

REFERRAL GUIDELINES

Gastroenterology Clinic

Head of Clinic: **Richard La Nauze**

Referrals: Referral addressed to named head of clinic is preferred.

E-referral using the GP Referral Template located within the Mastercare Referralnet system is preferred.

For faxed referrals: FAX **9788 1879**.

Clinic overview:

The Gastroenterology Outpatients Clinic sees patients with general gastroenterological and liver conditions.

Specific Clinic referral information :

- Clinical details and reason for referral
- Onset, characteristics and duration of symptoms
- Relevant medical history
- Dietary history
- Results of all recent and relevant investigations
- Medications (including non-prescription)
- Alcohol use and injectable drug use
- Allergies
- Please include copies of any relevant test results to enable appropriate triaging (e.g. / Faecal occult blood test – National Bowel Cancer Screening Program).
- Referrals with incomplete / insufficient information to enable triaging may be rejected until this information has been received.

Please see statewide criteria link below:

<https://src.health.vic.gov.au/specialities>

Categories for Appointments

| | Clinical Description | Timeframe |
|------------------|---|--|
| Emergency | <ul style="list-style-type: none"> • Acute gastrointestinal tract haemorrhage (haematemesis and/or melaena and/or haematochezia) • Bloody diarrhoea with signs of dehydration • Suspected acute, severe or fulminant hepatic failure • Severe hepatitis with jaundice • Symptomatic marked ascites or new onset of ascites | Present to Emergency Department |

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner
- Provider Number
- Referrer's signature

Patient

Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines
- **Results/investigations must be within the last 6 months**

Preferred:

- Addressed to named practitioner
- Duration of referral
- Email address
- Next of kin

HEAD OF CLINIC

Richard La Nauze

PROGRAM DIRECTOR

Gary Braun

ENQUIRIES

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Reviewed: September 2022

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| | | |
|-------------------------------|--|-----------------------------------|
| | <ul style="list-style-type: none"> • Suspected cholangitis • Moderate / severe pancreatitis | |
| Category 1 Urgent | <ul style="list-style-type: none"> • Strong suspicion of cancer • Obstructive or unexplained cholestatic jaundice • Chronic GI bleeding <ul style="list-style-type: none"> ○ Iron deficiency anaemia ○ Occult GI bleeding (including positive FOBT) ○ Unexplained rectal bleeding • Severe inflammatory bowel disease • Suspected malabsorption, unexplained weight loss • Progressive or obstructive dysphagia • Decompensating liver disease, suspected chronic liver disease or moderate to severe abnormal LFTs • Gastrointestinal symptoms (e.g. altered bowel habits, dyspepsia) with alarm/ red flag symptoms | <30 days |
| Category 2 Semi-Urgent | <ul style="list-style-type: none"> • Diarrhoea without alarm symptoms and normal investigations • Hepatitis B and C (active or untreated) • Haemochromatosis (untreated) • New onset dyspepsia or reflux with no alarm symptoms (age ≥ 55) • Moderately elevated liver function tests • Stable inflammatory bowel disease • Previous polyps with high risk features (polyposis syndrome, previous endoscopic mucosal resection) • Known Barrett's oesophagus with dysplasia | >3 months |
| Category 3 Routine | <ul style="list-style-type: none"> • Constipation • Abdominal Pain • Fatty liver with elevated liver function tests • Mild liver function test derangement | Waitlist >12 -18 months |

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| | <ul style="list-style-type: none"> Family history of colon cancer (meeting NHMRC guidelines for screening) Previous history of colonic polyps or Barrett's oesophagus for surveillance IBS management | |
| Eligibility Criteria | | |
| All adult residents within Peninsula Health geographical area | | |
| Exclusions | | |
| <p>Patients outside the geographically catchment area for Peninsula Health</p> <p>Children (<16 years old)</p> <p>Indications for referral not meeting the state-wide referral criteria:</p> <p>https://src.health.vic.gov.au/</p> <p>https://src.health.vic.gov.au/specialities</p> <ul style="list-style-type: none"> Fatty liver with normal LFTs Constipation without alarm symptoms Positive coeliac gene test with normal coeliac serology Diarrhoea < 4 weeks without alarm symptoms (e.g. bleeding) Belching Halitosis Reflux (<55) where there are no alarm symptoms Non-iron deficiency in pre- menopausal women when menorrhagia has been treated first Isolated low serum iron PR bleed known to be coming from haemorrhoids or untreated anal fissure | | |
| Alternative referral options | | |

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There can be a significant wait for new non-urgent patients to be seen in the clinic. Please consider if the patient can be referred to the private rooms of specialists affiliated with Frankston Hospital (see Specialist Directory).

Minimum Clinical Information Required for Specific Conditions

Please note, referral cannot be processed if minimum information is missing)

- **Abnormal LFT, suspected or follow up of cirrhosis.**

Pathology Tests: LFT, FBE, INR, UEC, HBV serology, HCV serology

Imaging: Upper abdominal U/S, Hep B & C virus serology test, Fe studies.

Clinical History: Current medications, alcohol intake, injectable drug use.

- **Hepatitis B.**

Pathology Tests: Hep B virus serology results (sAg/ Ab, eAg/ Ab, cAg/Ab), Hep B RNA PCR results, Hep C and HIV serology, LFT, FBE, previous liver biopsy results.

Imaging: Upper abdominal U/S.

Clinical History: Current medications.

- **Hepatitis C.**

Pathology Tests: Hep C virus serology, HCV genotype and HVC RNA results, LFT, FBE, UEC, previous liver biopsy results.

Imaging: Upper abdominal U/S, liver fibrosis assessment (fibroscan or shearwave elastography).

Clinical History: current medications, alcohol history.

- **Persistent Iron deficiency +/-anaemia.**

Pathology Results: FBE, iron studies (within one month of referral), coeliac serology, FOBT, faecal calprotectin.

Clinical History: Dietary history, mensural history, family history of GI diseases (IBD, cancers), current medications.

- **Rectal Bleeding.**

Pathology Results: FBE, Iron studies, UEC.

Clinical History: Duration of symptoms, clinical characteristics (e.g. mixed with stool, in toilet, on paper, pain), history of previous haemorrhoid treatment, family history of gastrointestinal diseases and colorectal cancer, previous colonoscopy reports.

- **Unexplained weight loss or other sentinel symptoms (chronic nausea and vomiting).**

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Pathology Results: FBE, EUC, LFT, ESR, CRP, fasting glucose, faecal calprotectin, FOBT results.

Imaging Results: Abdominal ultrasound, CT abdomen/ pelvis.

Clinical History: Duration of weight loss, amount of weight loss, associated symptoms, current medications.

- **Dysphagia.**

Imaging: Barium swallow.(Please provide if available)

Clinical History: previous gastroscopy results.

- **Coeliac disease.**

Pathology Results: Coeliac serology, FBE, Fe studies, Vitamin D, previous duodenal

Biopsy Results if available.

- **Suspected Inflammatory Bowel disease.**

Pathology Results: FBE, Iron Studies, CRP, faecal calprotectin, stool M/C/S + PCR, C diff toxin.

Imaging Results: results of any abdominal imaging.

Clinical History: Duration of symptoms, bowel frequency, blood in stools, current medications, colonoscopy and histology results.

- **Chronic Diarrhoea.**

Pathology Tests: FBE, UEC, CRP, EST, Fe studies, Faecal calprotectin, stool M/C/S and PCR. Stool Clostridium difficile toxin.

Clinical History: Frequency of bowel actions, duration of symptoms, current medications, previous colonoscopy results.

- **Irritable Bowel syndrome/ abdominal pain.**

Pathology Results: FBE, UEC, LFT, CRP, coeliac serology, faecal calprotectin, stool M/C/S + PCR.

Imaging Results: plain abdominal x-ray.

Clinical History: Characteristics and durations of symptoms, dietary history, current medications.

- **Constipation.**

Pathology Tests: FBE, Fe studies, UEC, calcium, TSH, Faecal occult blood test.

Clinical History: Duration of symptoms, current medications, documentation of failure to trials of standard laxatives.

- **Gastroesophageal reflux/ Epigastric pain, Dyspepsia.**

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Pathology Results: Helicobacter breath test, FBE, Iron studies.

Clinical History: response to trial of reflux medications, response to Helicobacter eradication (if breath test is positive), associated symptoms (dysphagia, weight changes), current medications, previous gastroscopy reports.

- **Surveillance of colorectal polyps, colorectal cancer or Barrett's oesophagus.**

Clinical History: Previous endoscopy report and histology (if not performed at Peninsula Health), any relevant gastrointestinal symptoms, current medications.

Clinic information

Monday Gastro 13:30 - 1700

Wednesday IBD 08:30 - 12:00

- The referral will be triaged by the consultant prior to the patient being contacted by Outpatients staff with appointment details.
- All patients require a referral from a Specialist or General Practitioner.
- We aim to see patients within the above timeframes; however, due to limited new patient referral places the wait times maybe significantly longer.

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