Bayside Health

Referral Guideline – Regional

Orthopaedic Surgery

Orthopaedics specialises in surgical consultation associated with to preserve and restore the function of the skeletal system, its articulations, and associated structures.

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

- Acute fractures
- Pathological fractures
- Signs of Infection & concern of healing
- Achilles & Tendon Ruptures except ACL rupture
- Joint dislocation
- Knee extensor mechanism rupture
- Acute trauma
- Acute compartment syndrome
- Acute worsening pain with inability to weight bear
- Suspected acute bone or joint infection
- Suspected malignancy
- Suspected septic arthritis
- Sepsis
- Acute or progressing neurological symptoms
- Skin tenting
- Neurovascular compromise
- Open or SkinTenting fracture

Procedures/Conditions seen at Bayside Health Regional

Lower limb

Hip

- Osteoarthritis of the hip
- Other conditions of the hip

Knee

- Osteoarthritis of the knee
- Other conditions of the knee

Foot & ankle

- Conditions of the foot and ankle

Upper limb

Shoulder

- Osteoarthritis of the Shoulder
- Other Conditions of Shoulder
- Recurrent Shoulder dislocation / instability syndrome
- Clavicular fracture

Other

- Carpal Tunnel Release

Exclusions

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

- Paediatric care under 16 years lower. Under 18 for upper body, refer to Monash Health Hospital or Royal Children's Hospital
- Bone and soft tissue tumours - refer to Peter McCallum
- Elbow Surgery – Monash Health or Bayside Health – Peninsula Campus
- Spinal Surgery
- Heel pain, Plantar Fasciitis
- Orthopaedic wrist and hand surgery (excluding carpel tunnel release)
- Fractures – refer to Bayside Health – Peninsula Campus or Monash Health Fracture Clinic

Osteoarthritis of the hip; seen at Bayside Health Regional

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

When to refer

Identified osteoarthritis of the hip with ongoing moderate or severe pain and / or functional impairment, despite at least included targeted education, physiotherapy and weight loss (where appropriate).

Additional Information to be included

- Minimal Referral Criteria
- Description of joint affected and onset, nature and duration of symptoms
- Findings on physical examination
- Impact of symptoms on daily activity
- Relevant scans X-ray/US/MRI of the affected hip: anteroposterior (AP) view of pelvis and affected hip showing proximal 2/3 femur, and lateral view of affected hip including weight bearing / standing views.
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Details of any previous joint surgery

EMERGENCY	• Refer to RED flag conditions
URGENT	• Severe loss of mobility and/or disability
ROUTINE	• All other referrals considered routine

Other conditions of the hip; seen at Bayside Health Regional

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

When to refer

- Existing total hip replacement with new pain, loosening or other concern
- Developmental dysplasia of the hip
- Avascular necrosis of the hip
- Hip with ongoing moderate or severe pain and / or functional impairment, despite at least three months of treatment that included: targeted education, physiotherapy and weight loss (where appropriate) and where a diagnosis of osteoarthritis or joint infection has been excluded

Additional Information to be included

- Minimal Referral Criteria
- Description of joint affected and onset, nature and duration of symptoms
- Findings on physical examination
- Impact of symptoms on daily activity
- Relevant scans X-ray/US/MRI of the affected hip: anteroposterior (AP) view of pelvis and affected hip showing proximal 2/3 femur, and lateral view of affected hip including weight bearing / standing views.
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Details of any previous joint surgery
- If referral relates to infection or inflammation provide full blood examination and inflammatory marker results (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP))

EMERGENCY	• Refer to RED flag conditions
URGENT	• Severe loss of mobility and/or disability
ROUTINE	• All other referrals considered routine

Osteoarthritis of the knee; seen at Bayside Health Regional

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

When to refer

- Identified osteoarthritis of the knee with ongoing moderate or severe pain and / or functional impairment, despite at least included targeted education, physiotherapy and weight loss (where appropriate)

Additional Information to be included

- Minimal Referral Criteria
- Description of joint affected and onset, nature and duration of symptoms
- Findings on physical examination
- Impact of symptoms on daily activity
- Relevant scans X-ray/US/MRI of the affected hip: anteroposterior (AP) view of pelvis and affected hip showing proximal 2/3 femur, and lateral view of affected hip including weight bearing / standing views.
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Details of any previous joint surgery

EMERGENCY

- Refer to RED flag conditions

URGENT

- Severe loss of mobility and/or disability

ROUTINE

- All other referrals considered routine

Other conditions of the knee; seen at Bayside Health Regional

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

When to refer

- Existing total knee replacement with new pain, loosening or other concern
- Other chronic knee conditions , despite at least included targeted education, physiotherapy and weight loss (where appropriate)

Additional Information to be included

- Minimal Referral Criteria
- Description of joint affected and onset, nature and duration of symptoms
- Findings on physical examination
- Impact of symptoms on daily activity
- Relevant scans such as X-ray of two views of the affected knee: weight bearing anteroposterior (AP) and lateral
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Details of any previous joint surgery
- If referral relates to infection or inflammation provide full blood examination and inflammatory marker results (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP))

EMERGENCY

- Refer to RED flag conditions

URGENT

- Severe loss of mobility and/or disability

ROUTINE

- All other referrals considered routine

Conditions of the foot and ankle; seen at Bayside Health Regional

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

When to refer

- Arthritis
- Deformity of the fore foot
- Bunions
- Instability of the hind foot
- Achilles tendon pathology
- Ligament injury

Additional Information to be included

- Minimal Referral Criteria
- Description of joint affected and onset, nature and duration of symptoms
- Findings on physical examination
- Impact of symptoms on daily activity
- Relevant scans such as ankle x-rays -weight-bearing AP/lateral foot x-ray
- Ultrasound of Achilles tendon
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Details of any previous joint surgery
- If referral relates to infection or inflammation provide full blood examination and inflammatory marker results (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP))

EMERGENCY

- Refer to RED flag conditions

URGENT

- Severe loss of mobility and/or disability

ROUTINE

- All other referrals considered routine

Osteoarthritis of the Shoulder; Total Shoulder Replacement (TSR), Reverse Total Shoulder Replacement (rTSR); seen at Bayside Health Regional

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

When to refer

- Identified osteoarthritis of the shoulder with ongoing moderate or severe pain or functional impairment, or both, despite **at least six months of treatment** that has included targeted education, physiotherapy (if tolerated) and medication.

Additional Information to be included

- Minimal Referral Criteria
- Description of joint affected and onset, nature and duration of symptoms
- Findings on physical examination, including loss of range of movement and neurological examination
- Impact of symptoms on daily activity
- Relevant scans such as x-ray of two views of the affected shoulder: anteroposterior (AP) and lateral view of Glenohumeral joint
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Details of any previous shoulder surgery & where
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs).

EMERGENCY

- Refer to RED flag conditions

URGENT

- Severe loss of mobility and/or disability

ROUTINE

- All other referrals considered routine

Other conditions of Shoulder; seen at Bayside Health Regional

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

When to refer

- Functional impairment that persists despite at least three months of active treatment that included: physiotherapy/rehabilitation, medications (anti-inflammatories, paracetamol or corticosteroid injection) due to the following shoulder conditions:
    - Non-traumatic acromioclavicular (AC) joint problems
    - Adhesive capsulitis (frozen shoulder)
    - Chronic rotator cuff tear
    - Tendinopathy
- Existing shoulder replacement with new pain, loosening or other concern despite included targeted education, physiotherapy (if tolerated) and medication

Additional Information to be included

- Description of joint affected and onset, nature and duration of symptoms
- Findings on physical examination, including loss of range of movement and neurological examination
- Impact of symptoms on daily activity
- Relevant scans such as x-ray of two views of the affected shoulder: anteroposterior (AP) and lateral view of Glenohumeral joint
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Details of any previous shoulder surgery & where
- Current and complete medication history
- History of and response to physiotherapy
- Tendinopathy referrals to include history of smoking and patient's willingness to start a plan to quit smoking

EMERGENCY	• Refer to RED flag conditions
URGENT	• Severe loss of mobility and/or disability
ROUTINE	• All other referrals considered routine

Recurrent shoulder dislocation/instability syndrome; arthroscopic stabilisation; seen at Bayside Health Regional

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

When to refer

- Young patients <20 years old with first time dislocation
- Recurrent dislocations in the >20-year-old
- High risk groups e.g. ligament laxity, patient whom experience repeated seizures despite included targeted education, physiotherapy (if tolerated) and medication

Additional Information to be included

- Mechanism of injury
- Occupation
- Handedness
- Recurrence
- History of and response to treatment, thus far(e.g., physio)
- Relevant Imaging (MRI/CT)

EMERGENCY	• Refer to RED flag conditions
URGENT	• Irreducibility
ROUTINE	• All other referrals considered routine

Clavicular fractures; seen at Bayside Health Regional

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

When to refer

- Clavicle fractures confirmed on x-ray, especially if >2cm of shortening, displacement or high activity levels

Additional Information to be included

- Minimal Referral Criteria
- Description of joint affected and onset, nature and duration of symptoms
- Findings on physical examination
- Impact of symptoms on daily activity
- Details of previous medical and non-medical management including the course of treatments and outcome of treatments
- Details of any previous joint surgery

EMERGENCY

- Refer to RED flag conditions

ROUTINE

- All other referrals considered routine

Carpel Tunnel Release; seen at Bayside Health Regional

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

When to refer

- Neurogenic injury confirmed by nerve conduction study with either:
  - Severe disabling symptoms with weakness and wasting
  - Rapid progression
- Unresponsive to at least three months of medical management(that is at least two of hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection, oral steroids, alone or in combination)
- Recurrence of neurogenic injury after surgical decompression

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

- Refer to RED flag conditions

URGENT

- Severe loss of mobility and/or disability
- Associated muscle weakness

ROUTINE

- All other referrals considered routine