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REFERRAL GUIDELINES: OESOPHAGO-GASTRIC SURGERY

Essential Referral Content

Demographic

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical

- Reason for referral
- Duration of symptoms
- Relevant pathology & imaging reports
- Past medical history
- Current medications

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

Exclusion Criteria

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
- Gastro-oesophageal reflux in pregnancy

REFERRAL PROCESS: OESOPHAGO-GASTRIC SURGERY

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 Oesophago-Gastric/Bariatric Surgical Registrar on call on 9076 2000.

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines.
They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.

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REFERRAL PRIORITY: OESOPHAGO-GASTRIC 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.

IMMEDIATE **Direct to the Emergency & Trauma Centre**	URGENT **Appointment timeframe within 30 days**	ROUTINE **Appointment timeframe greater than 30 days depending on clinical need**
• Haematemesis • Melaena • Cachexia • Acute dysphagia with intolerance of fluids • Severe abdominal pain or intolerance of fluids after bariatric surgery • Fever or shortness of breath after bariatric surgery	• **Diagnosed or suspected upper GI tract malignancy— contact Oesophago-Gastric/Bariatric Surgical Registrar or OG Cancer nurse coordinator (Cate Milnes) via switchboard on 9076 2000.** • Dyspepsia and/or dysphagia to solids associated with weight loss and/or anaemia • Vomiting and/or severe reflux following bariatric surgery	• Gastroesophageal reflux • Hiatus hernia without pain or dysphagia
Phone the Oesophago-Gastric/ Bariatric Surgical Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.	Urgent cases must be discussed with the Oesophago-Gastric/Bariatric Surgical Registrar on call to obtain appropriate prioritisation and a referral faxed to 9076 6938.	Fax referral to 9076 6938

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 Oesophago-Gastric Surgical Registrar on call on 9076 2000.

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Referral Guideline Contents

Disorders of the Oesophagus:

DYSPAHGIA

Evaluation	Management	Referral Guidelines
Particularly important is any history of: • Loss of weight • Anaemia • Progressive Dysphagia • Liquids Vs solids May include history or findings of: • Foreign body ingestion • Gastro-oesophageal motility disorder • Neoplasm • Nocturnal choking or coughing attacks • Scleroderma	Diagnostic studies may include (depending on history): • Gastroscopy • Barium swallow/meal	• Refer to Oesophago-Gastric/Bariatric Surgery if oesophageal aetiology suspected or hiatus hernia If malignancy suspected, refer - urgent, and contact the Oesophago-Gastric/ Bariatric Surgery registrar.

REFLUX SYMPTOMS

Evaluation	Management	Referral Guidelines
May include history of findings of: • Heartburn • Water brash • Volume reflux / regurgitation • Nocturnal choking or coughing attacks • Odynophagia • Atypical symptoms include cough, and asthma, best initially screened via respiratory clinic	Lifestyle modification (weight loss, smaller meals, smoking cessation, bed head raise, etc.) A trial of PPI therapy may be appropriate: • Should have gastroscopy if symptoms don't resolve after 6 week trial of PPIs OR if there is weight loss, haematemesis, iron deficiency anaemia, age >45, dysphagia etc.	Refer to Oesophago-Gastric/Bariatric Surgery if medication is required for 6 weeks or more, or if symptoms of weight loss, anaemia or dysphagia are evident. The patient should attend with results of a recent gastroscopy. If severe reflux symptoms following bariatric surgery refer - urgent, and contact the Oesophago-Gastric/Bariatric Surgery registrar.

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DISORDERS OF THE STOMACH AND DUODENUM

Evaluation	Management	Referral Guidelines
• Pain: - Site - Acute or chronic - Continuous or episodic • Nausea and vomiting • Weight loss • Haematemesis and/or malaena • Anaemia • Medications • Post prandial fullness • Alcohol intake Breath testing may be useful to confirm presence of *H.pylori.*	**Non-Acute** • Review other medications eg NSAID's, prednisone • Lifestyle modifications	**Acute** • Refer to The Alfred Emergency & Trauma Centre for IMMEDIATE admission (suspected perforation, haematemesis or malaena) If malignancy suspected, refer - urgent, and contact the Oesophago-Gastric/ Bariatric Surgery registrar. **Non- Acute** • If inadequate response to treatment after two months, refer for endoscopy • Pain with weight loss or pain with anaemia • Post-prandial vomiting: refer for endoscopy. • If specialist follow up required after endoscopy refer to Oesophago-Gastric/Bariatric Surgery

GALLBLADDER PAIN

Evaluation	Management	Referral Guidelines
Gallbladder pain: • Epigastric, radiating around the costal margin to the scapula region • Frequently post-prandial ⇒ Biliary colic ⇒ Persistent gallbladder/right upper quadrant pain and sepsis consider cholecystitis	Pre-referral investigations to consider if appropriate: • 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	If cholecystitis is suspected, cholecystectomy is usually indicated—refer IMMEDIATELY - phone the Hepatopancreaticobiliary Surgical Registrar on call on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre. Biliary colic—consider outpatient referral as cholecystectomy may be indicated.