Bayside Health

Referral Guideline – Regional

Gastroenterology

Gastroenterology specialises in the management of complex composite tissue defects or deformities

How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral.**

All new referrals are processed by the Bayside Health Regional (Bass Coast) Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health Regional can be sent via email (access@basscoasthealth.org.au)

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to access@basscoasthealth.org.au

Relevant referral form

Outpatient specialist clinic referral (MR-309)

Referrer guidance

Clinically recommended guidance for referrers is available through Gippsland Pathways.

Clinical Lead

Mr Senthilkumar Sundaramurthy (Kumar)
Role: Clinical Director of Surgery

Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet:**

- Minimal Referral Criteria
- State-wide Referral Criteria (where applicable),
- Local Bass Coast service eligibility
- Anaesthesia and Surgical Services – Patient Suitability Framework

Please note, the Managing referrals to non-admitted specialist services policy states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bayside Health service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening

RED FLAG CONDITIONS

Red flags signal the most serious clinical risks and need for same day assessment or admission.

EMERGENCY

Abnormal liver function tests with:

- Acute liver failure
- Severe hepatic encephalopathy
- Aspartate transaminase (AST) > 2,000 U/L

Suspected **Cirrhosis** with:

- Acute liver failure
- Sepsis in a patient with cirrhosis
- Severe hepatic encephalopathy
- Severe ascites restricting movement and breathing

Constipation with:

- Suspected large bowel obstruction
- Faecal impaction that has not responded to adequate medical management

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Safety risk screening

RED FLAG CONDITIONS (cont.)

Red flags signal the most serious clinical risks and need for same day assessment or admission.

EMERGENCY

Severe diarrhoea with dehydration or when the person is **systemically unwell**

Potentially life-threatening symptoms suggestive of **acute severe lower gastrointestinal tract bleeding**

Potentially life-threatening symptoms suggestive of **acute severe upper gastrointestinal tract bleeding**

Dysphagia with:

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

Acute severe colitis: patients with ≥ 6 bloody bowel motions per 24 hours plus at least one of the following:

- Temperature > 37.8°C
- Pulse rate > 90 bpm
- Haemoglobin < 105 gm/L
- Raised inflammatory markers (erythrocyte sedimentation rate (ESR) >30 mm/hr or C-reactive protein (CRP) > 30 mg/L)

Suspected or known **Crohn's disease with acute complications**:

- Bowel obstruction
- Sepsis or intra-abdominal or pelvic abscess

Iron deficiency with:

- Shortness of breath or chest pain, syncope or pre-syncope with iron deficiency (ferritin below the lower limit of normal)

Procedures/Conditions seen at Bayside Health Regional

- Abnormal Liver Function tests
- Bowel Cancer
- Cirrhosis
- Coeliac Disease
- Constipation with sentinel findings
- Diarrhoea with sentinel findings
- Colorectal Symptoms
- Dyspepsia/GORD
- Dysphasia
- Hepatitis B - refer to Infectious Diseases
- Inflammatory Bowel Disease
- Pancreatic and Biliary disorders
- Persistent iron deficiency
- Positive Faecal occult blood test (FOBT) – diagnostic colonoscopy

Exclusions

The following conditions / procedures are not routinely seen at Bayside Health Regional:

- Under 18 year olds
- Fatty liver with normal liver function tests
- Diarrhoea < 4 weeks duration without sentinel findings.
- Screening for Barrett's oesophagus inpatients with gastroesophageal reflux without additional symptoms
- Positive coeliac gene test without positive coeliac serology
- Gastroesophageal reflux with controlled symptoms and/or patients that cease treatment and symptoms return
- Iron deficiency in pre-menopausal women with:
  - No positive coeliac serology
  - Negative faecal occult blood test
  - Managed menorrhagia and with good cycle control
- Isolated low serum iron
- Non-iron deficiency anaemia without evidence of blood loss
- Vegetarian diet without iron supplementation
- Hepatitis C (HCV) RNA negative
- who are not at ongoing risk of cirrhosis.
- Hepatitis C
- Hepatitis B surface antigen(HbsAg) negative, unless they are pregnant, immunosuppressed, or starting immunosuppressant medicines and are Hepatitis B core antibody (HbcAb) positive
- Belching
- Halitosis
- >12 months of constipation symptoms, with no sentinel findings, who have not had an adequate trial of treatment
- Laxative dependence
- Fibro scans
- Pancreatic mass
- Dilated bile or pancreatic duct

Abnormal Liver Function tests; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Abnormal liver function tests with:
  - Platelet count < 120 x 109per litre
  - Splenomegaly
  - Ascites
  - Hepatic encephalopathy
  - Genetic haemochromatosis (C282Yhomozygotes and C282Y/H63Dcompound heterozygotes only)
- Abnormal liver function test with aspartate transaminase (AST) or alanine aminotransferase (ALT) ≥ 5times the upper level of the normal range
- Two abnormal liver function test results performed at least 3 months apart with aspartate transaminase (AST) or alanine aminotransferase (ALT) 2-5 times the upper level of the normal range

Additional Information to be included

- History of alcohol intake
- History of injectable drug use
- Current and historical liver function tests
- Full blood examination
- International normalised ration (INR) result
- Urea and electrolytes
- Upper abdominal ultrasound results
- Hepatitis B virus and Hepatitis C virus serology results
- History of diabetes
- Iron studies
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide If available:

- Height, weight and body mass index
- Any relevant family history
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

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Abnormal Liver Function tests; seen at Bayside Health Regional (Cont.)

EMERGENCY

- Refer to RED flag conditions

Abnormal liver function tests with:

- Acute liver failure
- Severe hepatic encephalopathy
- Aspartate transaminase (AST) > 2,000 U/L

ROUTINE

- New diagnosis of cirrhosis
- Unexplained non-obstructive cholestatic jaundice (elevated alkaline phosphatase, bilirubin)
- Hepatitis C for antiviral treatment
- Hepatitis B for consideration of antivirals
- Isolated elevated GGT in presence of alcohol/fatty liver
- Fatty liver with abnormal LFTs
- Haemochromatosis
- Primary biliary cholangiopathy, primary sclerosing cholangitis
- ALT > x5 ULN
- PSC with evidence of new dominant stricture or episode of cholangitis

Bowel Cancer; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Suspected or confirmed bowel cancer.

Additional Information to be included

- Minimal Referral Criteria
- Bloods: FBE, LFT, electrolytes, urea, and creatinine (EUC), iron studies, B12 and folate
- If diarrhoea or loose motions, arrange C reactive protein (CRP), stool culture, thyroid function tests (TFTs)
- If iron deficiency anaemia, consider gastrointestinal (GI) cancer proximal to the splenic flexure, coeliac disease, or non-GI causes of bleeding (e.g. menorrhagia, renal tract)
- Consider CT or ultrasound abdomen/pelvis if palpable abdominal or pelvic mass on examination

URGENT

- Iron deficiency +/- concern
- Positive FOBT
- PR Bleeding
- Abnormal colon on imaging
- Query malignancy or cancer
- Request for Urgent consult from GP or another specialist

Cirrhosis; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Suspected cirrhosis suggested by one or more of the following:

- Evidence of cirrhosis on imaging
- Platelet count < 120 x 109 per litre
- Ascites
- Hepatic encephalopathy
- AST to platelet ratio index (APRI) >2.0

Additional Information to be included

- History of alcohol intake
- History of injectable drug use
- Current and historical liver function tests
- Full blood examination
- International normalised ration (INR) result
- Urea and electrolytes
- Upper abdominal ultrasound results
- Hepatitis B virus and Hepatitis C virus serology results
- History of diabetes
- Iron studies
- Current and complete medication history(including non-prescription medicines, herbs and supplements).
- Provide if available
- Height, weight and body mass index

EMERGENCY

Suspected Cirrhosis with:

- Acute liver failure
- Sepsis in a patient with cirrhosis
- Severe hepatic encephalopathy
- Severe ascites restricting movement and breathing.

URGENT

- Mild - moderate ascites

ROUTINE

- Compensated cirrhosis (imaging features of cirrhosis or fibro scan >12kPa, without ascites, encephalopathy or bleeding

Coeliac Disease; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Positive coeliac serology
- Advice on, or review of, symptomatic coeliac disease(previous histological diagnosis)not responding to dietary and medical management

Additional Information to be included

- Coeliac serology results or previous histology results
- Full blood examination
- Iron studies

Provide if available:

- Gastrointestinal symptoms (e.g. diarrhoea, weight loss)
- Previous gastroscopy results
- Previous histology results
- Previous gastroenterology assessments or opinions
- Urea and electrolytes
- Liver function tests
- Details of previous medical management including the course of treatment and out come of treatment
- Details of any other autoimmune conditions

ROUTINE

- All referrals are considered routine

Constipation with sentinel findings; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Constipation in patients with a duration of more than 6 weeks but less than 12 months, with any of the following:

- > 40 years of age
- Rectal bleeding
- Positive faecal occult blood test
- Weight loss (≥ 5% of bodyweight in previous 6 months)
- Abdominal or rectal mass
- Iron deficiency that persists despite correction of causative factors
- Patient or family history of bowel cancer (first degree relative < 55 years).

Additional Information to be included

- Onset, characteristics and duration of constipation and sentinel findings
- Current and previous colonoscopy results
- Full blood examination
- Iron studies

Provide if available:

- Current and previous histology results
- Details of any previous gastroenterology assessments or opinions
- Faecal occult blood test
- Thyroid stimulating hormone levels

EMERGENCY

- Suspected large bowel obstruction
- Faecal impaction that has not responded to adequate medical management
- Weight loss (≥ 5% of body weight in previous 6 months)

URGENT

- Abdominal or rectal mass
- Iron deficiency that persists despite correction of causative factors
- Patient or family history of bowel cancer (first degree relative < 55years)

ROUTINE

- Patients with >12 months of symptoms, with no sentinel findings, who have not had an adequate trial of treatment
- All other referrals

Diarrhoea with sentinel findings; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Diarrhoea > 4 weeks duration, affecting activities of daily living, with one or more of the following:
- Bloody diarrhoea
- Nocturnal diarrhoea
- Weight loss (≥ 5% of bodyweight in previous 6 months)
- Abdominal or rectal mass
- Inflammatory markers in the blood or stool
- Iron deficiency that persists despite correction of potential causative factors.

Additional Information to be included

- Frequency and duration of diarrhoea
- Onset, characteristics and duration of sentinel findings (e.g. erythrocyte sedimentation rate (ESR),C-reactive protein (CRP), faecal microscopy and culture and Clostridium difficile toxin)
- Previous colonoscopy results
- Coeliac serology
- Full blood examination
- Liver function tests

Provide if available:

- Previous histology results
- Details of any previous Gastroenterology assessments or opinions
- Iron studies
- Thyroid stimulating hormone levels
- Faecal calprotectin
- Faecal occult blood test
- Recent travel history

EMERGENCY

- Severe diarrhoea with dehydration or when the person is systemically unwell

URGENT

- Bloody diarrhoea
- Nocturnal diarrhoea
- Weight loss (≥ 5% of body weight in previous 6 months)
- Abdominal or rectal mass
- Inflammatory markers in the blood or stool
- Iron deficiency that persists despite correction of potential causative factors

ROUTINE

- Cases of clinically suspected IBD

Colorectal Symptoms; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Colorectal symptoms including rectal bleeding, anal pain, anorectal conditions (haemorrhoids, anal fissure & pruritis ani), rectal prolapse and colorectal cancer
- Rectal bleeding in patients with any of the following:
  - 40 years or older
  - Unintended weight loss (≥ 5% of bodyweight in previous 6 months)
  - Abdominal or rectal mass
  - Recent change in bowel habits
  - Iron deficiency that persists despite correction of potential causative factors
  - Patient or family history of bowel cancer (first degree relative < 55 years)

Additional Information to be included

- Onset, characteristics and duration of symptoms
- Full blood examination
- Urea and electrolytes
- Iron studies
- Previous and current gastrointestinal investigations and results
- Patient age
- Details of relevant family history of gastrointestinal or colorectal cancers

Provide if available:

- Current and previous colonoscopy results

EMERGENCY

- Potentially life-threatening symptoms suggestive of acute severe lower gastrointestinal tract bleeding

URGENT

- If unable to determine benign diagnosis.
- If suspicious mass
- FOBT positive
- All confirmed colorectal cancersCases of clinically suspected IBD

ROUTINE

- Refer if failure of conservative treatment
- Incomplete rectal prolapse not responding to conservative management
- Complete rectal prolapse

Dyspepsia/GORD; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Recent onset, persistent symptoms of gastroesophageal reflux with:
  - Unintended weight loss (≥ 5%of body weight in previous 6months)
  - Dysphagia
  - Vomiting
  - Iron deficiency that persists despite correction of potential causative factors
- Surveillance for previously diagnosed Barrett's oesophagus

Additional Information to be included

- Onset, characteristics and duration of sentinel findings e.g. changes in weight, ferritin levels
- Previous endoscopy results
- Current and complete medication history(including non-prescription medicines, herbs and supplements)

EMERGENCY

- Potentially life-threatening symptoms suggestive of acute severe upper gastrointestinal tract bleeding

URGENT

- Dysphagia abnormal imaging (oesophageal)

ROUTINE

- Alarm symptoms, e.g. dysphagia, weight loss or complications develop or becomes treatment non-responsive

Dysphasia; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Progressive dysphagia

Additional Information to be included

- History of dysphagia (onset, characteristics and duration of symptoms) and other symptoms over time
- Relevant medical history and comorbidities
- Any previous gastroscopy or other relevant investigations
- Current and complete medication history(including non-prescription medicines ,herbs and supplements)
- Statement that the patient has indicated interest in having a gastroscopy
- Anticoagulation or antiplatelet therapy. Indicate if the patient is taking any of the following medicines (or any other anticoagulant or antiplatelet therapy):
  - Apixaban, Aspirin, clopidogrel, Dabigatran, low molecular weight heparin, Prasugrel, Rivaroxaban, Ticagrelor, warfarin.
- Anaesthetic risk. Indicate if the patient has any of the following:
  - Body mass index (BMI) > 40
  - A permanent pacemaker
  - Any bleeding disorder
  - Any cognition issues or impairment
  - Any known or prior reaction to anaesthesia (malignant hyperthermia, suxamethonium apnoea, severe post-operative nausea or vomiting, known difficult airway)
  - Any neuromuscular condition (e.g. myasthenia gravis, muscular dystrophy, cerebral palsy)
  - A respiratory disease that requires oxygen therapy or limits the patient's daily activities (New York Heart Association (NYHA)Functional Classification class 3)
  - Severe obstructive sleep apnoea
  - Stage 4 or 5 chronic kidney disease (pre-dialysis or requires dialysis)
  - Symptomatic ischaemic heart disease
  - Valvular heart disease or congestive heart failure

Provide if available:

- Any relevant imaging, colonoscopy or gastroscopy results, including when and where previous endoscopy procedures were performed

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Dysphasia; seen at Bayside Health Regional (Cont.)

EMERGENCY

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

ROUTINE

- Previous polyps
- All other referrals for specialist are considered routine

Inflammatory Bowel Disease; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Known inflammatory bowel disease.
- Strongly suspected inflammatory disease based on:
  - Recurrent perianal fistulas or abscesses
  - Imaging results that strongly suggest Crohn's disease or colitis
  - Endoscopy findings consistent with inflammatory bowel disease

Additional Information to be included

- Current and previous colonoscopy results
- Current and previous imaging results
- Inflammatory marker result (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP))
- Full blood examination
- Current and complete medication history(including non-prescription medicines, herbs and supplements)

EMERGENCY

- Acute severe colitis: patients with ≥ 6bloody bowel motions per 24 hours plus at least one of the following:
  - Temperature > 37.8°C
  - Pulse rate > 90 bpm
  - Haemoglobin < 105 gm/L
  - Raised inflammatory markers(erythrocyte sedimentation rate (ESR) >30 mm/hr or C-reactive protein (CRP) >30 mg/L)
- Suspected or known Crohn's disease with acute complications:
  - Bowel obstruction
  - Sepsis or intra-abdominal or pelvic abscess

URGENT

- Determined by symptoms/tests

ROUTINE

- Other referrals for specialist are considered routine

Pancreatic and biliary disorders; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Biliary colic jaundice and/or fever and Pancreatic mass and dilated common bile duct and/or Pancreatic duct

Additional Information to be included

- Minimal Referral Criteria
- Pain (biliary – RUQ/epigastric; pancreatic – central radiating to back)
- Jaundice: painless with bilirubin above 200suggests malignancy; epigastric/RUQ tenderness and/or fever with bilirubin below 200 suggests stone disease
- Charcot's triad (jaundice, pain, fever = cholangitis)
- Steatorrhoea or malabsorption suggests exocrine pancreatic insufficiency
- Risk factors for pancreatitis:
- Alcohol consumption
- Known gallstones or previous cholecystectomy
- Preceding trauma
- Drugs causing pancreatitis
- Hypertriglyceridemia/hypercalcaemia

EMERGENCY

Refer onto Monash Medical Centre:

- Pancreatic mass
- Dilated common bile duct and/or pancreatic duct

URGENT

Dependent on symptoms and tests refer onto Monash Medical Centre:

- Pancreatic mass
- Dilated common bile duct and/or pancreatic duct

ROUTINE

- Elective referral

Refer onto General Surgery:

- Uncomplicated gallstones
- Chronic pancreatitis
- HPB

Persistent iron deficiency; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Persistent iron deficiency in men and post-menopausal women with either:
  - Ferritin < 30 µg/L
  - Ferritin 30-100 µg/L in the presence of inflammation (e.g. C-reactive protein (CRP) ≥ 5 mg/L)
- Iron deficiency that persists despite correction of potential causative factors
- Iron deficiency in pre-menopausal women:
  - With positive coeliac serology
  - With positive faecal occult blood test
  - That persists despite treatment of menorrhagia, with good cycle control.

Additional Information to be included

- History of menorrhagia
- Dietary history, including red meat intake
- Iron studies or serum ferritin
- Full blood examination
- Coeliac serology results
- Current and complete medication history(including non-prescription medicines, herbs and supplements)

Provide if available:

- Faecal occult blood test
- Faecal calprotectin
- Any family history of gastrointestinal cancer

EMERGENCY

- Shortness of breath or chest pain, syncope or pre-syncope with iron deficiency (ferritin below the lower limit of normal).

URGENT

- Determined by symptoms/tests
- Ferritin 30-100 µg/L in the presence of inflammation (e.g. C-reactive protein(CRP) ≥ 5 mg/L)

ROUTINE

- Renew referrals, referrals from another Gastroenterologist

Positive Faecal occult blood test (FOBT); seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Positive immunochemical faecal occult blood test (iFOBT)

Additional Information to be included

- Faecal occult blood test results and if the test result was or was not detected through the National Bowel Cancer Screening Program (NBCSP)
- Patient age
- Onset, characteristics and duration of symptoms
- Relevant medical history and comorbidities
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Statement that the patient has indicated interest in having a colonoscopy
- Statement that the patient understands the need for bowel preparation prior to colonoscopy
- **Anticoagulation or antiplatelet therapy.** Indicate if the patient is taking any of the following medicines (or any other anticoagulant or antiplatelet therapy):
  - Apixaban, Aspirin, clopidogrel, Dabigatran, low molecular weight Prasugrel, Rivaroxaban, Ticagrelor, warfarin.
- **Anaesthetic risk.** Indicate if the patient has any of the following:
  - Body mass index (BMI) > 40
  - A permanent pacemaker
  - Any bleeding disorder
  - Any cognition issues or impairment
  - Any known or prior reaction to anaesthesia (malignant hyperthermia, suxamethonium apnoea, severe post-operative nausea or vomiting, known difficult airway)
  - Any neuromuscular condition (e.g. myasthenia gravis, muscular dystrophy, cerebral palsy)
  - A respiratory disease that requires oxygen therapy or limits the patient's daily activities (New York Heart Association (NYHA)Functional Classification class 3)
  - Severe obstructive sleep apnoea
  - Stage 4 or 5 chronic kidney disease (pre-dialysis or requires dialysis)
  - Symptomatic ischaemic heart disease
  - Valvular heart disease or congestive heart failure

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Positive Faecal occult blood test (FOBT); seen at Bayside Health Regional (Cont.)

Additional Information to be included

- **Risk factors for poor bowel preparation for colonoscopy**. Indicate if the patient has any of the following:
  - Body mass index (BMI) > 30, chronic opioid use, constipation, type 1diabetes, type 2 diabetes, Parkinson's disease, previous bowel resection, stroke

EMERGENCY

- Potentially life-threatening symptoms suggestive of acute severe lower gastro intestinal tract bleeding

URGENT

- All referrals considered urgent