

THE ALFRED REFERRAL GUIDELINES: UPPER GASTROINTESTINAL SURGERY

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Referral priority guide

Immediate <ul style="list-style-type: none"> • Diagnosed upper GI tract malignancy • Obstructive jaundice • Haematemesis • Melaena • Acute pancreatitis • Acute , severe biliary pain • Cachexia 	Phone the Upper Gastrointestinal Surgery Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.
Urgent <ul style="list-style-type: none"> • Diagnosed GI abnormality • Dyspepsia associated with weight loss and/or anaemia • Known gallstones with ongoing biliary colic • Gall-bladder mass/recurrent cholecystitis • Chronic pancreatitis 	Urgent cases must be discussed with the Upper Gastrointestinal Surgery Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938. Likely to receive an appointment within 1-2 weeks.
Soon	Likely to receive an appointment within 2-6 weeks.
Intermediate	Likely to receive and appointment within 6-12 weeks.
Non-urgent	Appointment may be delayed.
Not seen	Children under 16 years of age are not seen at the Alfred.

Please note: The times to assessment may vary depending on size and staffing of the hospital department. If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Upper Gastrointestinal Surgery Registrar on call on 9076 2000.

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Dysphagia

Evaluation	Management	Referral Guidelines
<p>Particularly important is any history of:</p> <ul style="list-style-type: none"> ○ Loss of weight ○ Anaemia ○ Progressive Dysphagia ○ Liquids Vs solids <p>May include history or findings of:</p> <ul style="list-style-type: none"> ○ Foreign body ingestion ○ Gastro-oesophageal motility disorder ○ Neoplasm ○ Nocturnal choking or coughing attacks ○ Scleroderma 	<p>Diagnostic studies may include (depending on history):</p> <ul style="list-style-type: none"> ○ Ba swallow/meal is the first investigation of choice ○ Gastroscopy ○ Soft tissue imaging studies of the neck <p>The Alfred Radiology request form</p>	<ul style="list-style-type: none"> • Refer to UGIS if oesophageal aetiology suspected • Refer to BES clinic if thyroid pathology suspected <p style="text-align: right;">Return to contents page</p>

Reflux symptoms

<p>May include history of findings of:</p> <ul style="list-style-type: none"> ○ Heartburn ○ Water brash ○ Volume reflux / regurgitation ○ Nocturnal choking or coughing attacks ○ Odynophagia ○ Atypical symptoms include cough, and asthma, best initially screened via respiratory clinic 	<p>Lifestyle modification (weight loss, smaller meals, smoking cessation, bed head raise, etc.)</p> <p>A trial of PPI therapy may be appropriate:</p> <ul style="list-style-type: none"> ○ Should have gastroscopy if symptoms don't resolve after 6 week trial of PPIs OR if there is weight loss, haematemesis, iron deficiency anaemia, age >45, dysphagia etc. 	<p>Refer to UGIS if medication is required for 6 weeks or more, or if symptoms of weight loss, anaemia or dysphagia are evident. The patient should attend with results of a recent gastroscopy.</p> <p style="text-align: right;">Return to contents page</p>
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Evaluation	Management	Referral Guidelines
Disorders of the stomach and duodenum		
<ul style="list-style-type: none"> • Pain <ul style="list-style-type: none"> ○ Site ○ Acute or chronic ○ Continuous or episodic • Nausea and vomiting • Weight loss • Haematemesis and/or malaena • Anaemia • Medications • Post prandial fullness • Alcohol intake <p>Breath testing may be useful to confirm presence of <i>H.pylori</i>.</p>	<p>Non-Acute</p> <ul style="list-style-type: none"> ▪ Review other medications eg NSAID's, prednisone ▪ Lifestyle modifications 	<p>Acute</p> <ul style="list-style-type: none"> • Refer to The Alfred Emergency & Trauma Centre for immediate admission (suspected perforation, haematemesis or malaena) <p>Non- Acute</p> <ul style="list-style-type: none"> • If inadequate response to treatment after two months, refer for endoscopy • Pain with weight loss or pain with anaemia • Post-prandial vomiting: refer for endoscopy. • If specialist follow up required after endoscopy refer to UGIS <p style="text-align: right;">Return to contents page</p>

THE ALFRED REFERRAL GUIDELINES UPPER GASTROINTESTINAL SURGERY

Evaluation	Management	Referral Guidelines
Disorders of the pancreas, biliary tree and liver		
<p>Charcot's Triad:</p> <ul style="list-style-type: none"> • Pain (site, acute/chronic, continuous/episodic) • Jaundice • Fever <p>= Cholangitis</p> <p>Courvoisier's Law:</p> <ul style="list-style-type: none"> • Painless, obstructive jaundice • Palpable Gallbladder <p>= Ca. Pancreas</p> <p>Investigations:</p> <ul style="list-style-type: none"> • FBE • Liver function tests • Lipase • Hepatitis serology, if indicated • Ultrasound <p>The Alfred Radiology request form</p> <p>NB Obstructive Jaundice</p> <ul style="list-style-type: none"> • Investigate initially with ultrasound. • If no gallstones, next order '<i>CT upper abdomen with pancreas protocol</i>' <p>The Alfred Radiology request form</p>	<ul style="list-style-type: none"> • Known gallstones: <ul style="list-style-type: none"> ○ Low fat diet ○ Short attacks of biliary colic can be managed symptomatically ○ Known CBD stones - twice daily temperatures by patient & present to The Alfred Emergency & Trauma Centre if febrile >38 • Gallstones, points for concern: <ul style="list-style-type: none"> ○ Increasing frequency and severity of pain ○ Documented jaundice or deranged liver function tests ○ Documented pancreatitis ○ Ultrasound evidence of duct dilatation <p>The Alfred Radiology request form</p> <ul style="list-style-type: none"> ○ Palpable gall-bladder • Proven pancreatitis: <ul style="list-style-type: none"> ○ Avoid alcohol 	<ul style="list-style-type: none"> • Immediate admission – via The Alfred Emergency & Trauma Centre for acute pancreatitis, or severe biliary pain unrelieved (or recurrent after) single dose opiate analgesia • Immediate referral (phone Surgical registrar or send to The Alfred Emergency & Trauma Centre): <ul style="list-style-type: none"> ○ Obstructive jaundice ○ CBD stones ○ Pancreatic or liver mass ○ Liver metastases • Other referrals: <ul style="list-style-type: none"> ○ Symptomatic cholelithiasis - PRIORITY 1 ○ Ultrasound abnormalities requiring further elucidation - PRIORITY 1 <p>The Alfred Radiology request form</p> <ul style="list-style-type: none"> ○ Chronic pancreatitis- PRIORITY 1 <p style="text-align: right;">Return to contents page</p>