Monash Health Referral Guidelines
GENERAL SURGERY

EXCLUSIONS

- Please note the following conditions are not treated by General Surgery at Monash Health and should be referred to the following units:
  - For colorectal cancer, haemorrhoids, PR bleeding, pilonidal sinus, anal fissure and diverticular disease please refer to Colorectal
  - For GORD requiring surgical intervention, hiatus hernia, para-oesophageal hernia and upper GI and HPB malignancies please refer to Upper GI
  - For breast lesions incl male gynaecomastia please refer to Breast Surgery
  - For skin cancers, ganglions, hand conditions, skin lesions on the face and rectus divarication please refer to Plastic Surgery
  - For Thyroid and parathyroid conditions please refer to Endocrinology
  - For Varicose Veins please refer to the Vascular Surgery
  - For Hydrocoele and Varicocoele please refer to Urology
  - For endoscopy requests please refer to Gastroenterology
  - Groin pain with no lump should be managed by GP or sports physician
- Patients under 16 years of age: Click here for Monash Children's Surgery guidelines

CONDITIONS

GALLBLADDER

Gallstones

Polyps

HERNIA

Groin lump (hernia)

Groin pain

Other groin lump

Incisional/Ventral

Umbilical

Other abdominal hernia

SKIN AND SOFT TISSUE

Sebaceous cyst

Lipoma

Other skin lesions

Ingrown Toenail

UNDIFFERENTIATED ABDOMINAL PAIN

Undifferentiated Abdominal Pain

Head of unit:	Program Director:	Last updated:
A/Prof. Paul Cashin	Prof. Alan Saunder	28/05/2019

Monash Health Referral Guidelines
GENERAL SURGERY

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral.**

Priority	Description
EMERGENCY	For emergency cases please do any of the following: - send the patient to the Emergency department OR - Contact the on call registrar OR - Phone 000 to arrange immediate transfer to ED
URGENT	The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.
ROUTINE	The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month.

REFERRAL

How to refer to Monash Health

Mandatory referral content

Demographic:
Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:
Reason for referral
Duration of symptoms
Management to date and response to treatment
Past medical history
Current medications and medication history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines

Click here to download the outpatient referral form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals contact on call General Surgery registrar via Switchboard: 9594 6666

General enquiries

Phone: 1300 342 273

Submit a fax referral

Fax referral form to Specialist Consulting Services: 9594 2273

GALLBLADDER

GALLSTONES

Initial GP Work Up

- Patient history including frequency and duration of biliary colic episodes
- FBE, Biochemistry including LFTs
- Ultrasound (please note a CT diagnosis of gallstones will still require an ultrasound)

Management Options for GP

- Refer for surgical opinion

WHEN TO REFER?

Emergency

- Jaundice
- Cholangitis

Urgent

- Choledocholithiasis
- Recent episode of gallstone pancreatitis
- Recent Cholecystitis
- Crescendo biliary colic

Routine

- Biliary Colic
- Asymptomatic/ incidental finding (please note these are unlikely to be offered surgery unless exceptional circumstances)

POLYPS

Initial GP Work Up

- Patient history including frequency and duration of biliary colic episodes
- FBE, Biochemistry including LFTs
- Ultrasound

Management Options for GP

- Refer for surgical opinion

WHEN TO REFER?

Emergency

- Jaundice
- Cholangitis

Urgent

- Radiological imaging suggesting malignancy (please refer to Upper GI)
- Polyp greater than 10mm

Routine

Polyp less than 10mm

BACK

HERNIA

INGUINAL OR FEMORAL HERNIA

Initial GP Work Up

- Presentation: lump anatomically consistent with inguinal or femoral hernia.
- Careful clinical examination, both lying and standing, is the most important method of assessment.
- If a hernia is not detectable either by the patient or doctor, the diagnosis of a hernia cannot be made with confidence.
- DO NOT REFER FOR ULTRASOUND
  See groin pain

Management Options for GP

- Not all hernias need operation.
- Conservative management may be considered in the elderly or those with severe comorbidities. Trial of a hernia truss may be appropriate
- Surgical referral is appropriate

WHEN TO REFER?

Emergency

Strangulated hernia

Urgent

Symptomatic hernia containing bowel

Routine

All other groin hernia

BACK

GROIN PAIN

Initial GP Work Up

- Patients who present with groin pain and no lump will most likely be suffering from a groin strain, osteitis pubis or other enthysopathy.
- DO NOT REFER FOR ULTRASOUND

Management Options for GP

- Surgical referral is not appropriate
- Treatment is symptomatic
- Referral to sports physician may be of value
- Review by GP is appropriate

WHEN TO REFER?

Note: Surgical referral is **not** appropriate

BACK

HERNIA (cont'd)

OTHER GROIN LUMP – NODE, VARIX ETC

Initial GP Work Up

- Diagnosis based on history and clinical examination
- An ultrasound is appropriate in these circumstances

Management Options for GP

- Surgical referral is appropriate

WHEN TO REFER?

Urgent

- Lymphadenopathy with suspicion of malignancy
- Suspected soft tissue malignancy
- If suspicion of a femoral or iliac aneurysm urgent referral to Vascular Surgery is appropriate

BACK

INCISIONAL/VENTRAL

Initial GP Work Up

- History of previous surgery.
- Examination confirms hernia
- Ultrasound not helpful but a CT is useful to plan surgery
- If possible please arrange for the CT to be done in a Monash Health facility
- Assessment of comorbidities, smoking habits and weight is critical

Management Options for GP

- Consider elastic abdominal binder
- Be aware that success of surgical treatment depends on minimising comorbidities and cessation of smoking
- Surgical outcomes are poor for patients with a BMI over 30
- In the absence of symptoms please do not refer unless these criteria are achieved

WHEN TO REFER?

Emergency

Strangulated hernia

Urgent

Symptomatic hernia containing bowel

Routine

All other hernia

BACK

HERNIA (cont'd)

UMBILICAL, PARAUMBILICAL AND EPIGASTRIC

Initial GP Work Up

- History and examination confirm presence of hernia
- Ultrasound is unhelpful

Management Options for GP

- Weight reduction if required
- Conservative management may be considered in some patients
- Surgical referral is usually appropriate

WHEN TO REFER?

Emergency
Strangulated hernia

Urgent
Symptomatic hernia containing bowel

Routine
All other hernia

BACK

OTHER ABDOMINAL HERNIA eg Spigelian, Lumbar

Initial GP Work Up

- Occasionally diagnosed clinically and on imaging

Management Options for GP

- Surgical referral is appropriate

WHEN TO REFER?

Emergency
Strangulated hernia

Urgent
Symptomatic hernia containing bowel

Routine
All other hernia

BACK

SKIN AND SOFT TISSUE

SEBACEOUS CYSTS

WHEN TO REFER?

Initial GP Work Up

- Physical examination
- Ultrasound is NOT indicated

Management Options for GP

- Antibiotics if inflamed
- Incision and drainage if clinical abscess
- Surgical referral if patient wishes and GP not able excise

Emergency

Clinical abscess unable to be drained in GP rooms

Routine

- Any case not able to be excised in GP rooms
- If lesion is on the face please refer to Plastic Surgery

BACK

LIPOMA

WHEN TO REFER?

Initial GP Work Up

- Physical examination.
- Ultrasound can be helpful
- If lesion greater than 5cm or rapidly growing an MRI is indicated to exclude a soft tissue sarcoma

Management Options for GP

- Excision if surgically inclined

Urgent

Suspected Sarcoma (please refer to Sarcoma Unit at Peter MacCallum Cancer Centre)

Routine

- All other lipomas
- If lesion is on the face please refer to Plastic Surgery

BACK

SKIN AND SOFT TISSUE (cont'd)

OTHER SKIN LESIONS (SUBCUTANEOUS LESIONS AS CLINICALLY INDICATED)

Initial GP Work Up
- Physical examination.
- Ultrasound may be helpful

Management Options for GP
- Excision if surgically inclined

WHEN TO REFER?

Urgent
Suspected malignancy

Routine
- Any lesion causing concern to patient plus all lesions over 4 cm
- If lesion is on the face please refer to Plastic Surgery

BACK

INGROWN TOENAIL

Initial GP Work Up
- Physical examination.

Management Options for GP
- Education regarding appropriate nail cutting technique
- Referral to a podiatrist
- Surgical referral if these measure fail

WHEN TO REFER?

Urgent
Episodes of recurrent infection in a diabetic and/or vasculopath

Routine
All other cases

BACK

UNDIFFERENTIATED ABDOMINAL PAIN

UNDIFFERENTIATED ABDOMINAL PAIN

Initial GP Work Up

- Careful history and physical examination
- Imaging as appropriate to exclude common conditions
- Endoscopy as appropriate to exclude common conditions

Management Options for GP

- Surgical referral is appropriate if a surgical condition is suspected
- Gastroenterology referral if a medical condition is suspected

WHEN TO REFER?

Urgent
Suspected malignancy

Routine
All other cases

BACK