

Monash Health Referral Guidelines

CARDIOTHORACIC SURGERY

EXCLUSIONS

Services not offered via the Cardiothoracic Surgery Outpatient Clinic

- **Non-surgical lung conditions** e.g. lung infections, asthma, COPD. Refer to [Respiratory Medicine Clinic](#)
- **Non-surgical cardiac conditions** e.g. hypertension, cardiac failure, suspected coronary artery, valvular or adult congenital disease needing investigation. Refer to [MonashHeart](#)

CONDITIONS

LUNG CONDITIONS

[Lung lesions](#)

[Pneumothorax](#)

[Pleural effusion/empyema](#)

OTHER

[Chest wall lesions or deformities](#)

[Cardiac or thoracic surgery post-operative issues](#)

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine the **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 Cardiothoracic Surgery 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

Head of Department:
Professor Julian Smith

Program Director:
A/Prof. Alan Saunder

Last updated:
14/04/2019

Monash Health Referral Guidelines

CARDIOTHORACIC SURGERY

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
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 **Cardiothoracic Surgery**
Registrar on 0408 978 484

Submit a fax referral

Fax referral form to Specialist Consulting
Services: 9594 2273

General enquiries

Phone: 1300 342 273

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LUNG CONDITIONS

LUNG LESIONS

Initial GP Work Up

Patient history:

If history of respiratory disorders – refer to [Respiratory Services](#)

Investigations:

Chest X-ray available at time of visit
CT scan of chest if already done by GP

Management Options for GP

N/A

WHEN TO REFER?

Urgent

Lung lesions \geq 8mm or associated with suspicious features for malignancy

Routine

Lesions $<$ 6mm are usually benign but need for surveillance can be further assessed by physician

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PNEUMOTHORAX

Initial GP Work Up

Patient history:

- Sudden onset of chest pain and/or breathlessness
- If history of respiratory disorders – refer to [Respiratory Services](#)

Investigations:

Chest X-ray (inspiratory and expiratory films preferred)

Management Options for GP

Consider development of tension pneumothorax requiring immediate drainage. This is associated with haemodynamic compromise and is a medical emergency requiring intervention.

WHEN TO REFER?

Emergency

All acute pneumothorax patients need emergency department assessment

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PLEURAL EFFUSION/EMPYEMA

Initial GP Work Up

Patient history:

- Breathlessness and symptoms and signs of underlying condition e.g. heart failure, neoplasia and infection
- If history of respiratory disorders – refer to [Respiratory Services](#)

Investigations:

- Chest X-ray
- LDH, FBE, total protein, LFTs
- Consider: echocardiogram if cardiac history or cardiac symptoms
- Consider: CT chest if features of malignancy or infection

Management Options for GP

N/A

WHEN TO REFER?

Emergency

Rapidly accumulating or significant symptoms at rest

Urgent

Symptomatic large pleural effusion

Routine

All newly diagnosed effusions should be referred for investigation

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OTHER

CHEST WALL LESIONS OR DEFORMITIES

Initial GP Work Up

Patient history:

No need for blood tests.

Investigations:

Chest X-ray (PA and lateral)

Management Options for GP

N/A

WHEN TO REFER?

Routine

All chest wall lesions and deformities considered routine

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CARDIAC OR THORACIC SURGERY POST-OPERATIVE ISSUES

Initial GP Work Up

External referrals are considered for post-operative follow up – particularly for long distance patients. Detailed referral must state reason.

Investigations:

- Investigations are generally not needed as these will be done via Outpatient Department
- Any wound infections should have swabs sent for microbiology; details of any antibiotic therapy started by GP

Management Options for GP

N/A

WHEN TO REFER?

Emergency

Those presenting as clinically critical, send to Monash Health Emergency Department

Urgent

To discuss complex or urgent referrals, contact on-call Cardiothoracic Registrar on **0408 978 484**

Routine

For all other referrals, refer to Outpatient Clinic

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