

REFERRAL GUIDELINES: HEPATOPANCREATOBILIARY SURGERY



Essential Referral Content

Demographic	Clinical
<ul style="list-style-type: none"> • Date of birth • Contact details (including mobile phone) • Referring GP details • Interpreter requirements • Medicare number 	<ul style="list-style-type: none"> • Reason for referral • Duration of symptoms • Relevant pathology & imaging reports • Past medical history • Current medications



Exclusion Criteria

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 6938

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

REFERRAL PROCESS: HEPATOPANCREATOBILIARY SURGERY

The HepatoPancreatoBiliary (HPB) Surgery unit treats specialist hepatic, pancreatic and biliary pathology, in addition to general surgical cases. For oesophageal and gastric pathologies, please refer to the Oesophago-Gastric and Bariatric Surgery unit. Please refer cases of acute hepatitis to Gastroenterology or Liver clinic.



STEP 1

You will be notified when your referral is received by outpatients. Essential referral content will be checked and you may be contacted for further information if required.



STEP 2

The referral is triaged by the specialist unit according to clinical urgency. This determines how long the patient will 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.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

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 HepatoPancreatoBiliary (HPB) Fellow on 9076 2000.

REFERRAL PRIORITY: HEPATOPANCREATOBILIARY SURGERY

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.

<p>IMMEDIATE</p> <p>Direct to the Emergency & Trauma Centre</p>	<p>URGENT</p> <p>Appointment timeframe within 30 days</p>	<p>ROUTINE</p> <p>Appointment timeframe greater than 30 days depending on clinical need</p>
<ul style="list-style-type: none"> • Acute, severe biliary pain • Acute cholecystitis • Obstructive jaundice • Acute pancreatitis 	<ul style="list-style-type: none"> • Diagnosed or suspected liver, pancreas, biliary or duodenal malignancy • Known gallstones with ongoing biliary colic • Gall-bladder mass or polyp >10mm 	<ul style="list-style-type: none"> • Asymptomatic gallstones • Recurrent cholecystitis • Chronic pancreatitis • Small gallbladder polyps • Asymptomatic common bile duct stones • Non-suspicious pancreatic cystic lesions • Biliary dilatation without stone or mass
<p>Phone the HPB Fellow on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.</p>	<p>Urgent cases must be discussed with the HPB Fellow to obtain appropriate prioritisation and a referral faxed to 9076 6938.</p>	<p>Fax referral to 9076 6938.</p> <p>Please note all referrals are triaged and are upgraded if urgency is required.</p>

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 HPB Fellow on 9076 2000.

REFERRAL GUIDELINES: HEPATOPANCREATOBILIARY SURGERY

Symptomatic disorders of the pancreas, biliary tree and liver

Gallbladder pain

Biliary colic

Cholecystitis

Pancreatic/common bile duct pain

Pancreatitis

Obstructive jaundice

Cholangitis

Pancreatic cancer

Symptomatic disorders of the pancreas, biliary tree & liver

GALLBLADDER PAIN

Evaluation	Management	Referral Guidelines
<p>Gallbladder pain:</p> <ul style="list-style-type: none"> • Epigastric, radiating around the costal margin to the scapula region • Frequently post-prandial <p>⇒ Biliary colic</p> <p>⇒ Persistent gallbladder/right upper quadrant pain and sepsis consider cholecystitis</p>	<p>Pre-referral investigations to consider if appropriate:</p> <ul style="list-style-type: none"> • FBE, U&E, LFT, lipase • Hepatitis serology • Ca 19.9 for suspected pancreas or biliary malignancy • AFP for suspected hepatocellular carcinoma • Biliary ultrasound • CT liver –Quad Phase for newly diagnosed liver lesions • CT pancreas protocol for pancreatic lesions 	<p>If cholecystitis is suspected, cholecystectomy is usually indicated—refer IMMEDIATELY - phone the HPB Fellow on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.</p> <p>Biliary colic—consider outpatient referral as cholecystectomy may be indicated.</p>

REFERRAL GUIDELINES: HEPATOPANCREATOBILIARY SURGERY

PANCREATIC/COMMON BILE DUCT PAIN

Evaluation	Management	Referral Guidelines
<p>Pancreatic/common bile duct pain:</p> <ul style="list-style-type: none"> • Sharper epigastric pain radiating through to the back <p>⇒ Pancreatic pain +/- sepsis and nausea/vomiting—consider pancreatitis</p>	<p>Pre-referral investigations to consider if appropriate:</p> <ul style="list-style-type: none"> • FBE, U&E, LFT, lipase • Hepatitis serology • Ca 19.9 for suspected pancreas or biliary malignancy • AFP for suspected hepatocellular carcinoma • Biliary ultrasound • CT liver –Quad Phase for newly diagnosed liver lesions • CT pancreas protocol for pancreatic lesions 	<p>If pancreatitis is suspected, inpatient management is usually indicated—refer IMMEDIATELY - phone the HPB Fellow on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.</p>

OBSTRUCTIVE JAUNDICE

Evaluation	Management	Referral Guidelines
<p>Obstructive jaundice:</p> <ul style="list-style-type: none"> • Associated with obstructive LFTs • Mixed conjugated/unconjugated bilirubin • Biliary dilatation on imaging <p>⇒ Pain, sepsis and jaundice—consider cholangitis</p> <p>⇒ Painless jaundice—consider pancreas cancer</p>	<p>Pre-referral investigations to consider if appropriate:</p> <ul style="list-style-type: none"> • FBE, U&E, LFT, lipase • Hepatitis serology • Ca 19.9 for suspected pancreas or biliary malignancy • AFP for suspected hepatocellular carcinoma • Biliary ultrasound • CT liver –Quad Phase for newly diagnosed liver lesions • CT pancreas protocol for pancreatic lesions 	<p>If jaundice/cholangitis/suspected pancreas cancer—refer IMMEDIATELY for acute and definitive management - phone the HPB Fellow on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.</p>