

REFERRAL GUIDELINES: **VASCULAR 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

Please ensure your patient brings their films or CDs to their appointment.
Please note: Venous Duplex scans **must** be performed at The Alfred.
[Vascular Investigation Request form](#)

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



Exclusion Criteria

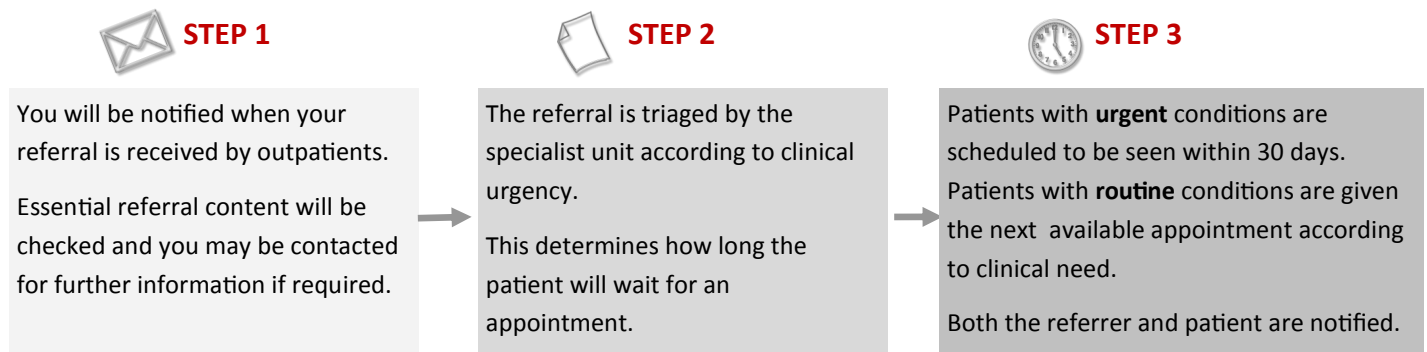
The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age
- Sclerotherapy for cosmetic management of varicose veins is not provided at The Alfred.
- Lymphoedema - refer to The Mercy Hospital Lymphoedema Clinic.

Please note

- Oesophageal varices are normally managed within General Surgery.
- The Vascular Surgery service does not provide sclerotherapy for cosmetic management of spider veins. For further information see ["Guidelines for Aesthetic Surgery on the Public Hospital Waiting List"](#)
- Deep venous thrombosis/ pulmonary embolus are normally managed by the Haemostasis/ Thrombosis Unit or General Medicine.
- Due to high clinic demand, appointments for the Varicose Veins clinic may be delayed.

REFERRAL PROCESS: **VASCULAR SURGERY**



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

Due to high clinic demand, patients referred for management of uncomplicated varicose veins are unlikely to receive an appointment within 6 months of referral.

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.

REFERRAL PRIORITY: **VASCULAR 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"> • 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 	<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 • Asymptomatic carotid stenosis >80% 	<ul style="list-style-type: none"> • Varicose veins • Thoracic outlet compression • Hyperhidrosis • Incidental finding of renal artery stenosis • Facial blushing
<p>Phone the Vascular Surgery Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.</p>	<p>Urgent cases must be discussed with the Vascular Surgery Registrar on call to obtain appropriate prioritisation and a referral faxed to 9076 6938.</p>	<p>Fax referral to 9076 6938</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 Vascular Surgery Registrar on call on 9076 2000.

Referral Guideline Contents

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](#)

Arterial:

CAROTID ARTERY DISEASE

Evaluation	Management	Referral Guidelines
<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 	<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 urgently:</p> <ul style="list-style-type: none"> • Isolated TIA/RIND/ Amaurosis fugax • Asymptomatic carotid stenosis of >80% on imaging <p>Refer promptly:</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>

ABDOMINAL AORTIC ANEURYSM

Evaluation	Management	Referral Guidelines
<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:</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 and send to The Alfred Emergency & Trauma Centre. • If 5- 6cm diameter, after Fine Slice CT Angiogram refer - Urgent • If < 5cm: prompt referral

Arterial: RENAL ARTERY STENOSIS

Evaluation	Management	Referral Guidelines
<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: 		<ul style="list-style-type: none"> Symptomatic, Refer - Urgent – also referral to Renal Service (see note below). Incidental finding, Refer - Routine <p>Note: Initial referral should usually be made to Renal Physician/Renal Medicine Service.</p>

PERIPHERAL VASCULAR DISEASE

Evaluation	Management	Referral Guidelines
<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. Statins and antiplatelet agents where indicated. Caution with beta blockers – consider using more selective blocker if required. 	<ul style="list-style-type: none"> Ischaemic changes or rest pain, Refer - Urgent – contact Vascular Surgery registrar. Claudication <50m, refer - Urgent Claudication >50m, refer - Routine Advise re graduated exercise programme. <p>Caution with beta blockers – consider using more selective blocker if required.</p>

POPLITEAL ARTERY ANEURYSM

Evaluation	Management	Referral Guidelines
		<p>If >2.0cm diameter, refer - Urgent</p> <p>If <2.0 cm diameter, refer - Routine</p>

Venous:

VARICOSE VEINS INCLUDING THROMBOPHLEBITIS

Evaluation	Management	Referral Guidelines
<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 Vascular Investigation Request form Please note: if scans have been performed elsewhere, USS may need to be repeated at The Alfred. 	<p>Consider graduated stockings.</p>	<ul style="list-style-type: none"> Ascending thrombophlebitis to the level of the saphenofemoral junction, Refer IMMEDIATELY – contact Vascular Surgery registrar and send to The Alfred Emergency & Trauma Centre. Venous ulcers or haemorrhage from varicose veins, Refer - Urgent Venous hypertension, Refer - Routine to Vascular Surgery Varicose Veins Clinic. <p>Please note: Treatment for cosmetic management of varicose veins including sclerotherapy is not provided at The Alfred.</p> <p>Consider graduated stockings if medically unfit for surgery</p>

AXILLARY VEIN THROMBOSIS

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> History of oestrogen therapy, family history, intercurrent disease particularly malignancy) 		<ul style="list-style-type: none"> IMMEDIATE referral - Contact the Vascular Surgery registrar and send to The Alfred Emergency & Trauma Centre.

DEEP VEIN THROMBOSIS (DVT)

Evaluation	Management	Referral Guidelines
<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 - Contact the Vascular Surgery registrar and send to The Alfred Emergency & Trauma Centre.

PULMONARY EMBOLISM

Evaluation	Management	Referral Guidelines
		<ul style="list-style-type: none"> IMMEDIATE referral - Contact the Vascular Surgery registrar and send to The Alfred Emergency & Trauma Centre.

Miscellaneous:
HYPERHIDROSIS

Evaluation	Management	Referral Guidelines
History of profound sweating of hands and axillae unresponsive to conservative treatment.	Consider probanthine	Refer - Routine for consideration of surgery.

BLUSHING

Evaluation	Management	Referral Guidelines
		Refer - Routine