General Surgery
Specialist Clinic Referral Guidelines

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The impact of COVID-19 has resulted in high demand for specialist clinic consultations. 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.

Please fax referrals to The Alfred Specialist Clinics on 9076 6938. **The Alfred Specialist Clinics Referral Form** is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service. Advice regarding referral for specific conditions to the Alfred General Surgery Service can be found **here**.

Notification will be sent when the referral is received. The 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.

The following conditions are not routinely seen at Alfred Health:

- 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
- Cosmetic breast surgery is not offered at The Alfred - see: "Guidelines for Aesthetic Surgery on the Public Hospital Waiting List"

Please include in the referral:

Demographic details: • Date of birth • Patient's contact details including mobile phone number • Referring GP details • If an interpreter is required • Medicare number	**Clinical information:** • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports • Past medical history • Current Medications

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 the patient with a **12-month referral addressed to the chosen specialist**.

Further information regarding the specialists attending the General Surgery clinics are available here: Breast Endocrine & General Surgery, Colorectal Surgery, HepatoPancreatoBiliary Surgery & Oesophago-Gastric & Bariatric Surgery. Please note that the patient may be seen by another specialist in that clinic in order to expedite 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 Surgical Registrar on call on 9076 2000.

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Contents

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GENERAL REFERRAL GUIDELINES

Evaluation

Problems are categorised under the following groupings, and managed by the corresponding service:

BREAST, ENDOCRINE AND GENERAL SURGERY UNIT (BES):
Neck masses

- Thyroid masses
- Adrenal masses
- Parathyroid disease
- Breast disease

COLORECTAL AND GENERAL SURGERY UNIT (CRS):

- Inflammatory bowel disease
- Diseases of the colon
- Anorectal disease

OESOPHAGO-GASTRIC AND BARIATRIC SURGERY UNIT (OGB):

- Disorders of the oesophagus
- Disorders of the stomach and
- duodenum
- Bariatric surgery

HEPATOPANCREATOBILIARY SURGERY UNIT (HPB):

- Disorders of the pancreas
- Disorders of the biliary tree & liver

MISCELLANEOUS GENERAL SURGERY

- Hernia
- Skin
- Venous

Management

A through history and examination is required to determine a specific diagnosis and its degree of urgency. Some appropriate investigation by the referrer will facilitate the referral process.

Most general surgical diagnoses require referral to specialist management. However, these guidelines are provided to give greater clarity in situations of the primary/secondary interface of care. Clearly telephone/fax communication would enhance appropriate treatment.

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 General Surgery registrar on call on 9076 2000.

Return to Contents.

Miscellaneous General Surgery

Hernia

Direct to the Emergency Department for:

- Incarcerated and symptoms of bowel obstruction, local tenderness or erythema.

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

Evaluation

- Incisional hernia
- Femoral hernia
- Inguinal hernia
- Umbilical hernia

Management

- Pain in groin sometimes precedes lump.
- Pain may be colicky and associated with vomiting (intestinal obstruction)
- Lump in groin - may be intermittent /reducible but is usually most obvious when patient is standing

Diagnostic studies may include:

- Ultrasound (only required if hernia cannot be felt on examination).
  The Alfred Radiology request form

If uncomplicated, refer to any General Surgery clinic - urgent or routine according to clinical indication.

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.

Return to Contents.

Skin

Contact the General Surgery registrar on call on 9076 2000 to arrange an urgent appointment if:

- Malignancy suspected

Evaluation

- Ganglia
- Lipomas
- Sebaceous cysts
- Minor skin lesions

Management

- USS of lesion +/- CT scan if malignancy suspected
- Include details of functional impairment in referral.

Refer urgently if malignancy suspected, otherwise routine, depending on functional difficulties.

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.

Return to Contents.

Venous

Refer to Vascular Surgery Guidelines:
Vascular Surgery Referral and Management 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.

Return to Contents.

Breast, Endocrine & General Surgery

Thyroid masses

Contact the Breast and Endocrine registrar on call on 9076 2000 to arrange an urgent Breast and Endocrine appointment if:

- Any suspicious lesions, disease refractory to medical management or causing compression symptoms

Evaluation

- Solitary vs multi-nodular
- Euthyroid vs hypo/hyper thyroid
- Compression symptoms
- Risk factors
- Current medical treatment

Investigations

- FBE
- TFTs/Antibodies
- Ultrasound or CT thyroid
- FNA solitary nodule after imaging
- Nuclear Scan (Hyperthyroid only)

The Alfred Radiology request form

Management

- Hyper- or hypo-thyroid patients should be treated to render euthyroid
- Steroids for subacute thyroiditis

Refer urgently to Breast and Endocrine clinic any suspicious lesions, disease refractory to medical management or causing compression symptoms

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.

Return to Contents.

Parathyroid disease

Contact the registrar on call on 9076 2000 to arrange an urgent Breast and Endocrine appointment for:

- Parathyroid disease

Evaluation

- May be in conjunction with renal disease or part of a familiar syndrome such as MEN-1 (Multiple Endocrine Neoplasia type 1)

Investigations

- PTH/Ca2+

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.

Return to Contents.

Neck masses - painless

Contact the registrar on call to arrange an urgent appointment if:

- Painless, progressive enlargement or if suspicion of metastatic carcinoma**.**

Evaluation

Complete head and neck exam indicated for site of primary:

- TFTs
- Open biopsy is contraindicated
- CT or ultrasound

The Alfred Radiology request form

Management

Referral to BES Clinic indicated if mass persists for two weeks without improvement.
Urgent referral if painless, progressive enlargement or if suspicion of metastatic carcinoma.

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.

Return to Contents.

Neck masses - painful

Contact the registrar on call on 9076 2000 to arrange an urgent appointment if:

- Painless, progressive enlargement or if suspicion of metastatic carcinoma.

Evaluation

Complete head and neck exam indicated for site of infection:

- FBE
- Cultures, when indicated
- Consider HIV/intradermal TB/Paul Bunnell (if indicated)
- Consider possible cat scratch disease (toxoplasmosis titres)

Management

Appropriate antibiotic trial - see ENT Otolaryngology Referral and Management Guidelines

Referral to BES Clinic indicated if mass persists for two weeks without improvement.

Urgent referral if painless, progressive enlargement or if suspicion of metastatic carcinoma.

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.

Return to Contents.

Adrenal mass

Contact the registrar on call on 9076 2000 to arrange an urgent appointment for:

- All functioning lesions to BES
- Non-functioning adenomas for review by BES for ongoing surveillance
- All adrenal masses >2cm

Evaluation

- Often incidentally found on CT.
- May be associated with hypertension (Conn's syndrome or phaeochromocytoma)

Investigations

- Fine cut CT
  The Alfred Radiology request form
- Serum K+
- Urinary catecholamines

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.

Return to Contents.

Breast disease

***Queries by phone to breast surgeons are welcome**

Family history

Evaluation

- Request for assessment by a woman with a strong family history of breast cancer.

Management:

- For women with a positive family history, it is recommended that their baseline mammography is carried out 10 years before the age at which the mother was diagnosed.
- Women who have a high risk, eg family or past history will require more active management.
- Referral to a family cancer genetics clinic where possible.

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.

Return to Contents.

Breast lump

Contact the Surgical registrar on call on 9076 2000 to arrange an urgent appointment for:

- Any new discrete lump
- New lump in pre-existing nodality
- Asymmetrically nodality that persists
- at review after menstruation
- Abscess
- Cyst persistently refilling or recurrent cyst

Evaluation

Triple assessment:

- Clinical examination
- Imaging (mammography and/or ultrasound)
  The Alfred Radiology request form
- Fine needle aspiration cytology (± core biopsy)

NB: If any of the investigations are inconclusive or don't correlate with the other results, then a benign result should not be accepted.

- A fine needle aspiration (FNA) alone is an incomplete investigation. FNA may preclude effective mammography/clinical exam for up to 6 weeks. FNA should be **after** the radiological investigation to reduce the discomfort for the patient.
- Surgeons prefer to see patient before FNA - especially if patient has a suspected small carcinoma, as it is difficult to assess a patient with bruising.

Management:

- General practitioner management initially for young women with tender, lumpy breasts and older women with symmetrical nodality, provided that they have no localised abnormality
- Any lump that increases in size should be reviewed/referred
- The BreastScreen program - 50 to 65 years - is funded to investigate asymptomatic patients only to the point of clear diagnosis.

Additional information:

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.

Return to Contents.

Breast pain

Evaluation

Unilateral persistent mastalgia:

- Mammography or breast USS
  The Alfred Radiology request form

Localised areas of painful nodality:

- Mammography or breast USS
  The Alfred Radiology request form

Focal lesions:

- Fine needle aspiration cytology

Management

GP management initially for women with minor/ moderate degrees of breast pain who do not have a discrete palpable lesion.

Refer to BES clinic:

- If associated with a lump
- Intractable pain not responding to reassurance, simple measures such as wearing a well - supporting bra, and common drugs
- Unilateral, persistent pain in postmenopausal women

Additional information:
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.

Return to Contents.

Nipple discharge

Evaluation

- Clinical examination
- Mammography
- Ultrasound

The Alfred Radiology request form

Management

Refer to BES clinic:
All women aged 50 and over
Women under 50 with:

- Bilateral discharge sufficient to stain
- clothes
- Blood stained
- Persistent single duct

Additional information:
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.

Return to Contents.

Nipple retraction

Evaluation

- Clinical examination
- Mammography
- Ultrasound
  The Alfred Radiology request form

Management

Refer to BES clinic - nipple retraction or distortion, nipple eczema

Additional information:
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.

Return to Contents.

Change in skin contour

Diagnosis

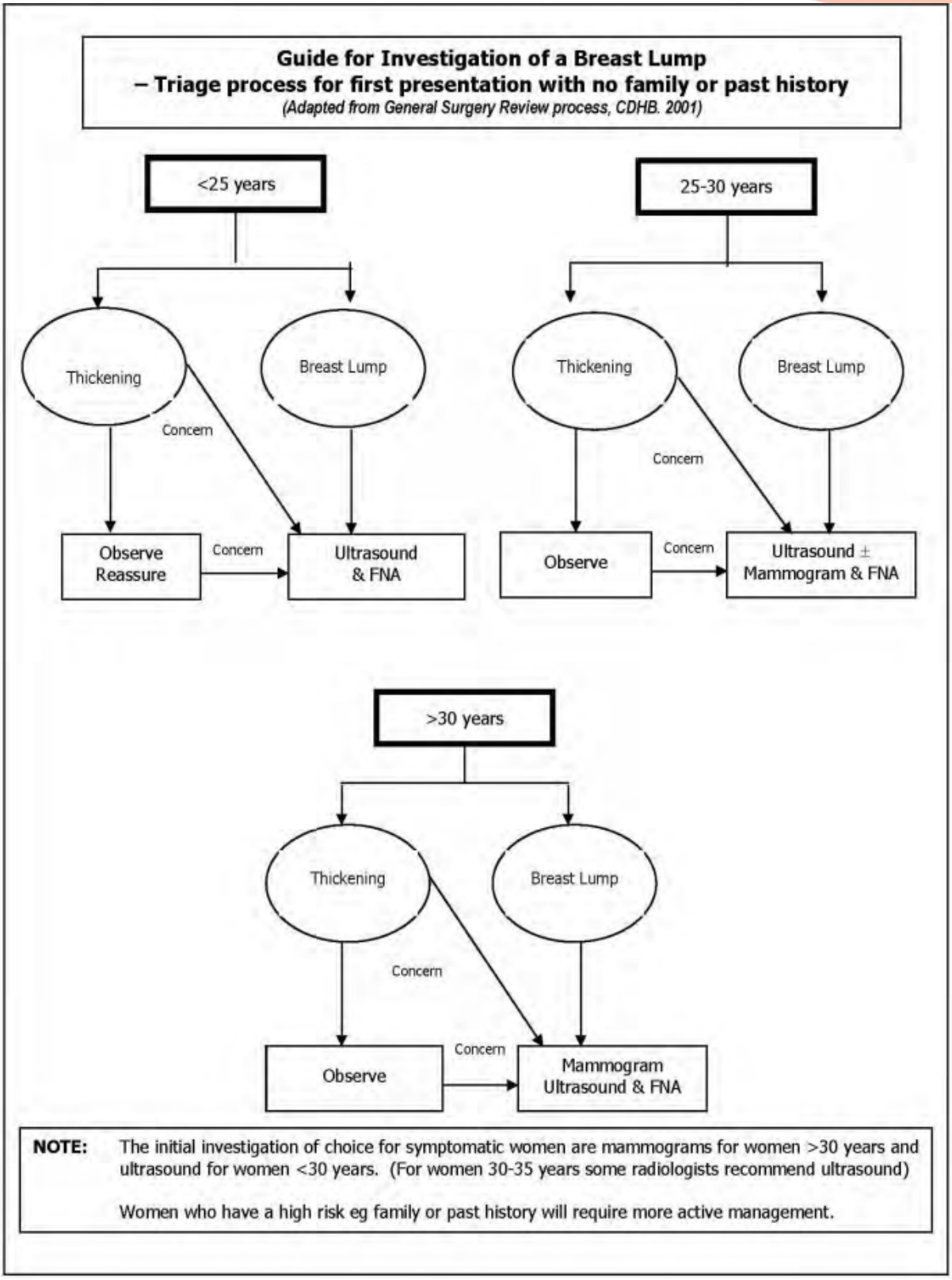
- Clinical examination
- Mammography
- Ultrasound
  The Alfred Radiology request form

Management

Refer to BES clinic if change in skin contour

Additional information:
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.

Return to Contents.


Guide for Investigation of a Breast Lump
– Triage process for first presentation with no family or past history
(Adapted from General Surgery Review process, CDHB. 2001)
<25 years
Thickening
Breast Lump
Concern
Observe
Reassure
Concern
Ultrasound
& FNA
25-30 years
Thickening
Breast Lump
Concern
Observe
Concern
Ultrasound ±
Mammogram & FNA
>30 years
Thickening
Breast Lump
Concern
Observe
Concern
Mammogram
Ultrasound & FNA
NOTE: The initial investigation of choice for symptomatic women are mammograms for women >30 years and ultrasound for women <30 years. (For women 30-35 years some radiologists recommend ultrasound)
Women who have a high risk eg family or past history will require more active management.

Colorectal and General Surgery

Diseases of the colon

Direct to the Emergency Department for:

- Diverticulitis with systemic sepsis
- Large bowel obstruction
- Severe PR bleeding

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

History including:

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

Also refer to the
Gastroenterology Referral Guidelines

Management

- Acute mild diverticulitis: antibiotics.
- 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).

Additional information:
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.

Return to Contents.

Confirmed colorectal cancer

Contact the Colorectal Fellow or Registrar on call on 9076 2000 to arrange an urgent appointment for:

- Confirmed colorectal cancer

Evaluation

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
  The Alfred Radiology request form

Management

Consider iron replacement while awaiting investigations.

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.

Additional information:
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.
Return to Contents.

Suspected colorectal cancer

Contact the Colorectal Fellow or Registrar on 9076 2000 call to arrange an urgent appointment if:

- Signs or symptoms suggestive of colorectal cancer (should be referred for urgent outpatient appointment for colonoscopy).

Evaluation

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

Management

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:**

The Alfred Gastrointestinal Endoscopy Service request form
Endoscopy Referral Guidelines
Gastroenterology Service

Contact the Colorectal Fellow or Registrar through The Alfred switchboard on 9076 2000 to discuss urgent referral or for advice.
Guidelines for screening colonoscopy – refer to NH&MRC Colorectal cancer guidelines

Additional information:

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.

Return to Contents.

Haemorrhoids

Evaluation

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

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

Additional information:

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.

Return to Contents.

Anal fistula

Evaluation

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

Management

- Refer to CRS clinic for management and exclusion of associated disease.

Additional information:

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.

Return to Contents.

Anal fissure

Evaluation

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

Management

- Rectogesic/faecal softeners
- Refer to CRS clinic for management and exclusion of associated disease.

Additional information:

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.

Return to Contents.

AlfredHealth

Oesophago-Gastric surgery

Disorders of the Oesophagus
Dysphagia

Contact the Oesophago-Gastric/Bariatric Surgery Registrar on call on 9076 2000 to arrange an urgent appointment if:

- Malignancy suspected

Evaluation

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

Management

Diagnostic studies may include (depending on history):

- Gastroscopy
- Barium swallow/meal

Refer to Oesophago-Gastric/Bariatric Surgery if oesophageal aetiology suspected or hiatus hernia.

Additional information:

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.

Return to Contents.

Reflux symptoms

Contact the Oesophago-Gastric/Bariatric Surgery Registrar on 9076 2000 call to arrange an urgent appointment if:

- Severe reflux symptoms following bariatric surgery.

Evaluation

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

Management

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.

Additional information:

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.

Return to Contents.

AlfredHealth

Disorders of the stomach and duodenum

Direct to the Emergency Department for:

- Suspected perforation
- Haematemesis
- Malaena

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

Contact the Oesophago-Gastric/Bariatric Surgery Registrar on call to arrange an urgent appointment if:

- Malignancy suspected

Evaluation

- Pain:
  - Site
  - Acute or chronic
  - Continuous or episodic
- Nausea and vomiting
- Weight loss
- Haematemesis and/or melaena
- Anaemia
- Medications
- Post prandial fullness
- Alcohol intake

Breath testing may be useful to confirm presence of H.pylori.

Management
Non-Acute

- Review other medications eg NSAID's, prednisone
- Lifestyle modifications

Acute
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 OesophagoGastric/Bariatric Surgery

Additional information:

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.

Return to Contents.

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Bariatric surgery

COVID 19 impact – Bariatric surgery

Due to the COVID-19 pandemic and Alfred Health's response plan, there has been a significant impact on Specialist Clinic (Outpatient) services and elective surgery. As a result, from 27th September 2021 **new referrals for Bariatric Surgery cannot currently be accepted.**
If the referral is urgent, for example for patients awaiting organ transplantation, endometrial cancer or visual loss secondary to intracranial hypertension, please contact the Bariatric Surgery Program by email bariatric.program@alfred.org.au

Alfred Health has introduced a **Health Improvement and Weight Management Program** for patients to complete prior to receiving an outpatient appointment in the Bariatric Surgery Clinic. Patients will receive and invitation to participate in the program within 6 months of being referred to the service.

The aim of the Health Improvement and Weight Management Program is to support patients to lead a healthy lifestyle and improve their wellbeing. If patients do proceed to undergo bariatric surgery, the aim is to reduce surgical risk by improving general health.

The program includes a number of steps the patient is required to complete, and it is compulsory to complete all steps prior to receiving an outpatient appointment.

On completion of the program, an outpatient appointment is scheduled in the Bariatric Surgery multidisciplinary clinic where patients are assessed by a specialist bariatric consultant, and if required a Respiratory and/or General physician specialising in management of obesity.

Is my patient suitable?

In accordance with the Department of Health and Human Services Framework for Bariatric Surgery, candidates for the program should:

- Have a BMI >40; or BMI>35 with two or more significant obesity related co-morbidities, such as:

  * Hypertension requiring medication
  * Obstructive sleep apnoea
  * Obesity hypoventilation syndrome
  * Dyslipidaemia
  * Type 2 diabetes melli
  * Pulmonary hypertension
  * Non-alcoholic steatohepatitis (fatty liver)

- Be over 18 years of age at time of referral.
- Be under 65 years of age at time of surgery. (Please note wait time for surgery may be lengthy)
- Have attempted but failed to achieve or maintain clinically beneficial weight loss using non-surgical measures.

How do I make a referral?

1. Complete a patient referral, Bariatric Clinic Screening Assessment form. Please note referrals will not be accepted if the completed assessment form is not included.
2. Fax the referral and completed assessment forms to 9076 0113.

What happens if the referral is accepted?

- Patients will be required to complete a Bariatric Health questionnaire which will be sent on acceptance of referral.
- Patients are required to attend an information session (1.5 hours duration) to learn more about obesity and the available treatment options.
- Patients are required to actively participate in an 8 week online Health Improvement and Weight Management program.

On completion of these requirements, patients will then receive an appointment to attend the multidisciplinary Bariatric Surgery clinic and discuss the options for management.

Additional information:

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.

Return to Contents.

HepatoPancreatoBiliary surgery

Symptomatic disorders of the pancreas, biliary tree & liver

Gallbladder pain

Direct to the Emergency Department for:

- Suspected cholecystitis (cholecystectomy is usually indicated)

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

Evaluation

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

Management

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

Biliary colic—consider outpatient referral as cholecystectomy may be indicated.

Additional information:

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.

Return to Contents.

Pancreatic/common bile duct pain

Evaluation

Direct to the Emergency Department for:

- Suspected pancreatitis (inpatient management is usually indicated)

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

Pancreatic/common bile duct pain:

- Sharper epigastric pain radiating through to the back

  ⇒ Pancreatic pain +/- sepsis and nausea/vomiting—consider pancreatitis

Management

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

Additional information:

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.

Return to Contents.

Obstructive jaundice

If jaundice/cholangitis/suspected pancreas cancer—refer IMMEDIATELY for acute and definitive management - phone the HepatoPancreatoBiliary Surgical Registrar on call on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.

Evaluation

Obstructive jaundice:

- Associated with obstructive LFTs
- Mixed conjugated/unconjugated bilirubin
- Biliary dilatation on imaging

  ⇒ Pain, sepsis and jaundice—consider cholangitis

  ⇒ Painless jaundice—consider pancreas cancer

Management

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

Additional information:

Please include the essential demographic details and clinical information in the referral.
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Return to Contents.