

Specialist Clinic Referral Guidelines

OESOPHAGO-GASTRIC AND BARIATRIC SURGERY

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.

If the bariatric 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

To refer your patient to Specialist Outpatient oesophago-gastric and bariatric surgery clinics

Please send your referral to Alfred Specialist Clinics via **ConsultMed eReferral**. To log in or create a free [Consultmed account click here.](#)

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to op.referrals@alfred.org.au whilst we transition our services to this secure platform.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please note a 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. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

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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

Referral to Victorian public hospitals is not appropriate for:

- Incidental findings found on imaging without symptoms or clinical significance
- Patients with controlled symptoms.

In accordance with the Department of Health's Framework for Bariatric Surgery, candidates for the Alfred Health Bariatric Service program should:

- Have a BMI>40 OR a BMI>35 with two or more significant obesity related co-morbidities, e.g. HPT requiring medication; type 2 diabetes mellitus; dyslipidaemia; obstructive sleep apnoea; pulmonary HPT; obesity hypoventilation syndrome; non-alcoholic steatohepatitis (fatty liver)
- Be over 18 years of age at time of referral
- Be under 60 years of age at time of referral
- Have attempted but not succeeded in achieving or maintaining clinically beneficial weight loss using non-surgical measures
- Patients who are being treated for the same condition at another Victorian public hospital.
- Patients must be non-smokers

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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 (Alfred or Sandringham Radiology preferred to facilitate access to results)• Past medical history• Current medications. <p>In addition, bariatric referrals require:</p> <ul style="list-style-type: none">• Past medical history, including mental health conditions• History of bariatric surgery
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To refer a patient to the Alfred Health Bariatric Service, please complete:

1. A referral addressed to a named specialist of your choice, and
2. A completed [Bariatric Clinic Screening Questionnaire](#) form.

Some clinics offer private consultations in public rooms. If the patient chooses to be seen as a private patient, **please provide a referral to a named specialist** to comply with MBS billing requirements. There is no out-of-pocket cost to the patient. Please note the patient may be seen by another consultant in that clinic to expedite their care.

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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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 assessment for:

- Diagnosed or suspected upper GI tract malignancy— contact the Oesophagogastric Cancer Coordinator 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 Oesophagogastric Cancer Coordinator via switchboard on 9076 2000 to arrange an urgent assessment for:

- Suspected malignancy

Criteria for referral to Oesophago-Gastric/Bariatric Surgery

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

Information to be included in the referral

Particularly important is any history of:

- Loss of weight
- Anaemia
- Progressive Dysphagia
- Liquids Vs solids

Provide If available:

May include history or findings of:

- Foreign body ingestion
- Gastro-oesophageal motility disorder
- Neoplasm
- Nocturnal choking or coughing attacks
- Scleroderma

Diagnostic studies may include (depending on history):

- Gastroscopy
- Barium swallow/meal or videofluoroscopy

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 assessment for:

- Severe reflux symptoms following bariatric surgery

Criteria for referral to Oesophago-Gastric/Bariatric Surgery

Refer to Oesophago-Gastric/Bariatric Surgery if:

- Medication is required for 6 weeks or more, or
- Symptoms of weight loss, anaemia or dysphagia are evident.

Information to be included in the referral

Information that **must be** provided

- Results of recent endoscopy

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

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.

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

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Hiatus hernia

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Direct to the Emergency Department for:

- Progressively worsening oropharyngeal or throat dysphagia
- Inability to swallow with drooling or pooling of saliva
- Unresolved food bolus obstruction

Criteria for referral to public hospital service

- Hiatus hernia identified on chest x-ray or gastroscopy
- Suspected hiatus hernia with volume reflux or obstructive symptoms
- Severe heartburn unresponsive to maximum medical management.

Information to be included in the referral

Information that **must** be provided

- Onset, characteristics and duration of symptoms, particularly volume or obstructive symptoms
- If severe heartburn, details of previous medical management including the course of treatment and outcome of treatment
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

Provide if available

- Gastroscopy results, including when and where the procedure was performed
- Chest x-ray
- Abdominal and chest CT scan
- Any relevant previous biopsy results.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Referrals for [Gastroesophageal reflux](#) should be directed to gastroenterology service provided by the health service. Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

- Incidental findings found on imaging without symptoms or clinical significance
- Patients with controlled symptoms.

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Disorders of the stomach and duodenum

Direct to the Emergency Department for:

- Suspected perforation
- Haematemesis
- Malaena

Immediately contact the Oesophagogastric Cancer Coordinator via switchboard on 9076 2000 to arrange an urgent assessment for:

- Suspected malignancy

Criteria for referral to Oesophagogastric/Bariatric Surgery

- 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

Information to be included in the referral

- 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.

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.

Management: Non-Acute

- Review other medications e.g. NSAID's, prednisone
- Lifestyle modifications

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Known or suspected upper gastrointestinal malignancy

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Direct to the Emergency Department for:

- Progressively worsening oropharyngeal or throat dysphagia
- Inability to swallow with drooling or pooling of saliva
- Suspected oesophageal rupture or oesophageal bleeding
- Unresolved food bolus obstruction
- Shortness of breath or chest pain, syncope or pre-syncope with iron deficiency (ferritin below the lower limit of normal.)

Immediately contact the Oesophagogastric Cancer Coordinator via switchboard on 9076 2000 to arrange an urgent assessment for:

- Suspected malignancy

Criteria for referral to public hospital service

- Known or suspected upper gastrointestinal malignancy
- Progressive dysphagia
- Iron deficient anaemia that persists despite correction of potential causative factors

Information to be included in the referral

Information that **must** be provided

- Findings on physical examination
- Onset, characteristics and duration of symptoms and sentinel findings (e.g. dysphagia, weight loss)
- If iron deficient anaemia
 - iron studies or serum ferritin
 - full blood examination (FBE)
 - dietary history, including red meat intake
 - current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available

- Gastroscopy results, including when and where the procedure was performed
- Histopathology results.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

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Patients with a single episode of dysphagia should be referred for gastroscopy either through a direct access referral [Dysphagia - diagnostic gastroscopy](#) or the gastroenterology service provided by the health service [Dysphagia](#).

Referrals for [oropharyngeal dysphagia](#) should be directed to ENT service provided by the health service. Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

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Bariatric surgery

Direct to the Emergency Department:

- Severe abdominal pain or intolerance of fluids after bariatric surgery
- Fever or shortness of breath after bariatric surgery

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

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

- Vomiting and/or severe reflux following bariatric surgery

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 an 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.

Criteria for referral to Bariatric Surgery

In accordance with the Department of Health's 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
 - * Type 2 diabetes mellitus
 - * Obstructive sleep apnoea
 - * Pulmonary hypertension
 - * Obesity hypoventilation syndrome
 - * Non-alcoholic steatohepatitis (fatty liver)
 - * Dyslipidaemia
- Be over 18 years of age at time of referral.
- Be under 60 years of age at time of referral. (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.
- Be a non-smoker
- Patients with acute psychiatric illness should be stabilised prior to entering the program

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How do I make a referral?

1. Fax a patient referral, and the completed [Bariatric Clinic Screening Questionnaire](#) . *Please note referrals will not be accepted if the completed bariatric clinic screening questionnaire 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 actively participate in a 16-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.

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