



# REFERRAL GUIDELINES: LYMPHOEDEMA SERVICE

The Mercy Health Lymphoedema Service (MHLS) is a tertiary level service and does have a waiting list. Referrals are triaged for assessment. Referrals may be redirected if a closer service is identified. MHLS can provide a second opinion for some patients and accepts more complex cases where appropriate.

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In order for us to be able to accept your patient for Lymphoedema review and treatment, referring GPs/Medical Specialists are required to provide:



### Essential Referral Content

#### Demographic

- Full name
- Address
- Date of birth
- Indigenous Status
- Referring GP details
- Health Insurance
- Preferred language and interpreter requirements
- Medicare number
- Mobility needs

#### Clinical

- Reason for referral
- Details of the affected limb(s)
- Duration of symptoms
- Relevant pathology & imaging reports
- Past medical history/previous cancer treatment
- Any venous compromise of the affected area
- Past episodes of cellulitis
- Cardiac or venous compromise
- Current medications
- BMI

#### Relevant Results

- CT scans, Lymphoscintigraphy
- Cardiac & Venous scans/investigations, CXR
- Recent blood tests including FBE, LFT, U&E&CR, CLUC

Populate required information on the [Lymphoedema referral form](#) then print and fax to the relevant outpatient department on **03 8458 4205**



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## REFERRAL PROCESS: LYMPHOEDEMA SERVICE



STEP 1

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

Acknowledgement of referral receipt will occur  
Within 8 working days.



STEP 2

The referral will be triaged by the specialist unit 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 routine conditions are given the next available appointment according to clinical need.

Both the referrer and patient are notified.



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Please be advised that referrals are triaged and the waiting list for non-urgent patients can be up to 3-9 months. Upon receipt of an accepted referral, the patient will be placed on the waiting list and receive an acknowledgement letter in the mail. The patient will then be contacted for an appointment in due course and the referrer will be notified.

If the patient wishes to be seen privately, please refer to the lymphoedema practitioners register on [www.lymphoedema.org.au](http://www.lymphoedema.org.au).

## REFERRAL PRIORITY: LYMPHOEDEMA SERVICE

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.

Patients with early symptoms following cancer diagnosis and treatment are prioritised.

Patients with recurrent cellulitis requiring hospitalisation are also a priority

Referral Priority	Appointment Timeframe
Urgent	Within 30 days
Routine	Greater than 30 days depending on clinical need

## OTHER INFORMATION: LYMPHOEDEMA SERVICE

The role of the medical officer is to diagnose the condition and assess suitability for participation in comprehensive multidisciplinary lymphoedema management. It is also to ensure that the other diagnoses have been excluded by the referring doctor and to liaise back with the Referrer if the diagnosis is unclear. It is not the role of the clinic to investigate unspecified oedematous conditions.



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## General questions to be considered:

<ul style="list-style-type: none"><li>• <b>Is there a systemic cause for oedema such as cardiac, renal, hepatic failure?</b></li></ul>
<ul style="list-style-type: none"><li>• Is there a venous cause for oedema particularly if there is a history of varicose veins, deep vein thrombosis or signs of chronic venous insufficiency?</li></ul>
<ul style="list-style-type: none"><li>• Is the arterial circulation compromised?</li></ul>
<ul style="list-style-type: none"><li>• Is there a history of cellulitis?</li></ul>
<ul style="list-style-type: none"><li>• Is there a malignancy of recurrence of previous malignancy?</li></ul>

Bearing the above in mind it is useful to screen with routine biochemistry, venous ultrasound and perhaps CAT scanning prior to reaching clinical diagnosis. Lymphoscintigraphy is a useful tool to assess lymphatic drainage delay dynamically in some situations but will not reveal an underlying cause specifically. There is a variation in the performance of lymphoscintigraphy and so referral to a centre with experience in the technique is recommended. Medical officers at this clinic will refer for lymphoscintigraphy in some circumstances.

## 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 appropriate interpreting service, please ensure that your referral includes information on the preferred language spoken by the patient and their need for an interpreter.



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For queries please contact the Lymphoedema Service:

**Mercy Health Department Lymphedema**

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Heidelberg Vic 3084

**Phone: 03 8458 4949**

**Fax 03 8458 4951**