

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: SURGICAL CLINIC

In order for us to be able to accept your patient for surgical 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 – Surgical 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 Dr Shaukat Esufali**, Surgical Clinic. Fax to the outpatient department on **03 8754 6710**.

REFERRAL PROCESS: SURGICAL 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: SURGICAL 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:

- **Positive FOBT – Refer to the Rapid Access Colonoscopy Clinic**
- PR bleeding
- Diagnosed malignancies
- Liver lesion on imaging
- New onset dysphagia
- Recent significant unexplained weight loss
- Gallstone with symptoms of cholangitis, acute cholecystitis or biliary pancreatitis
- Obstructive jaundice
- Intra-abdominal mass for investigation
- Goitre
- Thyrotoxicosis
- Thyroid nodules for investigation
- Adrenal mass for investigation
- Breast Lumps
- Previous Positive Screening for repeat Endoscopy
- Carpel Tunnel with Severe Nerve Involvement

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:

- Following cholecystitis
- Recurrent biliary colic
- Persistent reflux poorly controlled with medications
- Colonoscopy for CA screening
- Conditions requiring gastroscopy/endoscopy
- Chronic perineal fistulas
- haemorrhoids
- Anaemia for investigation
- Varicose veins
- Uncomplicated hernias
- Benign skin lesions
- Carpal tunnel with uncomplicated or no nerve involvement
- Trigger finger
- Most lumps and Ganglions

SPECIFIC INVESTIGATIONS: **SURGICAL CONDITIONS**

Immediate assessment or admission criteria (not an exhaustive list)

Step 1: Check criteria for immediate assessment or admission.

- Acute abdomen requiring immediate surgical intervention
- Unexplained/severe PR bleeding and/or anaemia
- Acute abnormalities in investigation findings requiring urgent surgical intervention
- Acute onset of abdominal pain not controlled by analgesia
- Any changes to aneurysm (abdominal or aortic) please refer to Alfred Hospital
- Acute cholecystitis, cholelithiasis
- Any condition requiring urgent surgical interventions
- Threatened cervical airway obstruction
- Diverticulitis with systemic sepsis
- Large bowel obstruction and acute small bowel obstruction
- Obstructive Jaundice
- Diagnosed GI tract malignancy
- Confirmed or suspected colorectal cancers
- Malena
- Acute pancreatitis
- Complicated hernias
- Acute, severe biliary pain
- Cachexia
- Breast malignancy/lumps
- Acute DVT

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
Diagnosed malignancies	<ul style="list-style-type: none"> Recent FBE; ESR; LFT's Any urgent cases need to be referred to the emergency department
	<ul style="list-style-type: none"> Relevant x-rays/CT scans
Liver lesions	<ul style="list-style-type: none"> Recent FBE; U&E's; ESR; TFT's, LFT's Ultrasound CXR +/- CT Abdomen/pelvis
Recent significant unexplained weight loss	<ul style="list-style-type: none"> Recent FBE; U&E's; ESR; LFT's
	<ul style="list-style-type: none"> Recent Ultrasound scans
Gallstone with symptoms of cholangitis, acute cholecystitis or biliary pancreatitis	<ul style="list-style-type: none"> Recent FBE; U&E's; Lipid profile; Creatinine Recent Ct scan if available
Uncomplicated Hernias	<ul style="list-style-type: none"> Immediate cases (Acutely incarcerated or obstructed) please refer to the emergency department
	<ul style="list-style-type: none"> All non-urgent cases refer to surgical Outpatients
	<ul style="list-style-type: none"> Recent FBE; U&E's LFT
	<ul style="list-style-type: none"> Abdominal ultrasound +/- CT scan if present
Skin conditions including but not limited to ganglia, Lipomas, sebaceous cysts and minor skin lesions	<ul style="list-style-type: none"> Wound swabs if indicated U/Sound of lesions +/- CT scan if malignancy is suspected
Thyroid Masses	<ul style="list-style-type: none"> FBE; TFT

Referral Reason	Required Investigations
	<ul style="list-style-type: none"> • u/sound or CT thyroid
	<ul style="list-style-type: none"> • FNA solitary nodule after imaging
Adrenal Masses	<ul style="list-style-type: none"> • Fine cut CT • Serum K+ • Urinary Catecholemines • Recent EFT; U&E; blood glucose for diabetics • Consider FBE
Acute painful leg ulcers	<ul style="list-style-type: none"> • Any urgent cases refer to the emergency department
	<ul style="list-style-type: none"> • Recent FBE, U&E
Acute painful leg ulcers	<ul style="list-style-type: none"> • Ultrasound +/- CT scan • ECG
Benign lumps	<ul style="list-style-type: none"> • U/sound +/- CT scan
Diagnosed GI abnormality	<ul style="list-style-type: none"> • Ultrasound +/- CT scan • Recent FBE; U&E; HB
Dyspepsia and /or dysphagia associated with weight loss and or anaemia	<ul style="list-style-type: none"> • Recent FBE; U&E; HB
	<ul style="list-style-type: none"> • Ultrasound +/- CT scan
Known gallstones with ongoing biliary colic	<ul style="list-style-type: none"> • Acute cases to be seen in the emergency department • Recent FBE; U&E; LFT • Recent Ultrasound +/- CT scan

Referral Reason	Required Investigations
Gall bladder mass/ recurrent cholecystitis	<ul style="list-style-type: none"> • Recent FBE;U&E
	<ul style="list-style-type: none"> • MSU
Chronic Pancreatitis	<ul style="list-style-type: none"> • Ultrasound • Recent FBE;U&E • Recent Ultrasound • Consider CT scan
Carpel Tunnel	<ul style="list-style-type: none"> • Nerve Conduction Test
	<ul style="list-style-type: none"> • Relevant x-rays/ scans

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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