

All patients referred to specialist clinics are assigned to a priority category based on their clinical need and related psychosocial factors. The examples given are indicative only and the clinician reviewing the referral will use their clinical judgement to determine the best service response for the patient.

REFERRAL GUIDELINES: COLORECTAL CLINIC

In order for us to be able to accept your patient for Vascular review and treatment referring GP's / Medical Specialists are required to provide:



Essential
referral
content

Essential information

- Full name
- Address and phone numbers
- Date of birth
- Indigenous status
- Referring GP details
- BMI
- Health insurance details
- Preferred language and interpreter requirements
- Medicare number
- Mobility needs

Clinical

- Presenting problem and duration of symptoms
- GP diagnosis or provisional diagnosis, if known
- Relevant medical history
- Relevant social history or special needs
- Current medications
- [Investigations required](#)
- Allergies or warnings
- Physical examination results
- List of medication
- Past surgery
- Management to date and response to treatment

Referrer details

- Name, address and contact information
- Provider number
- Signature

Referral details

- Date of referral
- Clinic name – Colorectal Clinic
- Name of speciality to whom the patient is being referred – as per below *(for MBS billed clinics)*

Please populate the required information on the [referral form](#), addressing it to **Colorectal Clinic**. Fax to the outpatient department on **03 8754 6710**.

REFERRAL PROCESS: COLORECTAL CLINICS

 **STEP 1**

Essential referral content will be checked. You will be contacted if further information is required.

Acknowledgement of referral receipt will occur within **eight** working days.

 **STEP 2**

The referral will be triaged by the specialist areas according to clinical urgency.

This determines how long the patient will have to wait for an appointment.

 **STEP 3**

Patients with urgent conditions are scheduled to be seen within 30 days.

Patients with non-urgent conditions are given the next available appointment according to clinical need.

Both the referrer and patient are notified.

Please Note: The times to assessment may vary depending on size and staffing of the hospital department.

If you have any queries, please contact us:

Werribee Mercy Hospital Outpatient Clinics: Phone: 03 8754 6700 Fax: 03 8754 6710

REFERRAL PROCESS: COLORECTAL CLINICS

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

If the condition is required immediate assessment or admission a referral to the Emergency Department (ED) should be attended to. Please contact 03 8754 3000 and refer the patient to the ED for clinical review. Referrals for urgent review in the ED should be addressed to the Emergency Department.

Urgent (seen within 30 days of referral receipt)

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. Examples include:

- **Positive FOBT – Refer to the Rapid Access Colonoscopy Clinic**
- High risk PR Bleeding
- Acute mild diverticulitis
- Recent changes in bowel pattern
- Mass palpable on rectal examination
- Asymptomatic bloody stools
- Unexplained weight loss
- Colo-vesical or colo-vaginal fistula

Non-urgent (seen within 365 days of referral receipt as clinically indicated)

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month. Examples:

- Low risk PR bleeding
- Visible haemorrhoids, palpable fistula on PR
- Bright blood on examination
- Fistulas or fissures uncomplicated
- Routine follow-up on IBD
- Diverticula or disease for follow-up

SPECIFIC INVESTIGATIONS: COLORECTAL CONDITIONS

Immediate assessment or admission criteria (not an exhaustive list)

Step 1: Check criteria for immediate assessment or admission.

- Diverticulitis with systemic sepsis
- Large bowel obstruction
- Severe PR bleeding
- Confirmed or suspected colorectal cancer
- Acute pain or undiagnosed symptoms
- Conditions not fitting the category 1 criteria

Step 2: Contact the

Emergency Department
Admitting Officer via the
switchboard: 03 8754 3000.

Step 3:

Refer the patient to the
Emergency Department.

Referral Reason	Required Investigations
Acute mild diverticulitis	<ul style="list-style-type: none"> • Recent FBE; ESR; LFT's, • Abdominal Ultrasound • BSL
Recent changes in Bowel habits	<ul style="list-style-type: none"> • Recent FBE; U&E's; ESR; TFT's, LFT's • Stool sample • AXR +/- CT Abdo/pelvis (where appropriate) • ? PSA test
Palpable mass on rectal examination	<ul style="list-style-type: none"> • Recent FBE; U&E's; ESR; LFT's;

REFERRAL GUIDELINES: Colorectal Surgery

Referral Reason	Required Investigations
	<ul style="list-style-type: none"> Possible colonoscopy
Asymptomatic bloody stools	<ul style="list-style-type: none"> Recent FBE; U&E's; Recent stool sample Bowel chart
Unexplained weight loss	<ul style="list-style-type: none"> Recent FBE;U&E's; LFT
	<ul style="list-style-type: none"> abdominal ultrasound +/- xray
Colo-vesical or colo-vaginal fistula	<ul style="list-style-type: none"> Recent FBE; U&E's Lipid profile
Haemorrhoids	<ul style="list-style-type: none"> PR examination findings
Anal fistula/ fissures	<ul style="list-style-type: none"> Recent LFT; U&E; PR examination findings Proctoscopy/sigmoidoscopy
Suspected colo-rectal cancer	<ul style="list-style-type: none"> Any urgent cases refer to the emergency department
	<ul style="list-style-type: none"> Recent FBE, U&E
	<ul style="list-style-type: none"> abdomen ultrasound
	<ul style="list-style-type: none"> colonoscopy
	<ul style="list-style-type: none"> recent examination

Referral Reason

Puritis

Benign anal polyps

Rectal Prolapse

Required Investigations

- blood tests – FBE, ESR, U&E's, CA, LFT's, FE, TFT's, immunoglobulins
- Rectal examination findings
- Rectal examination findings

INTERPRETING SERVICES

A proportion of our patients have limited or no proficiency in English. In these cases, we engage professional interpreters for communication with our clinicians. To enable access to an appropriate interpreting service, please ensure that your referral includes information on the patient's preferred spoken language and their need for an interpreter.

Werribee Mercy Hospital - Outpatient Clinics

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