

# Specialist Clinic Referral Guidelines

## VASCULAR

**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.**

### To refer your patient to Specialist Outpatient vascular 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](mailto: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](#).

#### **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.

# Specialist Clinic Referral Guidelines

## VASCULAR

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

### Please include in the referral:

Demographic details:	Clinical information:
<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>	<ul style="list-style-type: none"><li>• Reason for referral</li><li>• Duration of symptoms</li><li>• Relevant pathology &amp; imaging reports</li><li>• Past medical history</li><li>• Current medications</li></ul>
<p>Please ensure your patient brings their films or CDs to their appointment. <b>Please note:</b> Venous Duplex scans should be performed at The Alfred: <a href="#">Vascular Investigation Request form</a></p>	

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.

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.**

### Contents

#### Arterial:

[Carotid artery disease](#)

[Aortic aneurysm](#)

[Renal artery stenosis](#)

[Peripheral vascular disease](#)

[Popliteal artery aneurysm](#)

#### Venous:

[Varicose veins](#)

[Axillary vein thrombosis](#)

[Deep vein thrombosis](#)

[Pulmonary embolism](#)

[High risk foot ulcers](#)

[Non-healing or chronic lower leg ulcers](#)

[Hyperhidrosis](#)

[Blushing](#)

[Lymphoedema](#)

### Carotid artery disease

Department of Health [Statewide referral criteria](#) apply for this condition.

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

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

#### Referral to a public hospital is not appropriate for:

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

[Return to Contents.](#)

### Aortic aneurysm

Department of Health [Statewide referral criteria](#) apply for this condition.

#### Direct to the Emergency Department for:

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

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

- Suspected intact, symptomatic abdominal aortic aneurysm or thoracic aortic aneurysm.

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.

[Return to Contents.](#)

### 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](#).

#### Information to be included in the referral

- Evidence of:
  - Deteriorating renal function
  - Suspicion renovascular or resistant hypertension
  - Found incidentally
- Renal USS – can be performed at the 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.

[Return to Contents.](#)

### 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 program.

#### Information to be included in the referral

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

#### 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:

- 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.

[Return to Contents.](#)

### 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.

[Return to Contents.](#)



### Varicose veins

Department of Health [Statewide referral guidelines](#) apply for this condition.

**Immediately contact the 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

### Varicose veins, continued

#### 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.

[Return to Contents.](#)

### Axillary vein thrombosis

**Direct to the Emergency Department.**

#### Information to be included in the referral

- 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.

[Return to Contents.](#)

### Deep vein thrombosis

Department of Health [Statewide referral criteria](#) apply for this condition.

#### Direct to the 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.

[Return to Contents.](#)

### Pulmonary embolism

**Direct to the 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.

[Return to Contents.](#)

### High risk foot ulcers

Department of Health [Statewide referral criteria](#) apply for this condition.

#### Direct to the 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.

[Return to Contents.](#)

### Non-healing or chronic lower leg ulcers

Department of Health [Statewide referral criteria](#) apply for this condition.

#### Direct to the 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.

[Return to Contents.](#)

### Hyperhidrosis

Department of Health [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.

[Return to Contents.](#)



### Blushing

- 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.

[Return to Contents.](#)

### Lymphoedema

Department of Health [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.

[Return to Contents.](#)