

REFERRAL GUIDELINES: **COLORECTAL SURGERY**

### Essential Referral Content

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

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



### 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 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

**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.

## REFERRAL PRIORITY: COLORECTAL 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><b>IMMEDIATE</b></p> <p><b>Direct to the Emergency &amp; Trauma Centre</b></p>	<p><b>URGENT</b></p> <p><b>Appointment timeframe within 30 days</b></p>	<p><b>ROUTINE</b></p> <p><b>Appointment timeframe greater than 30 days</b></p>
<ul style="list-style-type: none"> <li>• Diverticulitis with systemic sepsis</li> <li>• Large bowel obstruction</li> <li>• Severe PR bleeding</li> <li>• Perianal abscess</li> </ul>	<ul style="list-style-type: none"> <li>• Confirmed or suspected colorectal cancer</li> </ul>	
<p>Phone the Colorectal Fellow or Registrar on call on 9076 2000 and/or send to The Alfred Emergency &amp; Trauma Centre.</p>	<p>Urgent cases must be discussed with the Colorectal Fellow or Registrar on call to obtain appropriate prioritisation and a referral letter 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 Colorectal Fellow or Registrar on call on 9076 2000.

## Referral Guideline Contents



### Diseases of the Colon

#### Colorectal Cancer:

##### Confirmed Colorectal Cancer

##### Suspected Colorectal Cancer

#### Ano-rectal Disease:

##### Haemorrhoids

##### Anal fistula

##### Anal fissure

## DISEASES OF THE COLON

Evaluation	Management	Referral Guidelines
<p><b>History including:</b></p> <ul style="list-style-type: none"> <li>Family history</li> <li>Altered bowel habit</li> <li>Tenesmus</li> <li>Mass</li> <li>Incomplete rectal emptying</li> </ul> <p><b>Also refer to the</b> <a href="#">Gastroenterology Referral Guidelines</a></p>	<p>Acute mild diverticulitis: antibiotics.</p>	<p>Patients with:</p> <ul style="list-style-type: none"> <li>diverticulitis with systemic sepsis</li> <li>large bowel obstruction</li> <li>severe PR bleeding</li> </ul> <p>should be <b>referred immediately</b> to the Alfred Emergency and Trauma Centre.</p> <p>Patients with diagnosed recurrent attacks of <b>diverticulitis</b> should be referred to the Colorectal Clinic for specialist opinion.</p> <p>Patients with suspected or proven <b>inflammatory bowel disease</b> should be referred to the Gastroenterology Inflammatory Bowel Disease Clinic (Wednesday mornings)</p>

## CONFIRMED COLORECTAL CANCER

Evaluation	Management	Referral Guidelines
<p><b>History including:</b></p> <ul style="list-style-type: none"> <li>Weight loss</li> <li>Medications</li> <li>Ascites</li> <li>Tenesmus</li> <li>History of Malignancy</li> <li>PR blood, pus, or mucus</li> <li>Altered bowel habit</li> <li>Flatus</li> <li>Incomplete rectal emptying</li> <li>Family history of inflammatory bowel disease, polyposis or cancer</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>FBE</li> <li>LFTs</li> <li>CEA</li> <li>CT Scan of chest, abdomen and pelvis</li> <li>Biopsy result</li> <li>Colonoscopy or Barium enema result</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p>	<p>Consider iron replacement while awaiting investigations</p>	<ul style="list-style-type: none"> <li>Patients with <b>confirmed colorectal cancer</b> refer <b>urgently</b> 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.</li> </ul>

## SUSPECTED COLORECTAL CANCER

Evaluation	Management	Referral Guidelines
<p><b>History including:</b></p> <ul style="list-style-type: none"> <li>• Weight loss</li> <li>• Medications</li> <li>• Ascites</li> <li>• Tenesmus</li> <li>• History of Malignancy</li> <li>• PR blood, pus, or mucus</li> <li>• Altered bowel habit</li> <li>• Flatus</li> <li>• Incomplete rectal emptying</li> <li>• Family history of inflammatory bowel disease, polyposis or cancer</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>• FBE</li> <li>• LFTs</li> <li>• Colonoscopy</li> </ul>		<p>Patients who have signs or symptoms <b>suggestive of colorectal cancer</b> should be referred for <b>urgent</b> outpatient appointment for colonoscopy.</p> <p>Patients with <b>suspicious bleeding or definite change in bowel habit</b> should be referred to the Colorectal Outpatient clinic for colonoscopy.</p> <p>Patients who <b>have vague lower abdominal or change in bowel habits</b> (to constipation) should be referred for <b>Open Access Endoscopy clinic</b>:</p> <p><a href="#">The Alfred Gastrointestinal Endoscopy Service request form</a></p> <p><a href="#">Endoscopy Referral Guidelines</a></p> <p><a href="#">Gastroenterology Service</a></p> <p>Contact the Colorectal Fellow or Registrar through The Alfred switchboard on 9076 2000 to discuss urgent referral or for advice.</p> <p>Guidelines for screening colonoscopy – refer to <a href="#">NH&amp;MRC Colorectal cancer guidelines</a></p>

## HAEMORRHOIDS

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• History of ano-rectal bleeding</li> <li>• Prolapse and thrombosis</li> <li>• Evaluation: <ul style="list-style-type: none"> <li>- PR</li> <li>- Proctoscopy</li> <li>- Sigmoidoscopy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Lifestyle/dietary advice/ modification</li> <li>• Proprietary creams/ suppositories</li> </ul>	<ul style="list-style-type: none"> <li>• Refer for colonoscopy if underlying disease suspected</li> <li>• Points for concern: <ul style="list-style-type: none"> <li>- An associated change in bowel habit</li> <li>- Blood mixed with stool</li> <li>- Associated pain and discomfort in the absence of thrombosis or other pathology such as a fissure</li> <li>- Palpable mass on rectal examination</li> <li>- Copious bleeding with associated anaemia</li> </ul> </li> </ul>

## ANAL FISTULA

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• History of recurrent perianal abscesses, discharge sinus, and previous drainage operation</li> <li>• Evaluation: <ul style="list-style-type: none"> <li>- PR</li> <li>- Proctoscopy</li> <li>- Sigmoidoscopy</li> </ul> </li> </ul>		<p>Refer to CRS clinic for management and exclusion of associated disease</p>

## ANAL FISSURE

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"><li>• History of pain with and after defecation.</li><li>• Attacks may be intermittent or prolonged</li><li>• Evaluation may be difficult due to spasm</li><li>• Note anal tag</li></ul>	Rectogesic/faecal softeners	Refer to CRS clinic for management and exclusion of associated disease