

Oesophago-Gastric and Bariatric 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 Oesophago-Gastric and Bariatric Surgery Service can be found [here](#).

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. 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 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

Oesophago-Gastric and Bariatric Surgery Specialist Clinic Referral Guidelines

Please include in the referral:

Demographic details: <ul style="list-style-type: none">• Date of birth• Patient's contact details including mobile phone number• Referring GP details• If an interpreter is required• Medicare number	Clinical information: <ul style="list-style-type: none">• Reason for referral• Duration of symptoms• Relevant pathology and imaging reports• Past medical history• Current medications
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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 there is a concern about the delay of the appointment, any deterioration in the patient's condition, or if an urgent specialist opinion is required, please contact the Oesophago-Gastric/Bariatric Surgical Registrar on call on 9076 2000.

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Oesophago-Gastric and Bariatric Surgery Specialist Clinic Referral Guidelines

Direct to the Emergency Department for:

- 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

Immediately contact the Oesophago-Gastric/Bariatric Surgical Registrar to arrange an urgent OGB assessment for:

- Diagnosed or suspected upper GI tract malignancy— contact OesophagoGastric/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

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.

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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Disorders of the Oesophagus

Dysphagia

Immediately contact the Oesophago-Gastric/Bariatric Surgery registrar on 9076 2000 to arrange an urgent OGB assessment for:

- Suspected malignancy

Evaluation

Key Points:

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 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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Reflux Symptoms

Immediately contact the Oesophago-Gastric/Bariatric Surgery registrar to arrange an urgent OGB assessment for:

- 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 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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Disorders of the stomach and duodenum

Direct to the Emergency Department for:

- Suspected perforation
- Haematemesis
- Malaena

Immediately contact the Oesophago-Gastric/ Bariatric Surgery registrar on 9076 2000 to arrange an urgent OGB assessment for:

- Suspected malignancy

Evaluation

Key points:

- 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.

Management:

Non-Acute

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

Non Acute referral for:

- 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.

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Gallbladder pain

Direct to the Emergency Department for:

If cholecystitis is suspected - Cholecystectomy is usually indicated - phone the Hepatopancreaticobiliary Surgical Registrar on call on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.

Evaluation

Key points:

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.

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