

St Vincent's Hospital Vascular Referral Guidelines



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WHEN TO REFER

Urgent conditions:

Do NOT fax referral letters to the outpatient clinic, instead, please contact the ENT registrar via St Vincent's switch board on 03 9231 2211

Urgent Conditions

Aortic aneurysm

Direct to an emergency department for:

- Present or suspected acute aortic dissection
- Present or suspected ruptured abdominal aortic aneurysm or thoracic aortic aneurysm

Immediately contact the vascular registrar for vascular assessment for:

- Present or suspected symptomatic abdominal aortic aneurysm or thoracic aortic aneurysm (e.g. abdominal or back pain, limb ischemia).

Carotid artery disease

Direct to an emergency department for:

- Transient ischaemic attack(s) in last 48 hours
- Multiple or recurrent Transient ischaemic attack episodes in the last seven days
- Amaurosis fugax in last 48 hours

Immediately contact the vascular registrar for vascular assessment for:

- Symptomatic internal carotid stenosis (>50% on imaging), within two weeks of symptoms

Deep vein thrombosis

Direct to an emergency department for:

- Present, or suspected, acute iliofemoral or supra-inguinal deep vein thrombosis
- Present or suspected acute axillary or subclavian vein thrombosis

High-risk foot ulcer

Direct to an emergency department for:

- Sepsis or acutely unwell due to foot infection
- Critical lower limb ischaemia with necrosis, pain or ulceration



- Suspected acute limb ischaemia
- Rapidly deteriorating ulceration or necrosis
- Suspected foreign body in the foot

Non-healing or chronic lower leg ulcer

Direct to an emergency department for:

- Sepsis or acutely unwell due to infection
- Critical lower limb ischaemia with necrosis, pain or ulceration
- Suspected acute limb ischaemia
- Rapidly deteriorating ulceration or necrosis.

Varicose veins

Immediately contact the vascular registrar for vascular assessment for:

- Ascending thrombophlebitis within 7 cm of the saphenofemoral junction
- Significant haemorrhage from varicose vein



Important Information for Referrers

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

What to include in the referral:

- Patient's demographic and clinic details (adequate history is essential)
- Previous management – including response to treatment
- Past medical history
- Current medication regime
- Imaging report must be provided with the referral, including source (eg. MIA) and patient ID number
- Patients must be instructed to bring a CD or hard copy films of their latest and previous scans to their appointments.
- Indicate if interpreter is required for non – English speaking patients
- **Severity of symptoms and impact on daily life**



Expected Triage Outcome

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.

Semi-urgent:

Referrals are categorized as semi-urgent if the patient has a condition that has the potential to deteriorate within the next 3 months.

These patients are seen within **90 days** of referral receipt.

Routine:

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.

Do NOT refer if:

- Patient has been referred to another Vascular department

Services we do not provide:

- Vascular dressing clinic

CONDITIONS & SYMPTOMS



Condition/Symptoms	Criteria for referral to public hospital specialist clinic services	Information to be included in the referral
Aortic aneurysm	<ul style="list-style-type: none"> • Abdominal aortic aneurysm > 4.0cm diameter measure. • Descending thoracic aortic aneurysm > 5.0cm diameter measure. • Rapid abdominal aortic aneurysm expansion (> 1.0cm diameter growth per year). <p>Aortic aneurysms 3.5-4cm will be medically triaged by a surgeon. The Vascular Department will followed up any Aortic aneurysms that is 3.5-4cm with the referring doctor.</p>	Current and previous imaging results.
Carotid artery disease	<ul style="list-style-type: none"> • Internal carotid stenosis (> 50%) on imaging with symptoms (excluding dizziness alone), more than two weeks after onset of symptoms • Asymptomatic internal carotid stenosis > 70% on imaging • Carotid body tumour. 	<ul style="list-style-type: none"> • Symptoms • Timing of symptoms • Current and previous imaging results
Deep vein thrombosis	<ul style="list-style-type: none"> • Post thrombotic syndrome • Symptomatic chronic iliofemoral venous obstruction • Iliac vein compression syndrome (May-Thurner syndrome). 	<p>Information that must be provided:</p> <ul style="list-style-type: none"> • History of deep vein thrombosis • Symptoms • History of previous surgery. <p>Provide if available:</p> <ul style="list-style-type: none"> • Current and previous imaging results

		<ul style="list-style-type: none"> • Thrombophilia testing.
High-risk foot ulcers	<ul style="list-style-type: none"> • Non-healing foot ulceration present for more than one month with no reduction in size despite medical management • Red hot swollen foot (active Charcot foot) • Foot osteomyelitis with ulceration • Chronic ischaemic signs and symptoms of the lower limb with foot ulceration • Neuropathic symptoms associated with deranged function and structure. 	<p>Information that must be provided:</p> <ul style="list-style-type: none"> • History of diabetes (e.g. year of onset, type) • Current medication list including any antibiotics • Wound history and location • Current management • Recent HbA1c and creatinine blood test • Recent vascular imaging. <p>Provide if available:</p> <ul style="list-style-type: none"> • Medical history • Recent pathology tests including wound swabs • X-rays or other imaging • Current podiatry treatment.
Hyperhidrosis	This condition is not treated at SVHM.	
Lymphoedema		
Non-healing or chronic lower leg ulcers	<ul style="list-style-type: none"> • Non-healing ulceration present for more than one month with no reduction in size despite medical management • Chronic ischaemic signs and symptoms with ulceration • Excessively painful ulcers. 	<p>Information that must be provided:</p> <ul style="list-style-type: none"> • Current medication list including any antibiotics • Wound history and location • Current management, including the dressings being used • Recent wound swabs • Recent vascular imaging. <p>Provide if available:</p> <ul style="list-style-type: none"> • Medical history • Recent pathology tests • X-rays or other imaging • Current podiatry treatment.



<p>Varicose veins</p>	<ul style="list-style-type: none">• Symptomatic varicose vein with a CEAP* classification of C3, C4, C5 or C6. That is varicose veins with these clinical characteristics:• oedema• pigmentation, eczema, lipodermatosclerosis, atrophie blanche• healed venous ulcer• active venous ulcer. <p>No cosmetic varicose veins will be accepted by St Vincent's Hospital Melbourne.</p>	<p>Information that must be provided:</p> <ul style="list-style-type: none">• Symptoms• Description of oedema. <p>Provide if available:</p> <ul style="list-style-type: none">• Current and previous imaging results.
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Vascular Outpatient Clinic Waiting List Status
(August 2020)

Total number of new routine patients waiting to be seen: 421

2019 – 20 Fiscal Year	
Urgent Referrals:	73
Routine Referrals:	559
No. of new patients seen:	332
No. of review patients seen:	1,052
No. of patients discharged:	191