Editorial

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Pediatric neurosurgery has long had an affiliation with the American Academy of Pediatrics. The Academy has been fully supportive of fellowship training and subcertification within pediatric neurosurgery. The Provisional Section on Pediatric Neurological Surgery of the American Academy of Pediatrics will soon be formally recognized as a fully functioning section within the AAP.

As part of the ongoing effort by the Academy to help its membership recognize the value of pediatric subspecialty care, appropriate referral guidelines for subspecialty referrals have been developed and are being sent to each member of the Academy. As part of this effort, the Academy has worked closely with the Provisional Section on Pediatric Neurological Surgery to develop referral guidelines for pediatric neurosurgery. The guidelines will soon be available to each pediatrician in north America.

The guidelines are as follows:

(1) *A pediatric neurosurgeon is a board-certified neurosurgeon who has completed a fellowship in pediatric neurosurgery after completing a residency in general neurosurgery and is certified by the American Board of Pediatric Neurological Surgery.*

(2) *Pediatric neurosurgical problems include the following:*

*Cranial deformities (craniosynostosis)
Spinal deformities (spina bifida, scoliosis)
Hydrocephalus (water on the brain)
Epilepsy (seizures)
Spasticity (cerebral palsy)
Tumors of the brain
Tumors of the spine*

Tumors of the peripheral nerves

Branchial plexus injuries

Subdural hematomas

Trauma to the brain

Trauma to the spine

Trauma to the nerve roots and peripheral nerves

Vascular malformations of the head and brain

Vascular malformations of the spine

Neural tube defects (open and closed)

CNS infections (brain and spinal cord abscesses)

Skull lesions (tumors, infections, etc.)

Vertebral column lesions (tumors and infections)

(3) For purposes of developing these guidelines, the following age group definitions will be used: infant 0–2 years); child (2–12 years), and adolescent (12–18 years).

All patients ≤ 5 years of age should be cared for by a pediatric neurosurgeon.

Seriously injured infants and children may be stabilized at a local hospital and then should be transferred to a pediatric trauma center with pediatric neurosurgical coverage.

All infants, children and adolescents with brain tumors should be cared for from the onset by pediatric neurosurgical and medical cancer specialists.

All neuroendoscopy procedures in infants and children should be performed by a trained pediatric neurosurgical endoscopist.

The management of children older than 5 years of age with relatively straight forward neurosurgical conditions who have an associated disorder which in itself requires management in a specialized pediatric center with dedicated pediatric intensive care units and pediatric anesthesi-

ologists (an example would be a child with hydrocephalus and cardiac disease) should be carried out by a pediatric neurosurgeon.

The requirements for the training of a general neurosurgeon who will care for pediatric neurosurgical problems not listed in the above categories should be a minimum 6-month rotation as a junior and senior resident during his/her general neurosurgical residency on a pediatric neurosurgical service run by a trained pediatric neurosurgeon. Emphasis should be on surgery in children older than 12

years of age. Attendance at pediatric neurosurgical conferences and meetings at least each 12 months is also necessary for the general neurosurgeon taking care of pediatric neurosurgical patients.

We support the efforts of the American Academy of Pediatrics to direct their membership toward appropriate referrals for pediatric subspecialty care. The support from the Academy for the development of the subspecialty of pediatric neurosurgery has been greatly appreciated.