cysts of the brain	<ul style="list-style-type: none"> Document neurological symptoms and signs 	<ul style="list-style-type: none"> Positive scan
Encephalocele	<ul style="list-style-type: none"> Clinical exam, head MRI 	<ul style="list-style-type: none"> Early referral if suspected clinically
Hydrocephalus	<ul style="list-style-type: none"> Chart growth in head circumference, history of prematurity/hemorrhage, and prior therapy or surgery Ultrasound of head if fontanelle open Positive physical findings or scan MRI / CT of brain 	<ul style="list-style-type: none"> Positive physical findings, scan or documentation Positive physical findings or scan

Condition	Pre-Referral Work-up	When to Refer
Lipomyelomeningocele	<ul style="list-style-type: none"> • MRI of back • Clinical documentation of history and physical 	<ul style="list-style-type: none"> • Positive physical findings or scan
Seizures/Epilepsy	<ul style="list-style-type: none"> • Clinical history of seizures 	<ul style="list-style-type: none"> • Secondary referral after Neurology consult
Spinal Dysraphism Neural Tube defects Dermal Sinus Tract	<ul style="list-style-type: none"> • Document neurological symptoms and signs, prior surgical therapy • MRI of affected area 	<ul style="list-style-type: none"> • Positive physical findings, scan or documentation
Skull Fracture/Intracranial Bleed/Post-Traumatic Event	<ul style="list-style-type: none"> • Documentation of history clinical findings • Head CT 	<ul style="list-style-type: none"> • Positive findings, on history and scan
Syringomyelia	<ul style="list-style-type: none"> • MRI of affected area 	<ul style="list-style-type: none"> • Routine consult if asymptomatic
Tumors	<ul style="list-style-type: none"> • Document neurological symptoms and signs • MRI of affected area with or without contrast 	<ul style="list-style-type: none"> • Positive scan
Vascular Disorders of the Brain and Spinal Cord	<ul style="list-style-type: none"> • Document neurological and cardiovascular symptoms and signs 	<ul style="list-style-type: none"> • Positive physical findings, scan or documentation