

# Western Health Specialist Clinics Access & Referral Guidelines

## Upper Gastrointestinal/Hepatobiliary Surgical Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of upper GI/Hepatobiliary conditions. Patients will be triaged by consultants into management pathways according to specific clinical requirement.

### Acute conditions requiring immediate assessment – please refer the patient to the Sunshine Hospital Emergency Department.

- Acutely unwell with acute cholecystitis/Cholangitis/Right Upper Quadrant pain/Ultrasound changes
- Acutely unwell with symptomatic gastric, hepatic or pancreatic mass
- Strangulated hernia

### Conditions NOT seen by the Upper Gastrointestinal/Hepatobiliary Surgical Specialist Clinics at Western Health:

- Incidental asymptomatic gallstones
- Incidental asymptomatic, stable gall bladder polyp <10mm
- Groin pain with no lump present/palpable

### Access & Referral Priority Upper Gastrointestinal/Hepatobiliary Surgical Specialist Clinics:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

#### URGENT

Appointment timeframe 30 days

- Acute Cholecystitis
- Gastric Tumour
- Hepatic Tumours
- Pancreatic Tumours
- Gall Bladder Cancer
- Gallbladder polyps >8mm and increasing in size

#### ROUTINE

Appointment timeframe greater than 30 days, depending on clinical need.

- Biliary colic
- Gastro-oesophageal reflux disease (GORD) & Hiatus Hernia
- Pancreatic cysts
- Gallstones
- Groin & Incisional Hernias
- Gallbladder polyps 8-10mm – size stable

## Condition Specific Referral Guidelines:

Key information enables Western Health clinicians to triage patient referrals to the correct category and provide treatment with fewer visits to Specialist Clinics, creating more capacity for care. If key information is missing, you will be asked to return the referral with the required information. If this information is not received, the referral may be rejected.

Condition:	Key Information Points:	Clinical Investigations
<b>GALLSTONES</b>	Frequency/duration of biliary colic Details of concerning change including: jaundice, recent episode of gallstone pancreatitis and unintentional weight loss	Full blood examination (FBE) Liver function tests (LFT) Urea and electrolytes (U&E) Lipid profile  Upper abdomen Ultrasound +/- CT scan
<b>GALL BLADDER POLYPS</b>  <i>Practice point – asymptomatic regular shaped polyps &lt; 8mm in size can be monitored initially in 6 mths, then in 12 mths and in 2 yrs. If stable and not increasing in size referral is not required.</i>	Frequency/duration of biliary colic Details of concerning change including: jaundice, recent episode of gallstone pancreatitis and unintentional weight loss  Patients who are of Asian or Central American decent are at greater risk of developing a malignant polyp.	Full blood examination (FBE) Liver function tests (LFT) Urea and electrolytes (U&E)  Upper abdomen Ultrasound +/- CT scan
<b>GROIN HERNIAS AND GROIN PAIN</b>	Frequency/duration of symptoms Reducibility See general surg guidelines inguinal hernias  <a href="https://www.westernhealth.org.au/HealthProfessionals/Referrals/Documents/Hernia%20referral%20guidelines.pdf">https://www.westernhealth.org.au/HealthProfessionals/Referrals/Documents/Hernia%20referral%20guidelines.pdf</a>	Ultrasound is not indicated
<b>GASTRIC TUMOUR/MASS</b>	Clinical features including Symptom onset duration and severity, Details of any <ul style="list-style-type: none"> <li>• Weight loss</li> <li>• Haematemesis/Melaena</li> <li>• Family history of malignancy</li> </ul> Provide details of alcohol consumption and smoking status -	Full blood examination (FBE) Liver function tests (LFT) Urea and electrolytes (U&E) Iron Studies Tumour markers - CEA, Ca 19-9  CT Abdomen/Pelvis Gastroscope +/- biopsy

# Western Health Specialist Clinics Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations
<b>HEPATIC TUMOUR/LIVER LESIONS</b>	Clinical features including symptoms and duration Details of weight loss or jaundice Medical history including any details of metabolic syndrome. Provide details of Alcohol consumption Provide details if current or past IV drug use -Smoking status	Full blood examination (FBE) Liver function tests (LFT) Urea and electrolytes (U&E) Hepatitis serology Tumour markers – AFP, CEA CA 19-9  Abdominal Ultrasound CT abdomen and pelvis
<b>PANCREATIC TUMOUR</b>	Current symptoms duration and severity Details of jaundice, weight loss, steatorrhea (oily stool) If diabetic include details of diagnosis and response to treatment.	Full blood examination (FBE) Liver function tests (LFT) Urea and electrolytes (U&E) Tumour markers- CEA CA19-9  If diabetic -Fasting BSL/HbA1C  CT Abdomen with pancreas protocol/Pelvis
<b>PANCREATIC CYST</b>  <i>Practice point – dilated pancreatic duct &gt;10mm in size require urgent review</i>	Symptom duration and severity -Details of clinical features including <ul style="list-style-type: none"> <li>• Jaundice</li> <li>• Weight loss,</li> <li>• pain,</li> <li>• steatorrhea (oily stool).</li> </ul> -If diabetic include details of diagnosis and response to treatment.	Full blood examination (FBE) Liver function tests (LFT) Urea and electrolytes (U&E) Tumour markers - CEA, Ca 19-9  If diabetic Fasting BSL/HbA1C  CT Pancreas