**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 [Vascular Surgery](#).
  - For Hydrocoele and Varicocele 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

**SKIN AND SOFT TISSUE**
- Sebaceous cyst
- Lipoma
- Other skin lesions
- Ingrown Toenail

**HERNIA**
- Groin lump (hernia)
- Groin pain
- Other groin lump
- Incisional/Ventral
- Umbilical
- Other abdominal hernia

**UNDIFFERENTIATED ABDOMINAL PAIN**
- Undifferentiated Abdominal Pain
Monash Health Referral Guidelines

GENERAL SURGERY

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

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

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

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**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

**Note:** Surgical referral is **not** appropriate
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

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?

<table>
<thead>
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## 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?

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SKIN AND SOFT TISSUE

SEBACEOUS CYSTS

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

WHEN TO REFER?

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

LIPOMA

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

WHEN TO REFER?

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
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 REFERR?

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

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 REFERR?

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

Routine
All other cases
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