

BALLARAT HEALTH SERVICES



GP REFERRAL GUIDELINES – VASCULAR

These guidelines have been developed to assist General Practitioners referring vascular patients into Outpatient Clinics based at Ballarat Health Service.

GP Referral Guidelines – Vascular Surgery

Specialist Clinics

Ballarat Health Services offers Medicare Rebate Scheme (MBS) Clinics which are federally funded as well as Victorian Ambulatory Clinics (VACS), which are state funded clinics.

Referral process

Please refer all patients to:

Matthew Hadfield, Director of Surgery
Ballarat Health Services.
PO Box 577
Ballarat West
Fax - 03 5320 4822

You may nominate another surgeon who works within the Vascular Department at BHS. However patients will be triaged according to a clinic based on the surgeon's skill set; length of the surgeon's wait list for surgery and outpatient referrals, and the specific needs indicated in your referral.

Public Clinics

- Public clinics in most instances are staffed by Staff Specialists, Visiting Medical Officers, Fellows and Registrars
- Public patients do not have the choice of Specialist
- Waiting times may vary and patients waiting for an appointment in the public clinics usually have a longer waiting period
- There is no charge payable for public patients provided that they are a Medicare Eligible patient.

MBS (bulk billed clinics) Vascular Clinic – there are currently no MBS clinics in vascular surgery at BHS

Private Clinics in Vascular are not run at BHS, but through the surgeon's private practice.

For further information on Clinics please go to the BHS GP ACCESS Website - <http://gp.bhs.org.au/node/16>

Referrals

Referring Doctors are asked to provide referrals, using the BHS Outpatients & Emergency Department SMART Referral template. This can be found in your Medical Software however you can download it at http://www.grampiansml.com.au/cb_pages/templates.php

GP Referral Guidelines – Vascular Surgery

| Vascular Consultants | | Vascular Clinic / Appointment Information | BHS Referral Form | |
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| Mr. Matthew Hadfield Mr. Robert Ventura Mr. Michael Condous The Vascular Registrar can be called through the BHS Switchboard on (03) 5320 4000 | | Ballarat Base Hospital Drummond Street North, Ballarat Telephone: Fax: 03 5320 4882 Tuesdays 9am -12-30pm For more information on individual Clinics: CLICK HERE | Referring Doctors are asked to provide referrals, using the BHS Outpatients & Emergency Department SMART Referral template. This can be found in your Medical Software however you can download it at http://www.grampiansml.com.au/cb_pages/templates.php Referrals must contain detailed information on: <ul style="list-style-type: none"> • History; • Medications; • Investigations (patient to bring results/films as appropriate). Please note: Incomplete referrals will be returned to the referrer prior to being triaged for the clinic. | |
| Conditions Seen | | Conditions Not Seen | | |
| Arterial Carotid artery disease Abdominal aortic aneurysm Peripheral vascular disease Renal artery stenosis Popliteal artery and other aneurysms | | Venous Varicose veins including thrombophlebitis Axillary vein thrombosis Deep vein thrombosis Pulmonary embolism | | |
| | | Paediatrics (≤16 years old): Refer to Royal Children's Hospital. Sclerotherapy for cosmetic management of varicose veins is not provided at BHS. Lymphoedema – refer to The Mercy Hospital Lymphoedema Clinic. | | |
| | | Please Note: Appointments will be declined if there is insufficient information in the referral, or it is considered that the apparent condition cannot be aided by a vascular surgeon | | |
| Triage Categories: Appointment Wait Times | | | | |
| EMERGENCY | IMMEDIATE | URGENT | ROUTINE | |
| ▲▲▲▲▲ | ▲▲▲▲ | ▲▲ | ▲ | |
| Call the Emergency Department GP Hotline on 03 5320 4801 to access the Senior ED Consultant. Urgent cases must be discussed with the Vascular Surgery Registrar on call via the BHS switchboard 03 5320 4000 to obtain appropriate prioritisation and then a referral letter faxed to 03 5320 4882 | Patient has a serious condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life. Target – to be seen within 14 working days of referral receipt | Patient has a serious condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. Target – to be seen within 30 working days of referral receipt. | Patient's condition is unlikely to deteriorate quickly, or have significant consequences for the person's health and quality of life, if specialist assessment is delayed beyond one month. Target – to be seen when appointment available. | |

GP Referral Guidelines – Vascular Surgery

| Condition or Symptoms | History, Examination and Investigations | Suggested GP Management | When To Refer |
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| ARTERIAL | | | |
| Carotid artery disease | <p>History:</p> <ul style="list-style-type: none"> ▪ History of TIA (including specific features such as localising signs, global effects, amaurosis fugax) ▪ History of CVA ▪ History of risk factors and management ▪ Co-morbidities especially cardiovascular and peripheral vascular disease. ▪ Medications <p>Examination - evidence of:</p> <ul style="list-style-type: none"> ▪ Neurological deficit ▪ Carotid bruit ▪ Peripheral pulses ▪ Cardiovascular assessment <p>Investigations:</p> <ul style="list-style-type: none"> ▪ Duplex Ultrasound Scan of carotids ▪ FBE ▪ Lipid profile ▪ BSL (HbA1c if Diabetic) ▪ Se U & E & Creatinine <p>BHS Radiology Referral Form: Click here</p> | <ul style="list-style-type: none"> ▪ Commence low-dose Aspirin (or Clopidogrel if there is an allergy or other contraindication to aspirin) ▪ Manage risk factors <ul style="list-style-type: none"> ○ Smoking cessation ○ Hypertension ○ Control of Diabetes | <p>▲▲▲▲ EMERGENCY</p> <ul style="list-style-type: none"> ▪ Stroke ▪ Crescendo or multiple TIA/RIND (Reversible Ischaemic Neurological Disability) <p>Call the Emergency Department GP Hotline on 03 5320 4801 to access the Senior ED Consultant</p> <p>▲▲▲ IMMEDIATE</p> <ul style="list-style-type: none"> ▪ Symptomatic carotid stenosis of >50% on imaging <p>Where there is significant co-morbidity, discussion with the Vascular Registrar on call via the BHS switchboard (03 5320 4000) is appropriate prior to referral.</p> <p>▲▲ URGENT</p> <ul style="list-style-type: none"> ▪ Asymptomatic carotid stenosis of >70% on imaging ▪ Carotid Body Tumour ▪ Subclavian Stenosis or Steal |

GP Referral Guidelines – Vascular Surgery

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|----------------------------------|---|---|--|
| ARTERIAL | | | |
| Abdominal aortic aneurysm | <p>History and Examination</p> <ul style="list-style-type: none"> History of symptoms Risk factors particularly genetic factors and collagen disorders Cardiovascular and Peripheral Vascular Disease history Respiratory, Renal or Neurological disease history Current risk factor management Medications <p>Investigations:</p> <ul style="list-style-type: none"> Abdominal ultrasound FBE Lipid profile BSL (HbA1c if Diabetic) Se U & E & Creatinine <p>BHS Radiology Referral Form: Click here</p> | <ul style="list-style-type: none"> Management of risk factors Control of hypertension | <p>▲▲▲▲ EMERGENCY Aneurysm with sudden onset of abdominal or back pain or any suspicion of rupture</p> <p>▲▲▲ Call the Emergency Department GP Hotline on 03 5320 4801 to access the Senior ED Consultant</p> <p>▲▲ IMMEDIATE Aneurysm >5cm on ultrasound</p> <p>URGENT Aneurysm < 5cm on ultrasound</p> |
| Renal artery stenosis | <p>History and Examination</p> <p>Evidence of:</p> <ul style="list-style-type: none"> Deteriorating renal function Suspicion of renovascular or resistant hypertension Found incidentally Abdominal bruit <p>Investigations:</p> <ul style="list-style-type: none"> Renal Ultrasound FBE Lipid profile BSL (HbA1c if Diabetic) Se U & E & Creatinine <p>BHS Radiology Referral Form: Click here</p> | | <p>▲▲▲ IMMEDIATE Symptomatic - referral to Renal Service in the first instance(see note below)</p> <p>▲▲ URGENT Incidental finding</p> <p>Note: Initial referral should usually be made to Renal Physician/Renal Medicine Service</p> |

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|---|---|--|--|
| ARTERIAL | | | |
| <p>Peripheral vascular disease</p> | <p>History and Examination</p> <ul style="list-style-type: none"> ▪ History of incapacitating claudication, rest pain, ulceration or gangrene. ▪ Impact on daily activities. ▪ Risk factors particularly smoking and diabetes ▪ Co-morbidities – especially cardiovascular and respiratory ▪ Medication ▪ Genetic factors and collagen disorders ▪ Peripheral pulses <p>Investigations</p> <ul style="list-style-type: none"> ▪ FBE ▪ Lipid profile ▪ BSL (HbA1c if Diabetic) ▪ Se U & E & Creatinine ▪ Ankle Brachial Pressure Index (ABPI) if available ▪ Duplex Ultrasound if lifestyle limiting claudication or worse. <p>BHS Radiology Referral Form: Click here</p> | <ul style="list-style-type: none"> ▪ Management of risk factors - smoking cessation and diabetes ▪ Advice about graduated exercise programme ▪ Use Beta-blockers with caution - consider using more a selective blocker if required. ▪ Consider referral to exercise program in first instance if claudication >200m ▪ Consider using the Edinburgh Claudication Questionnaire (ECQ) to help differentiate between vascular and non-vascular causes of claudication. <p>Click here for link to ECQ</p> | <p>▲ ▲ URGENT Acute Ischaemic changes or rest pain, tissue loss or gangrene contact the Vascular Surgery Registrar on call via the BHS switchboard (03 5320 4000)</p> <p>▲ ▲ ▲ IMMEDIATE Claudication <50m</p> <p>▲ ROUTINE Claudication >50m</p> |

GP Referral Guidelines – Vascular Surgery

| Condition or Symptoms | History, Examination and Investigations | Suggested GP Management | When To Refer |
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| VENOUS | | | |
| Varicose veins including thrombophlebitis | <p>History and Examination</p> <p>History of previous DVT, previous surgery, accident, pregnancy and childbirth, genetic factors</p> <p>History of varicose vein complications (Skin changes, ulceration, bleeding, thrombophlebitis)</p> <p>Investigations</p> <ul style="list-style-type: none"> ▪ FBE ▪ Lipid profile ▪ BSL (HbA1c if Diabetic) ▪ Se U & E & Creatinine ▪ Duplex Ultrasound of Long and Short Saphenous Veins <p>BHS Radiology Referral Form: Click here</p> | <ul style="list-style-type: none"> ▪ Consider graduated stockings in first instance ▪ Low-dose Aspirin (100 mg daily) | <p>▲▲▲▲ EMERGENCY Ascending thrombophlebitis to the level of the saphenofemoral junction refer immediately – contact the Vascular Surgery Registrar through the BHS switchboard on (03 5320 4000) or call the Emergency Department GP Hotline on 03 5320 4801 to access the Senior ED Consultant.</p> <p>▲▲ URGENT Venous ulceration or haemorrhage from varicose veins</p> <p>▲ ROUTINE Varicose veins with complicating factors or significant symptoms. Venous hypertension. Please note: Sclerotherapy for cosmetic management of varicose veins is not provided at BHS. Cosmesis alone is no longer accepted as a referral criterion under department of health guidelines.</p> |
| Axillary vein thrombosis | <p>History and Examination</p> <ul style="list-style-type: none"> • History of oestrogen therapy, including Oral Contraceptive use • Family history • intercurrent disease particularly malignancy | | <p>▲▲▲▲ EMERGENCY Refer immediately – contact the Vascular Surgery Registrar through the BHS switchboard on (03 5320 4000) or call the Emergency Department GP Hotline on 03 5320 4801 to access the Senior ED Consultant.</p> |

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| Condition or Symptoms | History, Examination and Investigations | Suggested GP Management | When To Refer |
|-----------------------------------|---|---|---|
| VENOUS | | | |
| Deep vein thrombosis (DVT) | History and Examination <ul style="list-style-type: none"> History of oestrogen therapy, including Oral Contraceptive use Family history intercurrent disease particularly malignancy | Vascular surgery is unlikely to be necessary in most cases of DVT | ▲▲▲▲ EMERGENCY Refer immediately – contact the Emergency Department GP Hotline on 03 5320 4801 to access the Senior ED Consultant. |
| Pulmonary embolism (PE) | History and Examination <ul style="list-style-type: none"> History of oestrogen therapy, including Oral Contraceptive use Family history Past History intercurrent disease particularly malignancy | Vascular surgery is unlikely to be necessary in most cases of PE | ▲▲▲▲ EMERGENCY Refer immediately – contact the Emergency Department GP Hotline on 03 5320 4801 to access the Senior ED Consultant. |