

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 Vascular 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.

Referral to Victorian public hospitals is not appropriate for:

- Asymptomatic internal carotid stenosis < 70% on imaging
- Isolated external carotid artery stenosis
- Referrals for patients with hyperhidrosis should be directed to the Dermatology clinic
- Spider veins
- Varicose veins without symptoms or complications
- CEAP classification of C0, C1 or C2; that is varicose veins with these clinical characteristics:
 - no visible or palpable signs of venous disease
 - telangiectasias or reticular veins
 - varicose veins.

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
- Sclerotherapy for cosmetic management of varicose veins is not provided at The Alfred.
- Lymphoedema - refer to The Mercy Hospital Lymphoedema Clinic.

Please refer to the Department of Health and Human Services (DHHS) [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to Vascular specialist clinics in public hospitals.

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. Please note that the patient may be seen by another specialist in that clinic in order to expedite treatment.

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 Vascular Registrar on call on 9076 2000.

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 & imaging reports• Past medical history• Current medications
Please ensure your patient brings their films or CDs to their appointment. Please note: Venous Duplex scans should be performed at The Alfred : Vascular Investigation Request form	

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Carotid artery disease

DHHS [Statewide referral criteria](#) apply for this condition.

Direct to Emergency Department for:

- Transient ischaemic attack(s) in last 48 hours
- Multiple or recurrent transient ischaemic attack episodes in the last seven days
- Amaurosis fugax in the last 48 hours.

Immediately contact the vascular registrar to arrange an urgent vascular assessment for:

- Symptomatic internal carotid stenosis (>50% on imaging), within two weeks of symptoms.

Criteria for referral to public hospital specialist clinic services:

- Internal carotid stenosis (> 50%) on imaging with symptoms (excluding dizziness alone), more than two weeks after onset of symptoms
- Asymptomatic internal carotid stenosis > 70% on imaging
- Carotid body tumour.

Information to be included in the referral

Information that **must** be provided:

- Symptoms
- Timing of symptoms
- Current and previous imaging results.

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.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Carotid artery stenosis pathway](#)

Referral to a public hospital is not appropriate for:

- Asymptomatic internal carotid stenosis < 70% on imaging
- Isolated external carotid artery stenosis.

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Aortic aneurysm

DHHS [Statewide referral criteria](#) apply for this condition.

Direct to Emergency Department for:

- Present or suspected acute aortic dissection.
- Present or suspected ruptured abdominal aortic aneurysm or thoracic aortic aneurysm.

Immediately contact the vascular registrar to arrange an urgent vascular assessment for:

- Present or suspected symptomatic abdominal aortic aneurysm or thoracic aortic aneurysm (e.g. abdominal or back pain, limb ischaemia).

Criteria for referral to public hospital specialist clinic services:

- Abdominal aortic aneurysm > 4.0cm diameter measure.
- Descending thoracic aortic aneurysm > 5.0cm diameter measure.
- Rapid abdominal aortic aneurysm expansion (> 1.0cm diameter growth per year).

Information to be included in the referral

Information that **must** be provided:

- Current and previous imaging results

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

The decision to refer should be based on diameter measurements, not the length of the aneurysm.

Referrals for dilation of the ascending aorta should be directed to The Alfred [Cardiothoracic Surgery clinic](#) or the [Cardiology service](#).

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

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Aortic Aneurysm pathway](#)

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Renal artery stenosis

Immediately contact the vascular registrar to arrange an urgent vascular assessment for:

- Symptomatic renal artery stenosis.
- **Note:** Initial referrals should usually be made to the [Renal Medicine Service](#).

Evaluation

Key Points:

- Evidence of:
 - Deteriorating renal function
 - Suspicion renovascular or resistant hypertension
 - Found incidentally

Investigations:

- Renal USS at Vascular laboratory at The Alfred.

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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Peripheral vascular disease

Immediately contact the vascular registrar to arrange an urgent vascular assessment for:

- Ischaemic changes or rest pain
- Claudication < 50m
 - Claudication > 50m, refer for routine advice regarding a graduated exercise programme.

Evaluation

Key Points:

- History including incapacitating claudication, rest pain, ulceration, gangrene
- Standard history and risk factors particularly smoking and diabetes
- Genetic factors and collagen disorders
- Peripheral pulses.

Management:

- Managing risk factors, particularly smoking and diabetes.
- Advice re graduated exercise programme.
- Statins and antiplatelet agents where indicated.
- Caution with beta blockers – consider using more selective blocker if required.

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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Popliteal artery aneurysm

Immediately contact the vascular registrar to arrange an urgent vascular assessment for:

- > 2.0cm diameter.
- If < 2.0cm diameter, refer for a routine assessment.

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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Varicose veins

DHHS [Statewide referral guidelines](#) apply for this condition.

Immediately contact vascular registrar to arrange an urgent vascular assessment for:

- Ascending thrombophlebitis within 7cm of the saphenofemoral junction
- Significant haemorrhage from varicose vein.

Criteria for referral to public hospital specialist clinic services:

- Symptomatic varicose vein with a CEAP* classification of C3, C4, C5 or C6. That is varicose veins with these clinical characteristics:
 - Oedema
 - Pigmentation, eczema, lipodermatosclerosis, atrophie blanche
 - Healed venous ulcer
 - Active venous ulcer.

Information to be included in the referral

Information that **must** be provided:

- Symptoms
- Description of oedema.

Provide if available:

- Current and previous imaging results.

Referral to a public hospital is not appropriate for:

- Spider veins
- Varicose veins without symptoms or complications
- CEAP* classification of C0, C1 or C2. That is varicose veins with these clinical characteristics:
 - No visible or palpable signs of venous disease
 - Telangiectasias or reticular veins
 - Varicose veins.

* CEAP classification: clinical findings, etiological factors, anatomical cause, pathophysiological cause

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Varicose veins - additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Note the indications for varicose vein procedures in the Elective Surgery Access Policy 2015:

Venous conditions with the following symptoms:

- Chronic leg swelling/oedema
- Chronic dermatitis/eczema
- Bleeding
- Leg ulcers or infections
- Superficial thrombophlebitis.

Venous disorders in patients less than 16 years old

Excluded as indications for surgery are:

- Venous conditions which are unlikely to lead to the conditions listed above
- Cosmetic veins in patients greater than 16 years old
- Spider veins in patients greater than 16 years old.

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

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Varicose Veins pathway](#)

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Axillary vein thrombosis

Direct to Emergency Department.

Evaluation

Key Points:

- History of oestrogen therapy, family history, intercurrent disease particularly malignancy)

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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Deep vein thrombosis

DHHS [Statewide referral criteria](#) apply for this condition.

Direct to Emergency Department for:

- Present, or suspected, acute iliofemoral or supra-inguinal deep vein thrombosis
- Present or suspected acute axillary or subclavian vein thrombosis.

Criteria for referral to public hospital specialist clinic services:

- Post thrombotic syndrome
- Symptomatic chronic iliofemoral venous obstruction
- Iliac vein compression syndrome (May-Thurner syndrome).

Information to be included in the referral

Information that **must** be provided:

- History of deep vein thrombosis
- Symptoms
- History of previous surgery.

Provide if available:

- Current and previous imaging results
- Thrombophilia testing.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Other types of deep vein thrombosis and patients with chronic venous insufficiency require medical rather than surgical management.

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

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Deep Vein Thrombosis pathway](#)
- [Anticoagulation Therapy for DVT pathway](#)

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Pulmonary embolism

Direct to Emergency Department.

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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High risk foot ulcers

DHHS [Statewide referral criteria](#) apply for this condition.

Direct to Emergency Department for:

- Sepsis or acutely unwell due to foot infection
- Critical lower limb ischaemia with necrosis, pain or ulceration
- Suspected acute limb ischaemia
- Rapidly deteriorating ulceration or necrosis
- Suspected foreign body in the foot.

Criteria for referral to public hospital specialist clinic services:

- Non-healing foot ulceration present for more than one month with no reduction in size despite medical management
- Red hot swollen foot (active Charcot foot)
- Foot osteomyelitis with ulceration
- Chronic ischaemic signs and symptoms of the lower limb with foot ulceration
- Neuropathic symptoms associated with deranged function and structure

Information to be included in the referral

Information that **must** be provided:

- History of diabetes (e.g. year of onset, type)
- Current medication list including any antibiotics
- Wound history and location
- Current management
- Recent HbA1c and creatinine blood test
- Recent vascular imaging.

Provide if available:

- Medical history
- Recent pathology tests including wound swabs
- X-rays or other imaging
- Current podiatry treatment.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Referrals should only be directed to a vascular specialist clinic if a high-risk foot service is not available.

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

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Leg ulcers pathway](#)

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Non-healing or chronic lower leg ulcers

DHHS [Statewide referral criteria](#) apply for this condition.

Direct to Emergency Department for:

- Sepsis or acutely unwell due to infection
- Critical lower leg ischaemia with necrosis, pain or ulceration
- Suspected acute limb ischaemia
- Rapidly deteriorating ulceration or necrosis.

Criteria for referral to public hospital specialist clinic services:

- Non-healing ulceration present for more than one month with no reduction in size despite medical management
- Chronic ischaemic signs and symptoms with ulceration
- Excessively painful ulcers.

Information to be included in the referral

Information that **must** be provided:

- Current medication list including any antibiotics
- Wound history and location
- Current management, including the dressings being used
- Recent wound swabs
- Recent vascular imaging.

Provide if available:

- Medical history
- Recent pathology tests
- X-rays or other imaging
- Current podiatry treatment.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Referrals should only be directed to a vascular specialist clinic if a lower leg ulcer service is not available.

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

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Leg ulcers pathway](#)

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Hyperhidrosis

DHHS [Statewide referral criteria](#) apply for this condition.

Criteria for referral to public hospital specialist clinic services:

- None: referrals for hyperhidrosis should not be made to this service.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Referrals for patients with hyperhidrosis should be directed to a dermatology service.

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

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Blushing

Referrals:

- Routine referrals only.

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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Lymphoedema

DHHS [Statewide referral criteria](#) apply for this condition.

Additional comments:

Please include the essential [demographic details and clinical information](#) in your referral.

Referrals should be directed to a multidisciplinary lymphoedema service.

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

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for the relevant condition:

- [Lymphoedema pathway](#)

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