Bayside Health

Referral Guideline – Regional

General Surgery

General Surgery service at Bayside Health Regional provides consultation, assessment, diagnosis, review and treatment of patients requiring general surgical procedures and those requiring post-surgical management.

How to Refer

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

All new referrals are processed by the Bayside Health Regional 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 Bass Coast 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

Breast Cancer with:

- Metastatic breast disease with intractable pain
- Fungating mass with haemorrhage
- Post-surgical wound with dehiscence or sepsis

Breast lump or other condition with:

- Breast abscess failing drainage
- Lactational mastitis with systemic symptoms
- Acute development of **peripheral nerve compression** symptoms **following trauma**

Gallbladder stones & polys with:

- Suspected acute cholecystitis
- Suspected acute cholangitis
- Suspected obstructive jaundice
- Suspected pancreatitis

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Safety risk screening

RED FLAG CONDITIONS (cont.)

EMERGENCY

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

Abdominal wall and groin hernias with:

- Suspected hernia with symptoms suggestive of strangulation or incarceration including acute abdominal pain, pain on palpation, nausea, vomiting
- Symptoms suggestive of bowel obstruction including acute abdominal pain, abdominal distension, nausea, vomiting

Hernia:

- Painful irreducible hernias with concern for obstruction or strangulation should be referred directly to emergency department for urgent management

Hiatus Hernia with any of the following:

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

Thyroid:

- Thyroid mass with difficulty in breathing
- Hyperthyroidism complicated by cardiac, respiratory compromise or other indications of severe illness (fever, vomiting, labile blood pressure, altered mental state)
- Neutropenic sepsis in patient taking carbimazole or propylthiouracil
- Hyperthyroidism with hypokalaemia or paralysis
- Patients with sepsis or acutely unwell due to infection

Rectal Bleeding with:

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

Other:

- Diverticulitis with systemic sepsis
- Large bowel obstruction
- Severe PR bleeding
- Suspected perforation
- Haematemesis
- Melaena
- Acute liver failure
- Sarcoma
- Suspected acute cholecystitis
- Suspected acute cholangitis
- Suspected obstructive jaundice

Procedures/Conditions seen at Bayside Health Regional

- Advice on inherited breast cancer (high-risk patients)
- Breast Cancer - suspected or confirmed
- Breast lumps and other conditions
- Breast reduction surgery
- Carpel Tunnel (nerve conduction required)
- Cholecystectomy
- Colonoscopy
- Diagnostic laparoscopy
- Dupuytrens Contracture
- Gastroscopy
- Gall Bladder stones and polyps
- Groin or umbilical Hernia
- Haemorrhoids/Anal Fistula/Anal Fissure/Rectal bleeding
- Hernia Incisional
- Hernia recurrent
- Hernia Inguinal and femoral
- Hernia Umbilical and paraumbilical
- Ingrown Toenails
- Lipoma
- Perianal Lumps
- Pilonidal Sinus
- Skin- Ganglia, Sebaceous Cysts, Minor skin lesions
- Skin lesions – other skin cancers
- Vasectomy

Consultation only

The following conditions/procedures can be considered for consultation; however, surgery is not available at Bass Coast Health

- Hepatic, Pancreatic & Biliary (HPB)
- Hiatus Hernia
- Rectal Prolapse
- Thyroid Surgery; Hyperthyroidism, Primary or secondary Hyperparathyroidism, Thyroid Mass
- Suspected Colorectal Cancer
- Surgical Management of faecal incontinence
- Metabolic (weight reduction) surgery
- Laparoscopic, endoscopic and minimally invasive small and large bowel disease management, including advanced management of perianal conditions

Exclusions

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

- Adrenal Surgery
- Aerodigestive tract disease
- Benign biliary stricture
- Capsule endoscopy
- Complex anal or rectovaginal fistula repair
- Complex hand lesions
- Divarication of recti
- ERCP
- Erectile Dysfunction
- Ganglion/ sebaceous cyst of the head, face, wrists or hands
- Groin dissection and lymphadenectomy
- Hand surgery complex
- Head and Neck surgery(dissection/lymphadenectomy/reconstructive)
- Liver surgery-segmental or greater
- Malignant anal and rectal conditions
- Malignant biliary and pancreatic disease
- Malignant Salivary gland disease
- Melanoma
- Oesophagus-gastric surgery
- Pancreatic disease
- Parathyroidectomy
- Pelvic pouch surgery
- Peritonectomy
- Radical surgery for gastric cancer
- Reconstructive surgery Head and Neck
- Rectus Abdominus
- Referrals outside BCH scope
- Sarcoma (suspected or confirmed)
- Specific endoscopic procedures including dilatation, resection, EUS, and fine needle aspiration
- Surgical management of bone or soft tissue tumour's in the head and neck
- Those aged under 16 years
- Thyroidectomy
- Tongue surgery
- Tonsils
- Trans-anal endoscopic microsurgery for rectal lesions
- Transvaginal Mesh Surgery for Pelvic Organ Prolapse
- Upper GI therapeutic endoscopy
- Varicose Veins

Advice on inherited breast cancer (high-risk patients); seen at Bayside Health Regional

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

When to refer

- Person with high risk due to a family history of breast cancer or ovarian cancer occurring in two first-or second-degree relatives on the same side of the family, plus one or more of the following features:
  - Additional relatives with breast cancer or ovarian cancer
  - A relative with both breast and ovarian cancer
  - Breast cancer diagnosed before the age of 40
  - Breast cancer affecting both breasts
  - Ashkenazi Jewish ancestry
  - Breast cancer in a male relative
  - A relative who has tested positive for a high-risk gene mutation e.g. mutation in genes such as BRCA1 or BRCA2.
- Findings from breast screening that includes advice that an assessment is recommended
- Referral from a Familial Cancer Centre

Additional Information to be included

- Most recent mammography results including when and where imaging was performed
- Family history of breast cancer including:
  - The number of the patient's blood relatives who have had cancer
  - The ages of these family members when they developed cancer
  - Any carrier of a known mutation or familial cancer syndrome
  - The pattern of cancer in the patient's family
  - If the patient's family has a particular geographical/ethnic background
- Patient age

Provide if available:

- A summary of the genetic testing and risks identified during assessment and counselling

URGENT

- Only if additional symptoms/signs of concern (meeting criteria for Breast Cancer Urgent review

ROUTINE

- All referrals considered routine

Breast Cancer – suspected or confirmed; seen at Bayside Health Regional

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

When to refer

- Core biopsy with suspicious or equivocal findings or proven breast cancer (e.g., detected through Breast Screen Australia Program)
- Malignant, suspicious or equivocal findings on imaging
- Clinical findings suspicious of malignancy

Additional Information to be included

- Provide core biopsy findings (location, size, type, histological grade and lymph node status). Where a core biopsy was not possible provide fine needle aspiration (FNA) cytology results
- Most recent mammography report (if > 35years) or other breast imaging report(s)including when and where imaging was performed
- Findings on physical examination
- Relevant medical history and comorbidities(e.g., past history of breast disease or breast cancer, ductal carcinoma in situ)
- Details of any breast implant(s) including when and where procedure(s) was performed
- Any family history or genetic mutation linked to breast, ovarian or prostate cancer

EMERGENCY

- Metastatic breast disease with intractable pain
- Fungating mass with haemorrhage
- Post-surgical wound with dehiscence or sepsis

URGENT

- All referrals for suspected or confirmed Breast Cancer

Breast lumps and other conditions; seen at Bayside Health Regional

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

When to refer

- New palpable and persistent cyst(s) with complex features on imaging
- Recurrent cyst(s) with complex features on imaging
- Palpable, symptomatic, or growing fibroadenoma
- Any one component of the triple test is positive (clinical examination, imaging or non-excisional biopsy)
- Incomplete cyst aspiration, bloody aspirate (not traumatic) or a lump that remains post-aspiration
- Spontaneous unilateral, bloody or serous discharge from a single duct, particularly if > 60 years
- Eczematoid changes of the nipple-areolar skin for longer than two weeks that fails to respond to topical treatment
- Inflammatory breast conditions not resolving after two weeks of antibiotic treatment

Additional Information to be included

- Most recent mammography report or other breast imaging report(s) including when and where imaging was performed.
- Findings on physical examination
- Details of previous medical management including the course of treatment and outcome of treatment
- Relevant medical history and comorbidities
- Any family history or genetic mutation linked to breast, ovarian or prostate cancer

EMERGENCY

- Breast abscess failing drainage
- Lactational mastitis with systemic symptoms

URGENT

- If meeting criteria for Breast Cancer Urgent review

Breast Reduction; seen at Bayside Health Regional

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

When to refer

- Patients with body mass index (BMI) < 30, not a current smoker and HbA1c < 8mmol/mol (if diabetic) with:
  - Significant clinical symptoms present (e.g. intractable intertigo, correction of asymmetry following previous breast conserving surgery for breast cancer, severe gynaecomastia)
  - Macromastia with pain in the neck or shoulder region with functional or psychological impact or both
- If no symptoms, refer privately

Additional Information to be included

- Expectation, or outcome, anticipated by the patient, and the referring clinician from the referral to the health service
- How symptoms are impacting on activities of daily living including impact on work, study, exercise or carer role
- Details of previous medical or non-medical management of symptoms including conservative management such as professionally fitted supportive garments, counselling and weight loss
- Relevant medical history and comorbidities
- Current and complete medication history (including hormonal treatments, non-prescription medicines, herbs and supplements and recreational or injectable drugs)
- Body Mass Index (BMI)
- History of smoking
- Patient's age
- Recent HbA1c (if applicable)
- If > 50 years, most recent mammography results including when and where imaging was performed

ROUTINE

- All referrals are considered routine

Carpal Tunnel; seen at Bayside Health Regional

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

When to refer

- Diagnosis confirmed by nerve conduction study.
- Ongoing neuropathic symptoms and/or weakness persists despite at least three months of management (that is at least two of hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection or oral steroids, alone or in combination), has been trialed

Additional Information to be included

- Reason for referral
- Recent nerve conduction study report
- Description of onset, nature, progression, recurrence and duration of symptoms
- How symptoms are impacting on daily activities including impact on work, study or carer role
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- If referral relates to recurrence after surgical decompression, details of previous surgery, including when and where procedure(s) were performed.
- Statement about the patient's interest in having surgical treatment if that is a possible intervention

EMERGENCY

- Acute development of peripheral nerve compression symptoms following trauma

URGENT

- Progressive symptoms, rapidly deteriorating and causing severe loss of mobility and/or disability
- Associated muscle weakness
- Severe neural compromise or permanent sensory loss

ROUTINE

- Functional impairments and/or pain persists despite conservative management

Colonscopy; seen at Bayside Health Regional

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

When to refer

- Positive immunochemical faecal occult blood test (iFOBT)
- Symptoms of bowel cancer
- Family history
- Indication by patient for colonoscopy

Additional Information to be included

- Reason for referral
- Faecal occult blood test (iFOBT) 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
- Past scopes
- 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
- Anaesthetic risk
- Anticoagulation or antiplatelet therapy
- Risk factors for poor bowel preparation for colonoscopy

EMERGENCY

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

URGENT

- Positive iFOBT
- Bright red PR blood loss
- Colonic changes seen on imaging
- Anaemia or iron deficiency

ROUTINE

- Renewed referral for regular colonoscopy

Diagnostic Laproscopy; seen at Bayside Health Regional

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

When to refer

- When other, less invasive diagnostics have not provided a clear diagnosis for abdominal or pelvic issues, or when more information is needed

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Other diagnostics and results

EMERGENCY

- All urgent diagnostics

ROUTINE

- All other referrals considered routine

Dupuytrens Contracture; 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).

ROUTINE

- All referrals considered routine

Gastroscopy; seen at Bayside Health Regional

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

When to refer

- History of dysphagia
- GORD
- Indication by patient for gastroscopy

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Medical history
- Current medications
- Any past scopes

URGENT

- Iron deficiency anaemia
- Definitive weight loss
- Suspicious of malignancy

ROUTINE

- Renewed referral for regular gastroscopy

Gallbladder stones and polyps; seen at Bayside Health Regional

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

When to refer

Refer for acute general surgery referral if:

- The patient is acutely unwell and has intractable biliary colic
- Suspected cholecystitis, obstructive jaundice, cholangitis, or pancreatitis
- Choledocholithiasis (stones in bile duct)
- Biliary colic and symptoms fail to settle with simple analgesia

Refer for **non-acute general surgery** referral for consideration of interval cholecystectomy if history of resolved biliary colic or cholecystitis, and:

- Proven gallstones on imaging.
- Abnormal LFTs.
- Abdominal ultrasound shows a dilated bile duct.
- Past history of pancreatitis or jaundice.
- Symptomatic gallstones
- Asymptomatic gallstones > 2 centimetres
- Recurrent biliary colic
- Gallbladder polyp > 7 millimetres
- Any polyp with focal wall thickening adjacent to the polyp

Additional Information to be included

- Onset, characteristics and duration of symptoms
- Hepatobiliary ultrasound results
- Statement about the patient's interest in having surgical treatment if that is a possible intervention.

Pre-referral investigations to consider if appropriate:

- FBE, U&E, LFT, lipase
- Hepatitis serology
- Ca 19.9 for suspected pancreas or biliary malignancy
- AFP for suspected hepatocellular carcinoma
- Biliary ultrasound
- CT liver –Quad Phase for newly diagnosed liver lesions
- CT pancreas protocol for pancreatic lesions

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Gallbladder stones and polyps; seen at Bayside Health Regional (cont.)

EMERGENCY

- Suspected acute cholecystitis
- Suspected acute cholangitis
- Suspected obstructive jaundice
- Suspected pancreatitis

URGENT

- Choledocholithiasis
- Recent episode of gallstone pancreatitis
- Recent cholecystitis
- Crescendo biliary coli
- Polyps greater than 10mm

ROUTINE

- Biliary Colic
- Asymptomatic/ incidental finding(please note these are unlikely to be offered surgery unless exceptional circumstances)
- Polyp less than 10mm

Haemorrhoids/Anal Fistula/Anal Fissure/Rectal bleeding; Dermatitis; seen at Bayside Health Regional

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

When to refer

- Unexplained rectal bleeding where a differential diagnosis has been excluded
- Rectal bleeding with recent change in bowel habits, unintended weight loss (>5 percent of body weight in previous 6months) or abdominal or rectal mass
- Rectal bleeding with iron deficiency that persists despite correction of potential causative factors or rectal bleeding that persists despite appropriate treatment for more than six weeks.
- History of ano-rectal bleeding
- Prolapse and thrombosis.
- History of pain with and after defecation.
- Attacks may be intermittent or prolonged.
- Evaluation may be difficult due to spasm.
- Note anal tag

Additional Information to be included

- Findings on physical examination
- Onset, characteristics and duration of symptoms (including description of rectal bleeding) and if the bleeding persists despite appropriate treatment (e.g. dietary fibre and fluid intake, aperients) for more than six weeks
- Details of previous medical management including the course of treatment(s) and outcome of treatment(s)
- If rectal bleeding with iron deficiency:
  - Full blood examination
  - Iron studies or serum ferritin

EMERGENCY

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

URGENT

- Unable to determine benign diagnosis
- Positive FOBT
- Iron deficiency
- Suspicious mass

ROUTINE

- All other referrals considered routine

Hernia; seen at Bayside Health Regional

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

When to refer

- Abdominal wall or groin hernia felt on examination, or that is clinically evident, that is affecting the person's activities of daily living
- Femoral hernia to vascular
- Recurrence of a repaired hernia or previous hernia repair with new symptoms.
- Pain in groin sometimes precedes lump.
- Pain may be colicky and associated with vomiting (intestinal obstruction)
- Lump in groin - may be intermittent /reducible but is usually most obvious when patient is standing

Additional Information to be included

- Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Findings on physical examination including position and size of the hernia
- Description of onset, nature, progression and duration of symptoms
- How symptoms are impacting activities of daily living, including impact on work, study, school or carer role
- Any relevant complications or comorbidities
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs)

Diagnostic studies may include:

- Ultrasound (only required if hernia cannot be felt on examination)

EMERGENCY

- Suspected hernia with symptoms suggestive of strangulation or incarceration including acute abdominal pain, pain on palpation, nausea, vomiting
- Symptoms suggestive of bowel obstruction including acute abdominal pain, abdominal distension, nausea, vomiting

URGENT

- Irreducible inguinal hernia with no associated pain or features of bowel obstruction or strangulation
- Persisting groin pain that has not responded to prior management.

ROUTINE

- Reducible inguinal hernia without evidence of bowel strangulation or obstruction
- Reducible inguinal hernia with associated pain

Hiatus Hernia; consult only at Bayside Health Regional

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

When to refer

- 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

Additional Information to be included

- 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

EMERGENCY

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

ROUTINE

- All referrals considered routine

Hyperthyroidism; consult only at Bayside Health Regional

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

When to refer

- Uncontrolled, recurrent or persistent Graves for consideration of thyroidectomy (must have seen endocrinologist)
- Hyperfunctioning (toxic) thyroid nodule

Additional Information to be included

- Onset, characteristics and duration of symptoms
- Current and complete medication history(including non-prescription medicines, herbs and supplements), particularly medicines such amiodarone, lithium, biotin and kelp products
- Recent free triiodothyronine (T3), free thyroxine(T4) and thyroid stimulating hormone level (TSH)
- If the patient is pregnant
- Current and previous scan results (e.g. nuclear thyroid scan)

Provide if available:

- Anti- thyroid peroxidase (TPO) antibodies results
- Thyroid stimulating hormone receptor antibody(TRAb) or thyroid stimulating immunoglobulin(TSI) results

EMERGENCY

- Hyperthyroidism complicated by cardiac, respiratory compromise or other indications of severe illness(fever, vomiting, labile blood pressure, altered mental state)
- Neutropenic sepsis in patient taking carbimazole or propylthiouracil
- Hyperthyroidism with hypokalaemia or paralysis.

URGENT

- Uncontrolled graves
- Hyperfunctioning thyroid nodule(toxic)

ROUTINE

- Recurrent or persistent graves with reasonable control of thyroid function

Ingrown Toenail; seen at Bayside Health Regional

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

When to refer

Ingrown toenail with:

- Infection
- Complex
- Seen a podiatrist

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)

URGENT

- Infection

ROUTINE

- All other considered routine

Lipoma; seen at Bayside Health Regional

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

When to refer

- Soft tissue lumps

** **For Suspected or confirmed Sarcoma** please refer to Sarcoma Unit at Peter MacCallum Cancer Centre

** **For facial & hands** and wrists lipomas, please refer to Tertiary Hospital.

** **For feet & ankle** lipomas refer to orthopaedic

Additional Information to be included

- Minimal Referral Criteria
- Physical examination
- Ultrasound can be helpful
- If lesion greater than 5cm or rapidly growing an MRI is indicated to exclude a soft tissuesarcoma

ROUTINE

- All referrals for specialist are considered routine

Perianal Lumps; seen at Bayside Health Regional

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

When to refer

- Persistent perianal lump with symptoms of concern (e.g. night sweats, unexplained weight loss, tenesmus, recent change in bowel habits)

Additional Information to be included

- Minimal Referral Criteria
- Findings on physical examination
- Onset, characteristics and duration of symptoms of concern

URGENT

With associated:

- Iron deficiency
- Suspicious mass
- Unexplained weight loss
- Recent changes to bowel habits

ROUTINE

- All other referrals considered routine

Pilonidal Sinus; seen at Bayside Health Regional

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

When to refer

- Persistent pilonidal Sinus with symptoms of concern infection, impact on daily living/employment, chronic

Additional Information to be included

- Minimal Referral Criteria
- Findings on physical examination
- Onset, characteristics and duration of symptoms of concern

EMERGENCY	• Sepsis or acutely unwell due to infection
URGENT	• Persistent Infection
ROUTINE	• All other referrals considered routine

Hyperparathyroidism; consult only at Bayside Health Regional

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

When to refer

- Primary or secondary hyperparathyroidism

Additional Information to be included

- Minimal Referral Criteria
- Blood tests: thyroid function tests, Calcium/Magnesium/Phosphate, UEC, Corrected calcium, Vitamin D, PTH
- Thyroid ultrasound

URGENT

- Corrected calcium >3

ROUTINE

- Primary or secondary hyperparathyroidism, Corrected calcium <3

Skin- Ganglia, Sebaceous Cysts, Minor skin lesions; seen at Bayside Health Regional

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

When to refer

- Skin lesions with any of the following:
  - Causing functional problems (e.g. obstruction of vision)
  - Causing significant disfigurement
  - Diagnosis in doubt, or needs confirmation
  - Diameter greater than or equal to 5cm in size
  - Fixed to deep tissues
  - Lesions are prone to recurrent infection
  - Rapid growth over short period of time
  - Recurring after a previous excision
  - Significant persistent pain that is not solely pressure related
- Sebaceous cyst unable to be drained at GP rooms need to try incision & antibiotics

** For ganglia/sebaceous cyst of the head, face, wrists or hands, please refer to a tertiary service

Additional Information to be included

- Details of onset, duration, site, size and any recent changes in size of lesion(s)
- Symptoms such as ulceration, bleeding, pain
- Histology results
- History of smoking
- If the patient is taking and anticoagulant medicine
- If the patient is immunocompromised or has a history of immunosuppression
- Statement about the patient's interest in having surgical treatment if that is a possible intervention

URGENT

- Diagnosis of a lesion

ROUTINE

- All other referrals considered routine

If available, provide:

- Photograph of lesion(s)
- Ultrasound of lesion(s)
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is part of a vulnerable population

Skin lesions – other skin cancers; seen at Bayside Health Regional

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

When to refer

- Complex non-melanoma skin malignancies and any of the following:
  - Lymphadenopathy
  - Neurological involvement
  - Poorly differentiated or infiltrative tumour identified on biopsy
  - Rapidly enlarging
  - Ulceration and bleeding
- Other subcutaneous and deep tissue malignancies
- Includes; Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC)

** For Suspected or confirmed Sarcoma please refer to Sarcoma Unit at Peter MacCallum Cancer Centre

Additional Information to be included

- Details of onset, duration, site, size and any recent changes in size of lesion(s)
- Symptoms such as ulceration, bleeding, pain
- Histology results
- History of smoking
- If the patient is taking and anticoagulant medicine
- If the patient is immunocompromised or has a history of immunosuppression
- Statement about the patient's interest in having surgical treatment if that is a possible intervention
- Photograph of lesion(s)

If available, provide:

- Ultrasound of lesion(s)
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is part of a vulnerable population

URGENT

- Referral with definitive diagnosis with biopsy report
- Confirmed Cancers
- Melanoma
- SCC

ROUTINE

- BCC
- Benign skin lesions

Thyroid Mass; consult only at Bayside Health Regional

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

When to refer

- Suspected or confirmed malignancy
- Generalised thyroid enlargement without compressive symptoms
- Recurrent thyroid cysts
- An increase in the size of previously identified benign thyroid lumps > 1cm in diameter.

Additional Information to be included

- Thyroid ultrasound, with or without fine needle aspiration results including when and where performed.
- Thyroid function tests (thyroid Stimulating hormone) TSH & (Thyroxine results) T4
- Thyroid biopsy results if applicable

EMERGENCY

- Thyroid mass with difficulty in breathing

URGENT

- Suspected/confirmed malignancy
- Mild-moderate compromise
- TIRADS 5 nodule on U/S
- TIRADS 6 (biopsy-proven malignancy

ROUTINE

- Generalised thyroid enlargement without compressive symptoms
- Recurrent thyroid cysts
- An increase in the size of previously identified benign thyroid lumps > 1cm in diameter

Vasectomy; seen only at Bayside Health Regional

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

When to refer

- On request by patient

Additional Information to be included

- Minimal Referral Criteria
- Reason for referral
- Related medical, social history

ROUTINE

- All referrals considered routine