

METRO NORTH HOSPITAL AND HEALTH SERVICE

GENERAL SURGERY DEPARTMENTS

Adult Referral Evaluation and Management Guidelines

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EVALUATION AND MANAGEMENT GUIDELINES

For Emergency Referrals: Phone on call General surgery Registrar via:

Royal Brisbane & Women's Hospital switch - (07) 3646 8111

The Prince Charles Hospital switch - (07) 3139 4000

Redcliffe Hospital switch – (07) 3883 7777

Caboolture Hospital switch – (07) 5433 8888

And send patient to the Department of Emergency Medicine (DEM) at their nearest hospital.

Category 1

- i. Appointment within thirty (30) days is desirable; AND
- ii. Condition has the potential to require more complex or emergent care if assessment is delayed; AND
- iii. Condition has the potential to have significant impact on quality of life if care is delayed beyond thirty (30) days.

Category 2

- i. Appointment within ninety (90) days is desirable; AND
- ii. Condition is unlikely to require more complex care if assessment is delayed; AND
- iii. Condition has the potential to have some impact on quality of life if care is delayed beyond ninety (90) days.

Category 3

- i. Appointment is not required within ninety (90) days; AND
- ii. Condition is unlikely to deteriorate quickly; AND
- iii. Condition is unlikely to require more complex care if assessment is delayed beyond 365 days.

The General Surgery Department provides a high standard of complex patient care. Our Outpatient waiting times are available on the <http://www.health.qld.gov.au/hospitalperformance> website.

All urgent cases must be discussed with the on call General Surgery Registrar. Contact through RBWH switch (07) 3646 8111, TPCH (07) 3139 4000, Redcliffe (07) 3883 7777 or Caboolture (07) 5433 8888 to obtain appropriate prioritisation and treatment. Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

When possible all non-metropolitan patients referred must include travel, accommodation, and escort arrangements. An inpatient bed may not be possible or relevant once the patient has been assessed by the General Surgery department.

Referrals containing insufficient information or that are illegible will be returned to the referral centre. This may result in delayed appointment/treatment for your patient.

GENERAL SURGERY CLINIC LOCATIONS

Royal Brisbane and Women's Hospital (RBWH)

Level 7, Ned Hanlon Building

The Prince Charles Hospital (TPCH)

Specialist Clinics, Ground Floor

Redcliffe Hospital

Level 1, Specialist Outpatient Department, Main Building

Caboolture Hospital

Level 1, Specialist Outpatient Department

IN-SCOPE FOR GENERAL SURGERY OUTPATIENT SERVICES

Please note this is not an exhaustive list of all conditions for General Surgery outpatient services and does not exclude consideration for referral unless specifically stipulated in the out-of-scope section.

- Breast – benign and malignant
- Colorectal bowel disease
- Endocrine surgery
- Hepatobiliary surgery
- Hernia repair
- Perineal disease and faecal incontinence
- Skin and soft tissue pathology – benign and malignant
- Upper gastrointestinal surgery

OUT-OF-SCOPE FOR GENERAL SURGERY OUTPATIENT SERVICES

Not all services are funded in the Queensland public health system. The following are not routinely provided in a public General Surgery service.

- Aesthetic or cosmetic surgery
- Abdominal lipectomy
- Breast reduction / augmentation
- Appearance medicine
- Vasectomy
- Reversal of vasectomy

EMERGENCY

If any of the following are present or suspected arrange immediate transfer to the emergency department.

<ul style="list-style-type: none">• Suspected strangulation / incarceration or obstruction of any hernia• Acute, severe abdominal pain with or without associated sepsis• New onset of obstructive jaundice• Acute painful perianal conditions• Acute cholecystitis	<ul style="list-style-type: none">• Gallstones with symptoms of cholangitis• Acute pancreatitis• Bowel obstruction• Severe per rectum bleeding• Acute abscess at any site• Acute testicular pain
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METRO NORTH CENTRAL PATIENT INTAKE (CPI)

<https://www.health.qld.gov.au/metronorth/refer/>

GENERAL REFERRAL INFORMATION

<p>Patient's Demographic Details</p> <ul style="list-style-type: none"> • Full name (including aliases) • Date of birth • Residential and postal address • Telephone contact number/s – home, mobile and alternative • Medicare number (where eligible) • Name of the parent or caregiver (if appropriate) • Preferred language and interpreter requirements • Identifies as Aboriginal and/or Torres Strait Islander 	<p>Relevant Clinical Information about the Condition</p> <ul style="list-style-type: none"> • Presenting symptoms (evolution and duration) • Physical findings • Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment • Body mass index (BMI) • Details of any associated medical conditions which may affect the condition or its treatment (e.g. diabetes), noting these must be stable and controlled prior to referral • Current medications and dosages • Drug allergies • Alcohol, tobacco and other drugs use
<p>Referring Practitioner Details</p> <ul style="list-style-type: none"> • Full name • Full address • Contact details – telephone, fax, email • Provider number • Date of referral • Signature 	<p>Reason for Request</p> <ul style="list-style-type: none"> • To establish a diagnosis • For treatment or intervention • For advice and management • For specialist to take over management • Reassurance for GP/second opinion • For a specified test/investigation the GP can't order, or the patient can't afford or access • Reassurance for the patient/family • For other reason (e.g. rapidly accelerating disease progression) • Clinical judgement indicates a referral for specialist review is necessary
<p>Clinical Modifiers</p> <ul style="list-style-type: none"> • Impact on employment • Impact on education • Impact on home • Impact on activities of daily living • Impact on ability to care for others • Impact on personal frailty or safety • Identifies as Aboriginal and/or Torres Strait Islander 	<p>Other Relevant Information</p> <ul style="list-style-type: none"> • Willingness to have surgery (where surgery is a likely intervention) • Choice to be treated as a public or private patient • Compensable status (e.g. DVA, Work Cover, Motor Vehicle Insurance, etc.)

GENERAL SURGERY CONDITIONS

Breast – Benign and Malignant

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Diagnosed breast cancer:
 - early (confined to breast)
 - locally advanced (spread to involve areas near the breast)
 - secondary spread (involving areas outside the breast e.g. lymph node)
- Inflammatory breast cancer (rare, involves lymphatic spread causing inflammation in the breast)
- Recurrent breast malignancy
- Suspicious lesion on breast screening mammography or FNAC
- Suspicious breast mass on clinical examination
- Ductal carcinoma-in-situ (non-invasive confined to the ducts)
- Lobular carcinoma-in-situ (non-invasive confined to lobules)

Breast Lump

- New diagnosis or clinically suspicious of primary breast malignancy (biopsy or mammogram proven)
- New discrete lump
- Young women with tender, lumpy breasts
- Asymmetrical nodules that persist at review after menstruation
- Older women with symmetrical nodules provided that they have no localised abnormality
- Any lump that increases in size
- Ductal papilloma
- Cyst persistently refilling or recurrent cyst

Breast Pain

- Unilateral persistent mastalgia
- Severe intractable pain
- Localised areas of painful nodularity/ focal lesions

Nipple Discharge, Nipple Retraction, Change in Skin Contour

- Bilateral discharge sufficient to stain clothes
- Blood stained discharge
- Persistent single duct
- Nipple retraction/distortion
- Nipple eczema
- Paget's disease of the nipple

Category 2

(appointment within 90 days is desirable)

- Benign breast disease for consultation
- Low-risk breast lumps/cysts
- Patient referred for screening for breast malignancy or

Minimum Referral Criteria

- prophylactic mastectomy
- Gynaecomastia
- Nipple discharge (non-blood stained)
- Ductal papilloma
- Fibroadenoma (diagnostic excision biopsy if diagnostic uncertainty)

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential Referral Information (Referral may be rejected without this)

- General referral information
- Document details/duration of symptoms
- Family history of breast cancer
- Description of clinical findings
- Medical management to date
- Current USS/mammography results
- Current FNAC or core biopsy results
- Previous investigation results

Additional Referral Information (Useful for processing the referral)

- Staging investigations e.g. Bone scan, CT scan

Other useful information for referring practitioners (Not an exhaustive list)

- USS both breast if:
 - <35 years old with:
 - breast lump or thickening or axillary mass
 - if a localised abnormality or suspicious lesion proceed to FNAB or core biopsy
- Bilateral mammogram and USS if:
 - >35 years old with significant breast symptoms or significant clinical findings
- Consider referral to a Geneticist for familial genetic screening if appropriate
- Discuss lifestyle modifications for cancer reduction risk
- Aboriginal and/or Torres Strait Islander people support services for breast cancer are available
- Best practice information on breast cancer - [Cancer Australia, Clinical Best Practice, Breast Cancer](#)
- GP guides and resources for breast cancer - [Cancer Australia, Clinical Best Practice, Breast Cancer, GP guides and resources](#)
- Cancer risk reduction - [Cancer Australia, Healthy living, Lifestyle & risk reduction](#)
- Familial risk assessment tool - [Cancer Australia, Clinical Best Practice, Familial risk assessment \(FRA BOC\)](#)
- Information on genetic testing - [Cancer Australia, Clinical Best Practice, Genetic testing](#)

- The BreastScreen program - 50-74 years - is funded to investigate asymptomatic patients only to the point of clear diagnosis (accepts woman in their 40s or 75 years and over) - [BreastScreen Queensland](#)
- Guide for investigation of a breast lump - Triage process for presentation with no family or past history. Adaption from general surgery review process CDHB2001. [Alfred Health, Referral Guidelines: Breast, endocrine & general surgery](#) (see page 8)

Colorectal Bowel Disease

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Diagnosed malignancies
- Palpable or visible anorectal mass
- IBD
- Recent significant unexplained weight loss
- GI obstructive symptoms
- Colovesical or colovaginal fistula
- FOBT positive
- Rectal bleeding with **Red flags**

Presence of **Red flags**:

- Dark blood coating or mixed with stool
- Weight loss, $\geq 5\%$ of body weight in previous 6 months
- Abdominal / rectal mass
- Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women
- Patient and family history of bowel cancer (1st degree relative <55 years old)

Category 2

(appointment within 90 days is desirable)

- Chronic ongoing colorectal problems
- Recurrent diarrhoea
- Diverticular disease for evaluation
- Rectal bleeding without any Red flags as articulated in category 1

Category 3

(appointment within 365 days is desirable)

- Pruritus ani

Essential Referral Information (Referral may be rejected without this)

- General referral information
- Specific family history of gastrointestinal malignancy, polyposis or IBD
- Previous gastroenterologist investigations and results (date, report and histology results) e.g. last 2-3 clinic letters
- History of weight loss and/or ascites
- History of bowel function:
 - altered bowel habit
 - rectal tenesmus
 - incomplete rectal emptying
 - PR blood, pus or mucus
 - flatus
 - mass
- DRE findings and perianal condition
- Co-morbid conditions and other risk factors
- ELFT FBC LFT CEA results

- FOBT results
- Biopsy result
- Polyp histology results
- Colonoscopy results

Additional Referral Information (Useful for processing the referral)

- Relevant imaging report/s
- CT of chest, abdomen and pelvis results
- Virtual CT report

Other useful information for referring practitioners (Not an exhaustive list)

- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- Correct iron deficiency and anaemia if possible
- Routine follow-up of patients on treatments for IBD

Endocrine Surgery

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Neck mass with compressive symptoms e.g. dyspnoea, hoarseness or dysphagia
- Dominant thyroid nodule >4cm
- Abnormal cytology result
- Non-cystic adrenal tumour >4cm
- Primary hyperparathyroidism with calcium >3.0
- Any evidence of airway compromise

Category 2

(appointment within 90 days is desirable)

- Generalised thyroid enlargement without compressive symptoms and recurrent thyroid cysts
- Uncomplicated primary hyperparathyroidism
- Benign thyroid disease
- Thyroiditis e.g. Hashimotos

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential Referral Information (Referral may be rejected without this)

- General referral information
- Thyroid – USS +/- FNA TFT and CXR results
- Adrenal – CT scan results
- Parathyroid - corrected calcium, PTH results

Additional Referral Information (Useful for processing the referral)

- Sestamibi scan reports for parathyroid

Hepatobiliary Surgery

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Frequent biliary colic (more than weekly) not relieved by analgesia and lasting >8hours
- Any suspicion of hepatobiliary malignancy
- Known gallstones with ongoing biliary colic
- Gallbladder mass/recurrent cholecystitis
- Radiological imaging abnormality requiring investigation

Category 2

(appointment within 90 days is desirable)

- Symptomatic gallstones
- Gallstones (following cholecystitis, recurrent biliary colic)
- Multiple gallbladder polyps
- Chronic pancreatitis
- Porcelain gallbladder

Category 3

(appointment within 365 days is desirable)

- Asymptomatic gallstones

Essential Referral Information (Referral may be rejected without this)

- General referral information
- History including:
 - timeline of current symptoms and previous symptoms
 - number of attacks and pain severity
 - jaundice, anaemia
 - abdominal examination (abdominal mass, palpable gallbladder)
- ELFT FBC results
- Serum lipase results, especially relevant if performed at the time of an attack of pain
- USS/CT result (USS is required for gallstone disease)

Additional Referral Information (Useful for processing the referral)

- HBV HCV serology results

Other useful information for referring practitioners (Not an exhaustive list)

- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- Referral is not mandatory for patient with asymptomatic gallstones
- Short attacks of biliary colic can be managed symptomatically
- Gallstones, points for concern:
 - increasing frequency and severity of pain
 - documented jaundice or deranged LFTs
 - USS evidence of duct dilatation
- If known to have common bile duct stones refer as Category 1
- If obstructive jaundice and fever – refer to emergency

Hernia Repair

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Irreducible and partially reducible hernia, of any kind
- Any femoral hernia
- Episode of irreducibility
- Suspected intermittent bowel obstruction of incarcerated hernia

Category 2

(appointment within 90 days is desirable)

- Symptomatic hernia of any kind with significant impact on activities of daily living (ADL)
- Clinical uncertainty
- Incisional hernia
- Asymptomatic femoral hernia

Category 3

(appointment within 365 days is desirable)

- Reducible hernia

Essential Referral Information (Referral may be rejected without this)

- General referral information
- History of hernia (position, duration, size, symptoms)
- History of attacks of obstruction/incarceration (if any)

Additional Referral Information (Useful for processing the referral)

- Pathology – as indicated by comorbidities

Other useful information for referring practitioners (Not an exhaustive list)

- If pain in testes or if hernia not obvious on examination – consider USS
- Advise the patient to return if symptoms worsen and at that point consider a referral outlining the changes in condition.
- Supportive therapy (trusses, corsets or binders)
- Education, advice and information regarding:
 - severe pain at hernia site
 - inflammation at hernia site associated with fever
 - any evidence of incarceration/bowel obstruction
- All children <14 years old with inguinal hernia referred to a paediatric/surgical provider (as per the [Clinical Services Capability Framework](#))
- Conservative management to be considered in the very elderly +/- infirm or those declining surgery

Perineal Disease and Faecal Incontinence

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Persistent perineal sepsis

Category 2

(appointment within 90 days is desirable)

- Symptomatic obstetric anal sphincter injury (OASIS)
- Fissure not responding to maximal medical treatment after 6 weeks
- External rectal prolapse

Category 3

(appointment within 365 days is desirable)

- Pilonidal disease
- Warts
- Uncomplicated haemorrhoids
- Anal skin tags and benign peri-anal polyps
- Uncomplicated fistula in ano
- Faecal incontinence

Essential Referral Information (Referral may be rejected without this)

- General referral information
- Previous gastroenterologist investigations and results (date, report and histology results) e.g. last two or three clinic letters
- Management to date including timeline, medication and lifestyle
- History of previous drainage operation

Additional Referral Information (Useful for processing the referral)

OASIS

- Assessment of sphincter function and integrity
- Endoanal USS results

Other useful information for referring practitioners (Not an exhaustive list)

- Local application of cold packs and oral anti-inflammatory medications
- Referral to pelvic floor physiotherapist
- Education about pelvic floor care and specific techniques for defecation
- Oral antibiotics such as Augmentin®, or clindamycin where penicillin allergy is a factor, should be considered.
- Sexual counselling for the couple
- Counselling for subsequent pregnancy management
- Importance of follow-up six weeks and three months postpartum
- Postpartum management: avoid constipation, use of aperients, dietary advice
- Reassurance and provide support – psychological

Fistula

- Persisting fistula discharge/infections Glyceryl trinitrate 0.2% ointment (Rectogesic®): TDS for four-six weeks
- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)

Pilonidal Sinus

- Amoxicillin and clavulanic acid is the preferred antibiotic

- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- Advice on hygiene, sweating activity, activity associated with sitting and buttock friction

Skin and Soft Tissue Pathology – Benign and Malignant

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma – including re-excision
- Large SCC, BCC
- Rapidly growing skin lesions especially on the face
- Non-melanoma skin malignancies and any of the following:
 - ulceration and bleeding
 - rapidly enlarging
 - neurological involvement
 - lymphadenopathy
- Poorly differentiated or infiltrative tumour on biopsy
- Soft tissue tumour with atypical features
- Ingrown toenail with infection

Category 2

(appointment within 90 days is desirable)

- Small truncal or peripheral limb BCC or SCC or IEC

Category 3

(appointment within 365 days is desirable)

- Benign soft tissue lesions e.g. lipoma ganglion not suitable for primary health management

Essential Referral Information (Referral may be rejected without this)

- General referral information
- Pigmented lesion features: size, shape, colour, inflammation, oozing, change in sensation
- Smoking status
- Anticoagulant therapy

Additional Referral Information (Useful for processing the referral)

- Biopsy results unless clinically contraindicated. NB: Excision biopsy is the preferred method for suspected melanoma
- USS of lesion (for a suspicious lipoma)
- CT results – if malignancy suspected
- Photograph – with patient's consent, where secure image transfer, identification and storage is possible

Other useful information for referring practitioners (Not an exhaustive list)

- Advise patient regarding sun avoidance and use of sunscreens
- Educate patient on skin cancer surveillance and arrange annual skin checks

Upper Gastrointestinal Surgery

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Upper GI symptoms with anaemia, weight loss, epigastric pain
- Dysphagia
- Para-oesophageal hernia
- Abnormal imaging results suggesting oesophageal gastric pathology

Category 2

(appointment within 90 days is desirable)

- Reflux symptoms (poorly controlled with medication or high volume)

Category 3

(appointment within 365 days is desirable)

- Barrett's oesophagitis

Essential Referral Information (Referral may be rejected without this)

- General referral information
- ELFT FBC iron studies results
- Any abnormal imaging reports

Additional Referral Information (Useful for processing the referral)

- Previous endoscopic procedures (date, report and histology results)