

# 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](#)

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**Program Director:**  
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**Last updated:**  
08/11/2023

# Monash Health Referral Guidelines

## GENERAL SURGERY

### PRIORITY

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

**Secure eReferral by HealthLink is now our preferred method of referral.**

Find up-to-date information about how to send a referral to Monash Health on the [eReferrals page on our website](#).

### 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

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# 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

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# 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 enthesopathy.
- 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

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## HERNIA (cont'd)

### OTHER GROIN LUMP – NODE, VARIX ETC

### WHEN TO REFER?

#### 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

#### 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

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### INCISIONAL/VENTRAL

### WHEN TO REFER?

#### 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

#### Emergency

Strangulated hernia

#### Urgent

Symptomatic hernia containing bowel

#### Routine

All other hernia

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## HERNIA (cont'd)

### UMBILICAL, PARAUMBILICAL AND EPIGASTRIC

### WHEN TO REFER?

#### 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

#### Emergency

Strangulated hernia

#### Urgent

Symptomatic hernia containing bowel

#### Routine

All other hernia

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### OTHER ABDOMINAL HERNIA eg Spigelian, Lumbar

### WHEN TO REFER?

#### Initial GP Work Up

- Occasionally diagnosed clinically and on imaging

#### Management Options for GP

- Surgical referral is appropriate

#### Emergency

Strangulated hernia

#### Urgent

Symptomatic hernia containing bowel

#### Routine

All other hernia

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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](#)

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### 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](#)

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## 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](#)

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### 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

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## UNDIFFERENTIATED ABDOMINAL PAIN

### UNDIFFERENTIATED ABDOMINAL PAIN



### WHEN TO REFER?

#### 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

#### Urgent

Suspected malignancy

#### Routine

All other cases

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