St Vincent's Hospital Department of Surgery Referral Guidelines

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WHEN TO REFER

Referral welcomed for patients with:

- Hernia
- Benign breast disease
- Lipoma
- Epidermoid/sebaceous Cysts
- In-grown toe nails
- Soft tissue foreign bodies
- Lymph node biopsy

Patients will be triaged by Consultant into management pathways according to specific clinical requirements

Urgent conditions:

Fax referral letter to the urgent outpatient clinic number on 9231 2910. *If direct admission required, please contact the DOS Registrar via St Vincent's switch board on 03 9231 2211*

Alarm Symptoms:

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

Important Information for Referrers

DOS Outpatient **Phone: 9231 3475** **Fax: 9231 3489**

What to include in the referral:

- Patient's demographic and clinical details (adequate history is essential). Minimum 3 points of ID
- Current health and medication summary
- Patient's past surgical history (previous consultation or operations: surgeon name, management date and location)
- Any other relevant past history or family history
- Relevant diagnostic reports
- Indicate if interpreter is required for non – English speaking patients
- Addressed to Head of Clinic Dr Jocelyn Lippey

The clinical information provided in your referral will determine the triage category.

The triage category will affect the timeframe in which the patient is offered an appointment.

Triage Frequency: weekly
Expected Triage Outcome
Urgent: Referrals are categorized as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant impacts on health and quality of life if not managed promptly. These patients are seen within **30 days** of referral receipt.
• Irreducible inguinal hernia without evidence of bowel strangulation or obstruction • Suspected malignancy
Routine: Appointment timeframe greater than 30 days, depending on clinical need. Referrals are categorized as routine if the patient's condition is unlikely to deteriorate within the next 3 months or have significant consequences on the person's health.
• Reducible inguinal hernia with associated pain • Reducible inguinal hernia with no associated pain or features of bowel obstruction or strangulation • Persisting groin pain that has not responded to management as outlined in groin pain pathway (below) • Other Hernia conditions • Other general surgery conditions

INGUINAL HERNIA AND GROIN PAIN CONDITIONS

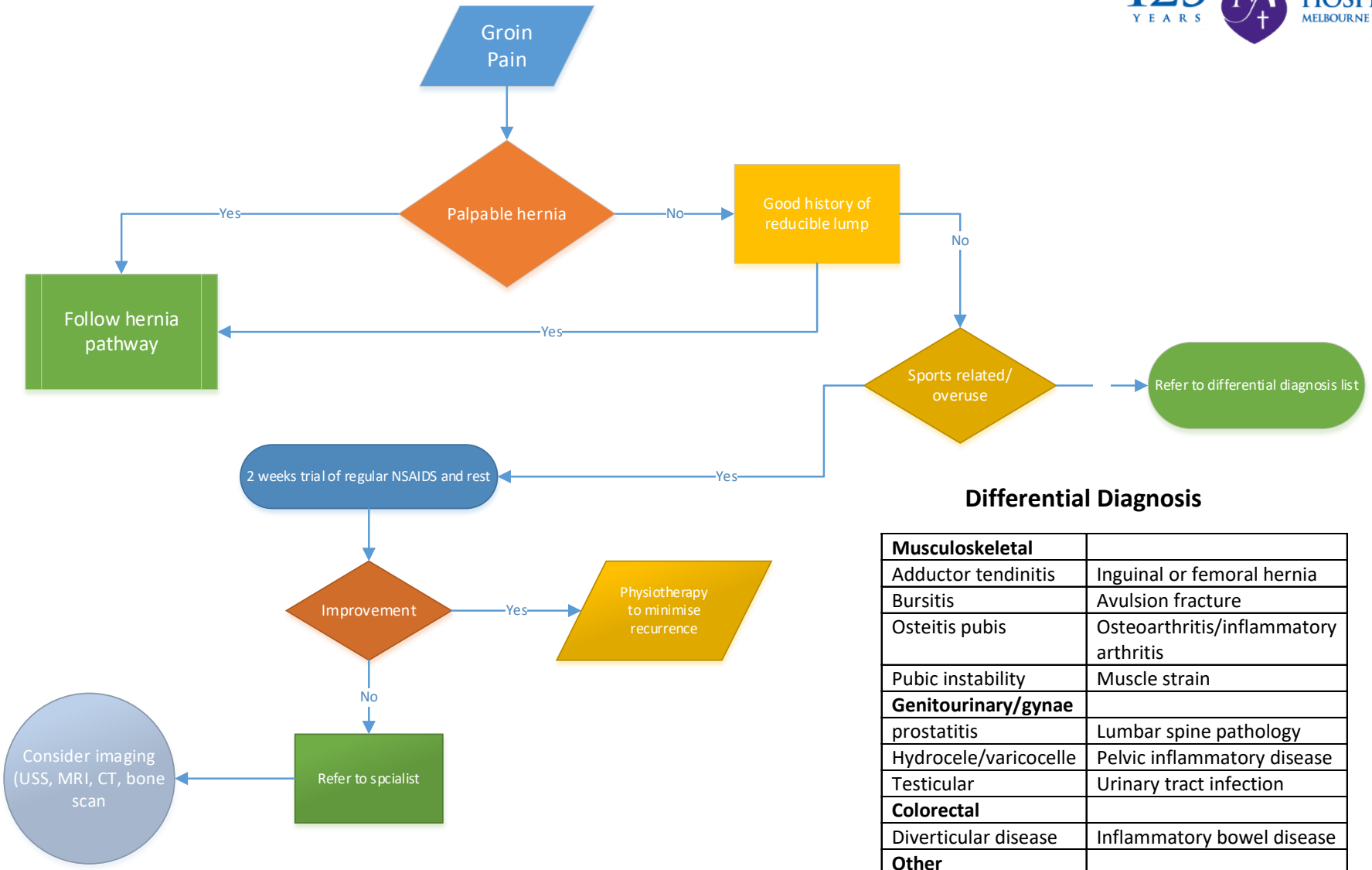
Condition	Key Information Points:	Clinical Investigations:
Inguinal or Femoral hernia	Provide clinical findings and details of ability to reduce. • Presence of groin lump • Good history of reducible groin lump associated with Valsalva (cough, lifting, straining)	• Ultrasound is not required
Groin pain	• Multiple potential causes of pain • Groin pain pathway reviewed	• Ultrasound is not required

OTHER HERNIA CONDITIONS

Condition	Key Information Points:	Clinical Investigations:
Other groin lump- node, varix etc	• Diagnosis based on history and clinical examination • URGENT referral if lymphadenopathy with suspicion of malignancy, suspected soft tissue malignancy	• Ultrasound is appropriate
Incisional/ Ventral hernia	• History of previous surgery • Examination confirms hernia • Assessment of comorbidities	• Ultrasound may be indicated on case by case basis. CT is useful to plan surgery
Umbilical, Paraumbilical and Epigastric hernia	• History and examination confirms hernia	• Ultrasound may be indicated on a case by case basis
Other Abdominal Hernia eg Spigalian, Lumbar hernia	• History and examination confirms hernia	• CT most helpful if clinical suspicion

OTHER GENRAL SURGERY CONDITIONS

Condition:	Key Information Points:	Clinical Investigations:
Sebaceous cysts	• Physical examination • Surgical referral if unable to be excise in GP rooms and patient wishes	• Ultrasound not indicated
Lipoma	• Physical examination • If lesion greater than 5cm or rapidly growing an MRI is indicated to exclude a soft tissue sarcoma. If suspected sarcoma, refer urgently to Sarcoma Service at St Vincent's Hospital. • For excision if surgically inclined	• Ultrasound can be helpful
In-Grown Toenail	• Physical examination • Episodes of recurrent infection or diabetic and/or vasculopath	• N/A
Benign breast disease	• Refer to St Vincent's Breast clinic referral guidelines	• As per Breast clinic guidelines



Differential Diagnosis

Musculoskeletal	
Adductor tendinitis	Inguinal or femoral hernia
Bursitis	Avulsion fracture
Osteitis pubis	Osteoarthritis/inflammatory arthritis
Pubic instability	Muscle strain
Genitourinary/gynae	
prostatitis	Lumbar spine pathology
Hydrocele/varicocelle	Pelvic inflammatory disease
Testicular	Urinary tract infection
Colorectal	
Diverticular disease	Inflammatory bowel disease
Other	
Vascular (aneurysm)	lymphadenopathy

GP pathway for management of groin hernia