

Specialist Clinic Referral Guidelines

COLORECTAL SURGERY

If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

To refer your patient to Specialist Outpatient colorectal surgery clinics

Please send your referral to Alfred Specialist Clinics via **ConsultMed eReferral**. To log in or create a free **Consultmed account** [click here](#).

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to op.referrals@alfred.org.au whilst we transition our services to this secure platform.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please note a referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The clinical information provided in the referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

The following conditions are not routinely seen by the Alfred Colorectal Surgery unit:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age are not seen at The Alfred

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Please ensure your patient brings relevant pathology, imaging and colonoscopy reports if available to their appointment.

Please include in the referral:

<p>Demographic details:</p> <ul style="list-style-type: none"> • Date of birth • Patient's contact details including mobile phone number • Referring GP details • If an interpreter is required • Medicare number 	<p>Clinical information:</p> <ul style="list-style-type: none"> • Reason for referral • Duration of symptoms • Relevant pathology, imaging reports and colonoscopy reports • Past medical history • Current medications
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Please note: 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 Colorectal Fellow or Registrar on call on 9076 2000.**

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Diseases of the Colon

Direct to the Emergency Department:

- **diverticulitis with systemic sepsis**
- **large bowel obstruction**
- **severe PR bleeding**

Please call the Admitting Officer on 1800 ALFRED (1800 253 733)

Criteria for referral

- Patients with diagnosed recurrent attacks of **diverticulitis** should be referred to the Colorectal Clinic for specialist opinion.
- Patients with suspected or proven **inflammatory bowel disease** should be referred to the Gastroenterology Inflammatory Bowel Disease Clinic (Wednesday mornings)
- **Also refer to the [Gastroenterology Referral Guidelines](#)**

Information to be included in the referral

History including:

- Family history
- Altered bowel habit
- Tenesmus
- Mass
- Incomplete rectal emptying

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Confirmed Colorectal Cancer

Patients with confirmed colorectal cancer: refer urgently to the Colorectal Outpatient Clinic: contact the Colorectal Fellow or Registrar through The Alfred switchboard on 9076 2000 to discuss urgent referral or for advice.

Patients who have a positive faecal occult blood test should be referred for an urgent outpatient appointment to arrange colonoscopy

Information to be included in the referral

History including:

- Weight loss
- Medications
- Ascites
- Tenesmus
- History of malignancy
- PR blood, pus, or mucus
- Altered bowel habit
- Flatus
- Incomplete rectal emptying
- Family history of inflammatory bowel disease, polyposis or cancer

Investigations

- FBE
- LFTs
- CEA
- CT Scan of chest, abdomen and pelvis
- Biopsy result
- Colonoscopy or Barium enema result

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Consider iron replacement while awaiting investigations.

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Suspected Colorectal Cancer

Criteria for referral

- Patients who have signs or symptoms **suggestive of colorectal cancer** should be referred for **urgent** outpatient appointment for colonoscopy.
- Patients with **suspicious bleeding or definite change in bowel habit** should be referred to the Colorectal Outpatient clinic for colonoscopy.
- Patients who **have vague lower abdominal or change in bowel habits** (to constipation) should be referred for **Open Access Endoscopy clinic**: [Referral for Gastrointestinal Endoscopy](#)
Refer to the [Endoscopy Referral Guidelines Gastroenterology service](#) for further information.

Contact the Colorectal Fellow or Registrar through The Alfred switchboard on 9076 2000 to discuss urgent referral or for advice.

Information to be included in the referral

History including:

- Weight loss
- Medications
- Ascites
- Tenesmus
- History of malignancy
- PR blood, pus, or mucus
- Altered bowel habit
- Flatus
- Incomplete rectal emptying
- Family history of inflammatory bowel disease, polyposis or cancer

Investigations

- FBE
- LFTs
- Colonoscopy

Guidelines for screening colonoscopy – refer to [NH&MRC Colorectal cancer guidelines](#)

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Rectal bleeding

Department of Health [Statewide referral criteria](#) apply for this condition.

Direct to the emergency department:

Potentially life-threatening symptoms suggestive of acute severe lower gastrointestinal tract bleeding.

Criteria for referral to public hospital service

- Unexplained rectal bleeding where a differential diagnosis has been excluded
- Rectal bleeding with recent change in bowel habits, unintended weight loss (> 5 percent of body weight in previous 6 months) or abdominal or rectal mass
- Rectal bleeding with iron deficiency that persists despite correction of potential causative factors or rectal bleeding that persists despite appropriate treatment for more than six weeks.

Information to be included in the referral

Information that **must** be provided

- Findings on physical examination
- Onset, characteristics and duration of symptoms (including description of rectal bleeding) and if the bleeding persists despite appropriate treatment (e.g. dietary fibre and fluid intake, aperients) for more than six weeks
- Details of previous medical management including the course of treatment(s) and outcome of treatment(s)
- If rectal bleeding with iron deficiency
 - full blood examination
 - iron studies or serum ferritin.

Provide if available

- Previous colonoscopy results
- Recent faecal occult blood test results
- Details of relevant family history of gastrointestinal or colorectal cancers.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

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Additional comments continued.

Note: there are also statewide referral criteria for direct referrals for [Positive faecal occult blood test \(FOBT\) - diagnostic colonoscopy](#) that are accepted by some public health services

Note: there are also gastroenterology statewide referral criteria for [Rectal bleeding](#) and [Persistent iron deficiency](#).

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Rectal bleeding with a known cause where serious colorectal pathology has been excluded and the symptoms remain unchanged, are occasional, or have resolved.

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Haemorrhoids

Information to be included in the referral

Information that **must** be provided in the referral:

- History of ano-rectal bleeding
- Prolapse and thrombosis
- Evaluation:
 - PR
 - Proctoscopy
 - Sigmoidoscopy

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Management

- Lifestyle/dietary advice/ modification
- Proprietary creams/ suppositories

Refer for colonoscopy if underlying disease suspected

Points for concern:

- An associated change in bowel habit
- Blood mixed with stool
- Associated pain and discomfort in the absence of thrombosis or other pathology such as a fissure
- Palpable mass on rectal examination
- Copious bleeding with associated anaemia

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Perianal lumps

Department of Health [Statewide referral criteria](#) apply for this condition.

Direct to an emergency department for:

- Sepsis or acutely unwell due to infection.

Criteria for referral to public hospital service

Persistent perianal lump with symptoms of concern (e.g. night sweats, unexplained weight loss, tenesmus, recent change in bowel habits).

Information to be included in the referral

Information that **must** be provided

- Findings on physical examination
- Onset, characteristics and duration of symptoms of concern.

Provide if available

Not applicable

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

- Perianal lumps without concerning features or that have resolved.
- Asymptomatic skin tags.

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Anal Fistula

Information to be included in the referral

Information that **must** be provided in the referral:

- History of recurrent perianal abscesses, discharge sinus, and previous drainage operation
- Evaluation:
 - PR
 - Proctoscopy
 - Sigmoidoscopy

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Refer to CRS clinic for management and exclusion of associated disease

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Anal Fissure

Information to be included in the referral

Information that **must** be provided in the referral:

- History of pain with and after defecation.
- Attacks may be intermittent or prolonged
- Evaluation may be difficult due to spasm
- Note anal tag

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Management

- Rectogesic/faecal softeners

Refer to CRS clinic for management and exclusion of associated disease

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