

# Hepato Pancreato Biliary Surgery Specialist Clinic Referral Guidelines

**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 Hepato Pancreato Biliary 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

# Hepato Pancreato Biliary Surgery Specialist Clinic Referral Guidelines

Please include in the referral:

<b>Demographic details:</b> <ul style="list-style-type: none"><li>• Date of birth</li><li>• Patient's contact details including mobile phone number</li><li>• Referring GP details</li><li>• If an interpreter is required</li><li>• Medicare number</li></ul>	<b>Clinical information:</b> <ul style="list-style-type: none"><li>• Reason for referral</li><li>• Duration of symptoms</li><li>• Relevant pathology and imaging reports</li><li>• Past medical history</li><li>• Current Medications</li></ul>
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The Hepato Pancreato Biliary (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.

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**

# Hepato Pancreato Biliary Surgery Specialist Clinic Referral Guidelines

## **Direct to the Emergency Department for:**

- Acute, severe biliary pain
- Acute cholecystitis
- Obstructive jaundice
- Acute pancreatitis

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

## **Immediately contact the HPB Fellow to arrange an urgent HPB assessment for:**

- Diagnosed or suspected liver, pancreas, biliary or duodenal malignancy
- Known gallstones with ongoing biliary colic
- Gall-bladder mass or polyp >10mm

## **Routine referral for:**

- 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

**Fax referrals 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 HPB Fellow on 9076 2000.**

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## Symptomatic disorders of the pancreas, biliary tree and liver

### Gallbladder pain

#### **Direct to the Emergency Department for:**

- If cholecystitis is suspected (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 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.

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## Pancreatic/common bile duct pain

### Direct to the Emergency Department for:

- If pancreatitis is suspected (inpatient management is usually indicated)

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

### Evaluation

#### 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 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.

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## Obstructive Jaundice

### Direct to the Emergency Department for:

- If jaundice/cholangitis/suspected pancreas cancer

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

## 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

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