

THE ALFRED REFERRAL GUIDELINES: VASCULAR SURGERY

Referral priority guide

Arterial:

Carotid artery disease

Abdominal aortic aneurysm

Renal artery stenosis

Peripheral vascular disease

Popliteal artery aneurysm

Venous:

Varicose veins including thrombophlebitis

Axillary vein thrombosis

Deep vein thrombosis

Pulmonary embolism

Miscellaneous:

Hyperhidrosis

Blushing

THE ALFRED REFERRAL GUIDELINES VASCULAR SURGERY

Referral priority guide

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| Immediate <ul style="list-style-type: none"> • Crescendo or multiple TIA/RIND or amaurosis fugax • Abdominal aortic aneurysm >6cm diameter • Axillary vein thrombosis • Ascending thrombophlebitis to the level of the saphenofemoral junction | Phone the Vascular Surgery Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre. |
| Urgent <ul style="list-style-type: none"> • Changing aneurysm (increasing size, tenderness) or AAA >5cm diameter • Deteriorating claudicant • Popliteal aneurysm >2.0cm diameter • Stenosis of internal carotid (duplex scan positive) with TIA/RIND or amaurosis fugax • Ischaemic and threatened limb • Wound Infection • Rest pain/Gangrene/Ulceration • Seroma/haematoma • AV fistula thrombosis • Bypass Graft Occlusion | Urgent cases must be discussed with the Vascular Surgery Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938. Likely to receive an appointment within 1-2 weeks. |
| Soon | Likely to receive an appointment within 2-6 weeks. |
| Intermediate | Likely to receive and appointment within 6-12 weeks. |
| Non-urgent | Appointment may be delayed. |
| Not seen | Children under 16 years of age are not seen at the Alfred. Lymphoedema - refer to The Mercy Hospital Lymphoedema Clinic. Sclerotherapy for cosmetic management of varicose veins is not provided at The Alfred. |

Please note:

- Oesophageal varices are normally managed within General Surgery.
- The Vascular Surgery service does not provide sclerotherapy for cosmetic management of spider veins.
- Deep venous thrombosis/ pulmonary embolus are normally managed by the Haemostasis/Thrombosis Unit or General Medicine.

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

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Vascular Surgery Registrar on call on 9076 2000.

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THE ALFRED REFERRAL GUIDELINES VASCULAR SURGERY

ARTERIAL

| Evaluation | Management | Referral Guidelines |
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| Carotid artery disease | | |
| <p>Standard history</p> <ul style="list-style-type: none"> ▪ History of TIAs (localising, global and amaurosis fugax) or stroke ▪ History of risk factors and management <p>Examination – evidence of:</p> <ul style="list-style-type: none"> ▪ Carotid bruit ▪ Peripheral pulses ▪ Neurological deficit ▪ Cardiovascular assessment <p>Investigations:</p> <ul style="list-style-type: none"> ▪ USS/Duplex Scan at Vascular laboratory at The Alfred: <p>Vascular Investigation Request form</p> | <ul style="list-style-type: none"> ▪ Commence aspirin or clopidogrel (if there is allergy or other contraindication to aspirin) ▪ Manage risk factors <ul style="list-style-type: none"> - Stop smoking status - Antihypertensives - Management of Diabetes | <p>Immediate referral (contact Vascular Surgery registrar or send to The Alfred Emergency & Trauma Centre):</p> <ul style="list-style-type: none"> ▪ Crescendo or multiple TIA/RIND ▪ Amaurosis fugax <p>Refer the following as Urgent – PRIORITY 1:</p> <ul style="list-style-type: none"> ▪ Isolated TIA/RIND/ Amaurosis fugax ▪ Asymptomatic carotid stenosis of >80% on imaging <p>Refer as Soon – PRIORITY 2:</p> <ul style="list-style-type: none"> ▪ Asymptomatic carotid stenosis of <80% on imaging ▪ Subclavian stenosis or vertebral steal ▪ Carotid body tumour <p>Where there is significant co-morbidity, discussion with the Vascular Service is appropriate prior to referral.</p> <p style="text-align: right;">Return to contents page</p> |
| Abdominal aortic aneurysm | | |
| <ul style="list-style-type: none"> ▪ Standard history and risk factors particularly genetic factors and collagen disorders. ▪ Risk factor management <p>Investigations:</p> <ul style="list-style-type: none"> ▪ Abdominal ultrasound ▪ If > 5cm: Fine slice CT Angiogram ▪ If < 5cm: Refer to Vascular Clinic at The Alfred <p>Abdominal USS at Vascular laboratory at The Alfred: Vascular Investigation Request form</p> | <ul style="list-style-type: none"> ▪ Manage risk factors. ▪ Where serial/follow-up surveillance US scans are performed, any increase of 1cm or more within a 12 month period is an indicator for early referral. | <ul style="list-style-type: none"> ▪ If >6cm diameter, refer immediately – contact Vascular surgery registrar. ▪ If 5- 6cm diameter, refer after Fine Slice CT Angiogram as PRIORITY 1. ▪ If < 5cm: Refer as PRIORITY 2. <p style="text-align: right;">Return to contents page</p> |
| Renal artery stenosis | | |
| <p>Evidence of:</p> <ul style="list-style-type: none"> ▪ Deteriorating renal function ▪ Suspicion renovascular or resistant hypertension ▪ Found incidentally <p>Investigation:</p> <ul style="list-style-type: none"> ▪ Renal USS at Vascular laboratory at The Alfred: <p>Vascular Investigation Request form</p> | | <ul style="list-style-type: none"> ▪ Symptomatic – PRIORITY 2 – also referral to Renal Service (see note below). ▪ Incidental finding –Intermediate referral – PRIORITY 3. <p>Note: Initial referral should usually be made to Renal Physician/Renal Medicine Service.</p> <p style="text-align: right;">Return to contents page</p> |
| Peripheral vascular disease | | |
| <ul style="list-style-type: none"> ▪ History including incapacitating claudication, rest pain, ulceration, gangrene ▪ Standard history and risk factors particularly smoking and diabetes ▪ Genetic factors and collagen disorders ▪ Peripheral pulses | <ul style="list-style-type: none"> ▪ Managing risk factors, particularly smoking and diabetes. ▪ Advice re graduated exercise programme. ▪ Caution with beta blockers – consider using more selective blocker if required. | <ul style="list-style-type: none"> ▪ Ischaemic changes or rest pain- Refer Urgent PRIORITY 1 – contact Vascular Surgery registrar. ▪ Claudication <50m, refer Soon- PRIORITY 2. ▪ Claudication >50m, refer Intermediate or Asymptomatic – PRIORITY 3. <p>Advice re graduated exercise programme. Caution with beta blockers – consider using more selective blocker if required.</p> <p style="text-align: right;">Return to contents page</p> |
| Popliteal artery aneurysm | | |
| | | <p>If >2.0cm diameter, refer soon PRIORITY 2. If <2.0 cm diameter, refer PRIORITY 3.</p> <p style="text-align: right;">Return to contents page</p> |

THE ALFRED REFERRAL GUIDELINES VASCULAR SURGERY

VENOUS

| Evaluation | Management | Referral Guidelines |
|--|---|--|
| Varicose veins including thrombophlebitis | | |
| <ul style="list-style-type: none"> ▪ Standard history and examination, particular reference to any history of DVT and in relation to previous surgery, accident or parturition, genetic factors <p>Investigations:</p> <ul style="list-style-type: none"> ▪ Venous Insufficiency DuplexScan at Vascular laboratory at The Alfred <p>Vascular Investigation Request form</p> <ul style="list-style-type: none"> ▪ Please note: if scans have been performed elsewhere, USS may need to be repeated at The Alfred. | <ul style="list-style-type: none"> ▪ Consider graduated stockings. | <ul style="list-style-type: none"> ▪ Ascending thrombophlebitis to the level of the saphenofemoral junction – refer immediately – contact Vascular Surgery registrar or send to The Alfred Emergency & Trauma Centre. ▪ Venous ulcers or haemorrhage from varicose veins – refer urgently PRIORITY 1. <p>Venous hypertension or cosmesis – Refer non-urgently PRIORITY 4 to Vascular Surgery Varicose Veins Clinic. Please note: Sclerotherapy for cosmetic management of varicose veins is not provided at The Alfred. Consider graduated stockings if medically unfit for surgery</p> <p style="text-align: right;">Return to contents page</p> |
| Axillary vein thrombosis | | |
| <ul style="list-style-type: none"> ▪ History of oestrogen therapy, family history, intercurrent disease particularly malignancy) | | <ul style="list-style-type: none"> ▪ Immediate referral –Send to The Alfred Emergency & Trauma Centre. <p style="text-align: right;">Return to contents page</p> |
| Deep vein thrombosis (DVT) | | |
| <ul style="list-style-type: none"> ▪ History of oestrogen therapy, oral contraceptives, family history, intercurrent disease (particularly malignancy) | | <ul style="list-style-type: none"> ▪ Immediate referral –send to The Alfred Emergency & Trauma Centre (Venostasis-Thrombosis Service) <p style="text-align: right;">Return to contents page</p> |
| Pulmonary embolism | | |
| | | <p>IMMEDIATE referral - send to The Alfred Emergency & Trauma Centre for assessment and treatment.</p> <p style="text-align: right;">Return to contents page</p> |

**THE ALFRED REFERRAL GUIDELINES
VASCULAR SURGERY**

MISCELLANEOUS

Evaluation

Management

Referral Guidelines

Hyperhidrosis

History of profound sweating of hands and axillae unresponsive to conservative treatment

Consider probanthine.

Non-urgent referral –
Priority 4 – for consideration of surgery.
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Blushing

Refer non-urgently – PRIORITY 4.

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