

VASCULAR SURGERY DEPARTMENT

Adult Referral Evaluation and Management Guidelines

TABLE OF CONTENTS

EVALUATION AND MANAGEMENT GUIDELINES	3
VASCULAR DEPARTMENT HOURS	4
IN-SCOPE FOR VASCULAR OUTPATIENT SERVICES	4
OUT-OF-SCOPE FOR VASCULAR OUTPATIENT SERVICES	4
EMERGENCY	4
METRO NORTH CENTRAL PATIENT INTAKE UNIT (CPIU)	4
GENERAL REFERRAL INFORMATION	5
VASCULAR CONDITIONS	6
Aortic Aneurysm	6
Carotid Artery Disease	7
Dialysis Access Procedure (Specialist-to-Specialist Referral)	8
Peripheral Arterial Disease	9
Renal Artery Stenosis	10
Venous Disease	11

EVALUATION AND MANAGEMENT GUIDELINES

For Emergency Referrals: Phone on call Vascular Registrar via RBWH switch on (07) 3646 8111 and send patient to the RBWH Department of Emergency Medicine (DEM).

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.

Aesthetic surgery is not available at RBWH

The Vascular 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 Vascular Registrar. Contact through RBWH switch (07) 3646 8111 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 to RBWH must include travel, accommodation, and escort arrangements. An inpatient bed may not be possible or relevant once the patient has been assessed by RBWH Vascular 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.

VASCULAR DEPARTMENT HOURS

Monday – Friday: 8.30am – 4:00pm

Level 7, Ned Hanlon Building, Royal Brisbane and Women's Hospital

IN-SCOPE FOR VASCULAR OUTPATIENT SERVICES

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

- Aortic Aneurysm
- Carotid Artery Disease
- Dialysis Access Procedure (Specialist-to-Specialist referral)
- Peripheral Arterial Disease
- Renal Artery Stenosis
- Venous Disease

OUT-OF-SCOPE FOR VASCULAR OUTPATIENT SERVICES

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

- Asymptomatic / cosmetic varicose veins

EMERGENCY

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

- Crescendo or multiple transient recent ischaemic attack (TIA) / amaurosis fugax
- Acute aortic dissection
- Symptomatic abdominal aortic aneurysm (AAA) (abdominal/back pain/tenderness, compressive symptoms, distal embolisation)
- Axillary vein thrombosis, iliofemoral deep vein thrombosis (DVT)
- Active infection in leg with peripheral arterial disease
- Diabetic foot infection (refer to high-risk foot pathway)
- Acute arterial ischemia/threatened limb
- Arteriovenous fistula (AVF) thrombosis

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.)

VASCULAR CONDITIONS

Aortic Aneurysm

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Abdominal aortic aneurysm (AAA) >5.0cm AP or transverse diameter measure (increasing size, tenderness)
- Thoracic aneurysm >5.0cm transverse diameter measure (increasing size, tenderness)
- Rapid AAA expansion (>1.0cm / year)

Category 2

(appointment within 90 days is desirable)

- AAA 4.0-5.0cm - transverse diameter measure
- Thoracic aneurysm 4.0-5.0cm - transverse diameter measure

Category 3

(appointment within 365 days is desirable)

- AAA <4.0cm - transverse diameter measure
- Thoracic aneurysm <4.0cm - transverse diameter measure

Essential referral information (Referral may be rejected without this)

- General referral information
- Genetic factors and collagen disorder
- Significant co-morbidities
- Cardiovascular assessment
- Current aneurysm size, AP or transverse diameter measure last 6 months (if known)
- Vascular risk factors
- U&E FBC & coags results, BSL Lipid profile
- CXR report
- Abdominal USS

Additional referral information (Useful for processing the referral)

- Fine slice CT (patient to bring CD)

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

- [Advance health directive](#) (where available)
- AP and transverse dimensions of AAA- Please note length of aneurysm is irrelevant
- Atherosclerosis risk factor management (antihypertensive, diabetes, dyslipidaemia)
- It is strongly recommended that people who smoke stop before surgery as it increases the complications of surgery and is associated with delayed skin healing.
- Please consider directing your patient to a smoking cessation program.
- Where serial/follow-up >3.5cm-5cm, 6-monthly surveillance USS is performed.
- Where serial/follow-up <3.5cm, 12-monthly surveillance USS is performed.
- Any increase of 1cm or more within a 12-month period is an indicator for early referral.
- Driving should cease if AAA is >5.0cm or the patient is considered at risk of dissection or rupture - [Ausroads Assessing fitness to drive](#)

Carotid Artery Disease

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Isolated TIA/stroke, amaurosis fugax
- Symptomatic internal carotid stenosis of >50% on imaging

Category 2

(appointment within 90 days is desirable)

- Asymptomatic internal carotid stenosis of >80% on imaging
- Symptomatic <50% internal carotid stenosis
- Symptomatic subclavian steal syndrome
- Occluded internal carotid
- Carotid body tumour

Category 3

(appointment within 365 days is desirable)

- Asymptomatic carotid stenosis of between 50-79% on imaging

Essential referral information (Referral may be rejected without this)

- General referral information
- Clinical history
- History of TIAs (localising, amaurosis fugax) or stroke
- History of risk factors and management
- Type/location/timing of symptoms (contralateral sensory/motor, monocular visual change)
- Cardiovascular assessment
- USS, duplex scan (carotid artery) results
- BSL Lipid profile U&E FBC & coags (HbA1^c if diabetic)

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

- [Advance health directive](#) (where available)
- Atherosclerosis risk factor management (antihypertensive, diabetes, dyslipidaemia)
- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- It is strongly recommended that people who smoke stop before surgery as it increases the complications of surgery and is associated with delayed skin healing. Please consider directing your patient to a smoking cessation program.
- Commence anti-platelet agent aspirin (clopidogrel if there is allergy or other contraindication to aspirin)
- Active cholesterol and blood pressure lowering (if appropriate)

Dialysis Access Procedure (Specialist-to-Specialist Referral)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- A patient with a catheter insitu for dialysis who is awaiting an arteriovenous fistula (AVF) formation
- A patient currently on haemodialysis who has a failing AVF
- Renal access referral prioritisation score >8 (statewide renal access surgery: [dialysis access referral form](#))

Category 2

(appointment within 90 days is desirable)

- Renal access referral prioritisation score 5-8 (statewide renal access surgery: [dialysis access referral form](#))

Category 3

(appointment within 365 days is desirable)

- Renal access referral prioritisation score <5 (statewide renal access surgery: [dialysis access referral form](#))

Essential referral information (Referral may be rejected without this)

- General referral information

Additional referral information (Useful for processing the referral)

- USS report

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

- [Advance health directive](#) (where available)
- Statewide renal access surgery: [dialysis access referral form](#)

Peripheral Arterial Disease

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated:
 - threatened limb (ulcer, gangrene, rest pain)
 - diabetic foot with ulcer or infection
- Claudication <50m
- Significant impact on quality of life
- Peripheral aneurysm

Category 2

(appointment within 90 days is desirable)

- Intermittent claudication with no signs of limb-threatening ischaemia >50m
- Arm ischaemia with non-critical limb
- Asymptomatic peripheral aneurysms below the treatment threshold

Category 3

(appointment within 365 days is desirable)

- Claudication with no impact on quality of life

Essential referral information (Referral may be rejected without this)

- General referral information
- History including
 - incapacitating claudication distance
 - rest pain
 - ischaemic changes
- Peripheral pulses: femoral/popliteal/foot
- Risk factors particularly smoking and diabetes
- Recent cardiac tests, including stress test results
- Duplex USS scan results
- U&E FBC & coags, BSL Lipid profile

Additional referral information (Useful for processing the referral)

- Homocysteine level
- HbA1C result if diabetic

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

- [Advance health directive](#) (where available)
- Diabetic foot ulcer: High-risk foot clinic (referral via podiatry and access via telehealth available – Statewide Diabetes Clinical Network will provide details)
- Asymptomatic tibial disease should follow risk modification pathway and exercise therapy as first option
- Atherosclerosis risk factor management (antihypertensive, diabetes, dyslipidaemia)
- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- Graduate exercise therapy (as appropriate)
- Commence anti-platelet agent (aspirin)

Renal Artery Stenosis

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Confirmed renal artery stenosis and any of the following:
 - worsening renal function
 - renovascular or resistant hypertension

Category 2

(appointment within 90 days is desirable)

- Incidental finding of renal artery stenosis >60%

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- History of
 - hypertension (medications)
 - medical management to date
- U&E results
- Renal USS results

Venous Disease

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated:
 - acute DVT
- Haemorrhage from varicose veins
- Venous ulcer

Category 2

(appointment within 90 days is desirable)

- Acute thrombophlebitis (clexane for 6 weeks)
- Lipodermatosclerosis

Category 3

(appointment within 365 days is desirable)

- Symptomatic varicose veins excluding cosmesis (spider/cosmetic vein)
- Chronic DVT

Essential referral information (Referral may be rejected without this)

- General referral information
- History and examination findings in particular commenting on:
 - bleeding venous ulcer
 - venous ulcer
 - thrombophlebitis
 - DVT
 - lipodermatosclerosis
 - varicose eczema
 - previous surgery
 - details how varicose veins limit activity (executing activities) and participation restrictions (involvement in life situations) e.g. standing long periods at work.
- Conservative measures trialled
- If peripheral arterial disease, please indicate if ulcers or ischaemic rest pain.
- U&E FBC results
- If history of DVT: ensure hypercoagulable screen and coag results

Additional referral information (Useful for processing the referral)

- USS mapping of varicose veins

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

- Consider referral to occupational therapy outpatients for compression garments
- Patient information - [Victoria State Government, BetterHealth Channel, Varicose veins and spider veins](#)
- Patient information from NIH - [NIH, MedlinePlus, Varicose veins and venous insufficiency](#)
- Deep vein thrombosis and air travel - [Department of Health, Deep vein thrombosis and air travel](#)
- DVT prophylaxis - [Best Practice Guidelines for Australia & New Zealand, VTE Guidelines](#)