

SERVICE NAME: [General Surgery | Bass Coast Health](#)

DESCRIPTION: General Surgery service at Bass Coast Health provides consultation, assessment, diagnosis, review and treatment of patients requiring general surgical procedures and those requiring post-surgical management.

CLINICAL LEAD: Mr Senthilkumar Sundaramurthy (Kumar) Clinical Director of Surgery

Contact details: senthilkumar.sundaramurthy@basscoasthealth.org.au

ELIGIBILITY:

As per [Managing referrals to non-admitted specialist services policy](#), all new referrals for Specialist Outpatient Clinics, **must meet** the [Minimum referral criteria](#), [State-wide Referral Criteria](#) (where applicable) as well as local BCH service guidelines (see below) and the [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Clinically recommended guidance for referrers is available through [Gippsland Pathways \(gphn.org.au\)](http://Gippsland Pathways (gphn.org.au))

All referrals are triaged by a clinician and a **referral outcome** is to be communicated within 8 working days of receiving a valid referral. i.e., if the referral has been:

- **Accepted and an appointment has been scheduled.**
- **Accepted and the patient has been placed on a service waiting list.**
- **Not accepted and the reasons why**

PRIORITY:

Emergency	Conditions requiring immediate emergency care. Acute referrals requiring same day assessment or admission. Recommend or contact '000' to arrange immediate transfer to emergency
Urgent	Assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly. Aim to schedule an initial appointment within 30 days or at the earliest available time.
Routine	Assigned to patients when their condition is unlikely to deteriorate quickly or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to schedule an initial appointment within 365 days .

REFERRAL

The **preferred mode** for external referrals to the Access Department is Fax; (03) 9102 5307.

Internal referrals from within BCH can be sent via email (Access@basscoasthealth.org.au).

For further information on new referrals and services provided via the BCH Access Team on (03) 5671 3175 or by email to Access@basscoasthealth.org.au

Relevant referral form template guides:

[Outpatient specialist clinic referral form \(MR - 309\)](#)

Referrals accepted from: (please select all that apply):

<input type="checkbox"/>	Self-referral/responsible person	<input checked="" type="checkbox"/>	GP	<input checked="" type="checkbox"/>	Specialist
<input checked="" type="checkbox"/>	Internal BCH Medical staff	<input type="checkbox"/>	My Aged Care	<input type="checkbox"/>	Caseworker
<input type="checkbox"/>	Health Care Practitioner				

INCLUSION: *The following conditions/procedures can be seen/performed at BCH;*

• Breast Cancer - Suspected or confirmed	• Advice on inherited breast cancer
• Breast lumps and other conditions	• Breast Reduction Surgery
• Gastroscopy	• Gall Bladder stones and polyps; Cholecystectomy
• Groin or umbilical Hernia	• Cholecystectomy
• Hernia Incisional	• Dupuytren's Contracture
• Hernia recurrent	• Carpel Tunnel (nerve conduction required)
• Hernia Inguinal and femoral	• Gall Bladder stones and polyps; Cholecystectomy
• Hernia Umbilical and paraumbilical	• Ingrown Toenails
• Haemorrhoids, Anal Fistula, Anal Fissure, Rectal bleeding	• Perianal Lumps
• Lipoma	• Skin- Ganglia, Sebaceous Cysts, Minor skin lesions
• Pilonidal Sinus	• Vasectomy
• Skin lesions – other skin cancers	• Diagnostic Laparoscopy

****Specialist consult only.** *The following conditions/procedures can be considered for consultation; however, surgery is not available at BCH.*

• Hepatic, Pancreatic & Biliary (HPB) cases [Andrew Gray, Travis Ackermann]	• Suspected Colorectal cancer [All]	• Thyroid surgery (Surgery at Alfred) Thyroid: Hyperthyroidism Thyroid: Primary or secondary Hyperparathyroidism Thyroid: Mass [Sarah Birks]
• Rectal prolapse [Naseem Mirbagheri]	• Surgical Management of faecal incontinence [Naseem Mirbagheri]	• Metabolic (weight reduction) surgery [Kostas Syrrakos]
• Hiatus Hernia [Andy Gray Travis Ackermann]	• Laparoscopic, endoscopic and minimally invasive small and large bowel disease management, including advanced management of perianal conditions [Naseem Mirbagheri, Kostas Syrrakos]	

EXCLUSIONS: *The following conditions/ procedures are not routinely seen/performed at BCH by the general surgery team.*

• Thyroidectomy	• Peritonectomy	• Malignant anal and rectal conditions
• Parathyroidectomy	• Pelvic pouch surgery	• Malignant Salivary gland disease
• Varicose Veins	• Radical surgery for gastric cancer	• Oesophagus-gastric surgery
• Capsule endoscopy	• Tongue surgery	• Head or Neck dissection/reconstruction
• Liver surgery-segmental or greater	• Pancreatic disease	• ERCP
• Melanoma	• Hand surgery complex	• Endoscopic resectional procedures
• Aerodigestive tract disease	• Benign biliary stricture	• Capsule endoscopy
• Complex anal or rectovaginal fistula repair	• Endoscopic procedures including dilatation, resection, EUS, and fine needle aspiration	• Groin dissection and lymphadenectomy
• Malignant anal and rectal conditions	• Malignant biliary and pancreatic disease	• Malignant Salivary gland disease
• Upper GI therapeutic endoscopy	• Neck dissection lymphadenectomy	• Oesophagogastric surgery for benign disease
• Pelvic pouch surgery	• Peritonectomy	• Radical gastric cancer surgery
• Reconstructive surgery Head and Neck	• Surgical management of bone or soft tissue tumours in the head and neck	• Sarcoma
• Erectile Dysfunction	• Trans-anal endoscopic microsurgery for rectal lesions	• Transvaginal Mesh Surgery for Pelvic Organ Prolapse
• Rectus Abdominus	• Adrenal Surgery	


SAFETY RISK SCREENING – RED FLAG CONDITIONS:

Red flags signal the most serious clinical risks and need for same-day assessment or admission.

Action	Presenting need(s) or conditions
Any condition where the referral is concerned about a possible malignancy or soft tissue mass of unknown aetiology (cause)	For immediate triage by Surgical Clinical Director Kumar
Any urgent indicator for colonoscopy incl. positive iFOBT, bright red PR blood loss, colonic changes seen on imaging, anemia or iron deficiency of unknown cause	
Potentially life-threatening symptoms suggestive of acute severe lower gastrointestinal tract bleeding .	Direct to Emergency Department
Acute development of peripheral nerve compression symptoms following trauma .	
Breast lump or other condition with; <ul style="list-style-type: none"> Breast abscess failing drainage. Lactational mastitis with systemic symptoms. 	
Breast Cancer with; <ul style="list-style-type: none"> Metastatic breast disease with intractable pain Fungating mass with haemorrhage Post-surgical wound with dehiscence or sepsis 	
Hernias; <ul style="list-style-type: none"> Painful irreducible hernias with concern for obstruction or strangulation should be referred directly to emergency department for urgent management. 	
<ul style="list-style-type: none"> Diverticulitis with systemic sepsis Large bowel obstruction Severe PR bleeding 	
<ul style="list-style-type: none"> Suspected perforation Haematemesis Melaena 	
<ul style="list-style-type: none"> Acute liver failure Suspected acute cholecystitis Suspected acute cholangitis Suspected obstructive jaundice 	
Gallbladder stones & polys with; <ul style="list-style-type: none"> Suspected acute cholecystitis Suspected acute cholangitis Suspected obstructive jaundice Suspected pancreatitis 	
Thyroid mass & Hyperthyroidism <ul style="list-style-type: none"> Difficulty breathing or bleeding nodule Hyperthyroidism complicated by cardiac, respiratory compromise or other indications of severe illness (fever, vomiting, labile blood pressure, altered mental state) Neutropenic sepsis in patient taking carbimazole or propylthiouracil Hyperthyroidism with hypokalaemia or paralysis 	

Abdominal wall and groin hernias with;

- Suspected hernia with symptoms suggestive of strangulation or incarceration including acute abdominal pain, pain on palpation, nausea, vomiting
- Symptoms suggestive of bowel obstruction including acute abdominal pain, abdominal distension, nausea, vomiting.

REFERRAL REDIRECTION:

Service Request	Redirect to
BCH provides consults patients > 12 years. [Error! Reference source not found., Error! Reference source not found., Error! Reference source not found., Error! Reference source not found., Error! Reference source not found.] Appointments for patients under the age of 18 years must be arranged with a parent or guardian	Monash Health or Royal Children's Hospital for children < 12 yrs.
Complex hand lesion, ganglia surgery	Refer to Plastics and reconstructive surgery at tertiary hospital e.g. Peninsula Health, Frankston, Monash Health , Alfred Health
Suspected or confirmed Sarcoma	Refer to Peter MacCallum Cancer Centre
Referrals outside BCH scope (i.e., exclusions, urgent consult only)	Refer to tertiary hospital e.g. Peninsula Health, Frankston Monash Health , Alfred Health
Referrals for diseases of the colon, disorders of the oesophagus, stomach and duodenum	Redirect to BCH - Gastroenterology service
Femoral hernia, Varicose Veins	Refer to vascular – Leongatha Hospital, Peninsula Health Frankston, Monash

TRIAGE:
Decision making scope.

Access triage clinician	Speciality key triage contact
Access Clinical triage team to confirm relevant histology/ nerve conduction/requirements & Book in next avail appointment. Escalate if outside KPIs to medical specialist	Mr Senthilkumar Sundaramurthy (Kumar) senthilkumar.sundaramurthy@basscoasthealth.org.au Clinical Director of Surgery
	All breast/thyroid surgery referrals shared to; McGrath Breast Care Nurse: Taryn Robinson on RMS Taryn.Robinson@basscoasthealth.org.au Or if Taryn unavailable send to Sarah.birks@basscoasthealth.org.au

Key contact/s for specialty triage and escalation

Name: Mr Senthilkumar Sundaramurthy (Kumar)	Name: Taryn Robinson (breast surgery only)
Email: senthilkumar.sundaramurthy@basscoasthealth.org.au	Email: Taryn.Robinson@basscoasthealth.org.au
Designation: Clinical Director of Surgery	Designation: McGrath Breast Care Nurse

FUNDING/REPORTING: See appointment scheduling information table below.

Funding stream to report activity:

<input checked="" type="checkbox"/>	SOCS	<input type="checkbox"/>	SACS	<input type="checkbox"/>	CH
<input type="checkbox"/>	HCP	<input type="checkbox"/>	HACC PYP	<input type="checkbox"/>	CHSP
<input type="checkbox"/>	TAC	<input checked="" type="checkbox"/>	WC	<input type="checkbox"/>	HACC NDIS
<input checked="" type="checkbox"/>	Full cost recovery (other)	<input checked="" type="checkbox"/>	MBS	<input type="checkbox"/>	NDIS
<input checked="" type="checkbox"/>	DVA				

Decision making for funding stream:

- ☐ Single source of funding available
 ☒ Multiple options – selection made as per funding prioritisation guide.
 ☒ Other:

Software used for referral and activity reporting:

<input checked="" type="checkbox"/>	MasterCare	<input checked="" type="checkbox"/>	iPM	<input checked="" type="checkbox"/>	SharePoint
<input type="checkbox"/>	IRIS	<input checked="" type="checkbox"/>	iMedX	<input checked="" type="checkbox"/>	Liquid files

Condition: [Breast Cancer - Suspected or confirmed](#)

[State-wide Referral Criteria](#) applies to this condition

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Core biopsy with suspicious or equivocal findings or proven breast cancer (e.g., detected through Breast Screen Australia Program) Malignant, suspicious or equivocal findings on imaging Clinical findings suspicious of malignancy. 	<ul style="list-style-type: none"> Provide core biopsy findings (location, size, type, histological grade and lymph node status). Where a core biopsy was not possible provide fine needle aspiration (FNA) cytology results Most recent mammography report (if > 35 years) or other breast imaging report(s) including when and where imaging was performed. Findings on physical examination Relevant medical history and comorbidities (e.g., past history of breast disease or breast cancer, ductal carcinoma in situ) Details of any breast implant(s) including when and where procedure(s) was performed Any family history or genetic mutation linked to breast, ovarian or prostate cancer 	<ul style="list-style-type: none"> Sarah Birks Chandika Wewelwala 	<ul style="list-style-type: none"> All referrals for suspected or confirmed Breast Cancer 	Nil

Condition: [Breast lumps and other conditions](#)

[State-wide Referral Criteria](#) applies to this condition

☒ Yes ☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> • New palpable and persistent cyst(s) with complex features on imaging • Recurrent cyst(s) with complex features on imaging • Palpable, symptomatic, or growing fibroadenoma • Any one component of the triple test is positive (clinical examination, imaging or non-excisional biopsy) • Incomplete cyst aspiration, bloody aspirate (not traumatic) or a lump that remains post-aspiration. • Spontaneous unilateral, bloody or serous discharge from a single duct, particularly if > 60 years • Eczematoid changes of the nipple-areolar skin for longer than two weeks that fails to respond to topical treatment. • Inflammatory breast conditions not resolving after two weeks of antibiotic treatment. 	<ul style="list-style-type: none"> • Most recent mammography report or other breast imaging report(s) including when and where imaging was performed. • Findings on physical examination • Details of previous medical management including the course of treatment and outcome of treatment • Relevant medical history and comorbidities • Any family history or genetic mutation linked to breast, ovarian or prostate cancer. 	<ul style="list-style-type: none"> • Sarah Birks • Chandika Wewelwala 	<ul style="list-style-type: none"> • Determined by the ultrasound & mammogram • If meeting criteria for Breast Cancer Urgent review above 	<ul style="list-style-type: none"> • All other referrals considered routine

Condition: [Advice on inherited breast cancer \(high- risk patients\)](#)

[State-wide Referral Criteria](#) applies to this condition

☒ Yes ☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Person with high risk due to a family history of breast cancer or ovarian cancer occurring in two first-or second-degree relatives on the same side of the family, plus one or more of the following features: <ul style="list-style-type: none"> additional relatives with breast cancer or ovarian cancer a relative with both breast and ovarian cancer breast cancer diagnosed before the age of 40 breast cancer affecting both breasts Ashkenazi Jewish ancestry breast cancer in a male relative a relative who has tested positive for a high-risk gene mutation e.g. mutation in genes such as BRCA1 or BRCA2. Findings from breast screening that includes advice that an assessment is recommended Referral from a Familial Cancer Centre. 	<ul style="list-style-type: none"> Most recent mammography results including when and where imaging was performed Family history of breast cancer including: <ul style="list-style-type: none"> the number of the patient's blood relatives who have had cancer the ages of these family members when they developed cancer any carrier of a known mutation or familial cancer syndrome the pattern of cancer in the patient's family if the patient's family has a particular geographical/ethnic background Patient age. Provide if available; A summary of the genetic testing and risks identified during assessment and counselling including characterisation of pathogenic gene variants 	<ul style="list-style-type: none"> Sarah Birks Chandika Wewelwala 	<ul style="list-style-type: none"> Only if additional symptoms/signs of concern (meeting criteria for Breast Cancer Urgent review above) 	<ul style="list-style-type: none"> All referrals considered routine

Condition: [Breast Reduction Surgery](#)

[State-wide Referral Criteria](#) applies to this condition.

☒ Yes ☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Patients with body mass index (BMI) < 30, not a current smoker and HbA1c < 8mmol/mol (if diabetic) with: <ul style="list-style-type: none"> significant clinical symptoms present (e.g. intractable intertrigo, correction of asymmetry following previous breast conserving surgery for breast cancer, severe gynaecomastia) macromastia with pain in the neck or shoulder region with functional or psychological impact or both. No symptoms refer privately 	<ul style="list-style-type: none"> Expectation, or outcome, anticipated by the patient, and the referring clinician from the referral to the health service How symptoms are impacting on activities of daily living including impact on work, study, exercise or carer role Details of previous medical or non-medical management of symptoms including conservative management such as professionally fitted supportive garments, counselling and weight loss Relevant medical history and comorbidities Current and complete medication history (including hormonal treatments, non-prescription medicines, herbs and supplements and recreational or injectable drugs) Body Mass Index (BMI) History of smoking Patient's age Recent HbA1c (if applicable) If > 50 years, most recent mammography results including when and where imaging was performed. 	<ul style="list-style-type: none"> Chandika Wewelwala 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> All referrals considered routine

Procedure: [Colonoscopy](#)

[State-wide Referral Criteria](#) applies to this condition.

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
Positive FOBT Symptoms of bowel cancer Family history Indication by patient for colonoscopy	<ul style="list-style-type: none"> Reason for referral Faecal occult blood test (FOBT) results and if the test result was or was not detected through the National Bowel Cancer Screening Program (NBCSP) Patient age Onset, characteristics and duration of symptoms Relevant medical history and comorbidities Past scopes Current and complete medication history (including non-prescription medicines, herbs and supplements) Statement that the patient has indicated interest in having a colonoscopy Statement that the patient understands the need for bowel preparation prior to colonoscopy Anaesthetic risk Anticoagulation or antiplatelet therapy Risk factors for poor bowel preparation for colonoscopy 	<ul style="list-style-type: none"> Roshan Ariyaratnam Andrew Gray Naseem Mirbagheri Basavaraj Mundasad Kostas Syrrakos Chandika Wewelwala Senthilkumar Sundaramurthy 	<ul style="list-style-type: none"> Positive FOBT Bright red PR blood loss Colonic changes seen on imaging Anaemia or iron deficiency 	<ul style="list-style-type: none"> Renewed referral for regular colonoscopy

Procedure: [Gastroscopy](#)

[State-wide Referral Criteria](#) applies to this condition.

☐ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
History of dysphagia GORD Indication by patient for gastroscopy	Reason for referral Medical history Current medications Any past scopes	<ul style="list-style-type: none"> • Roshan Ariyaratnam • Andrew Gray • Naseem Mirbagheri • Basavaraj Mundasad • Kostas Syrrakos • Chandika Wewelwala • Senthilkumar Sundaramurthy • Travis Ackermann 	<ul style="list-style-type: none"> • Iron deficiency anaemia • Definitive weight loss • Suspicious of malignancy 	<ul style="list-style-type: none"> • Renewed referral for regular gastroscopy Generally routine (cat 3)

Condition: [Carpel Tunnel](#)

[State-wide referral criteria](#) applies to this condition.

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> • Diagnosis confirmed by nerve conduction study. • Ongoing neuropathic symptoms and/or weakness persists despite at least three months of management (that is at least two of hand therapy, orthotics/splinting, ergonomic modifications, local steroid injection or oral steroids, alone or in combination), has been trialled. 	<ul style="list-style-type: none"> • Reason for referral Recent nerve conduction study report • Description of onset, nature, progression, recurrence and duration of symptoms • How symptoms are impacting on daily activities including impact on work, study or carer role • Details of previous medical and non-medical management including the course of treatments and outcome of treatments • If referral relates to recurrence after surgical decompression, details of previous surgery including when and where procedure(s) were performed. • Statement about the patient's interest in having surgical treatment if that is a possible intervention 	<ul style="list-style-type: none"> • Roshan Ariyaratnam • Kostas Syrrakos • Chandika Wewelwala • Senthilkumar Sundaramurthy • Travis Ackermann 	<ul style="list-style-type: none"> • Progressive symptoms, rapidly deteriorating and causing severe loss of mobility and/or disability • Associated muscle weakness • Severe neural compromise or permanent sensory loss 	<ul style="list-style-type: none"> • Functional impairments and/or pain persists despite conservative management

Condition: [Dupuytren's Contracture](#)

[State-wide Referral Criteria](#) applies to this condition.

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> • Skin breakdown or infection, or both, secondary to severe contracture i.e., involving multiple fingers) • Metacarpophalangeal (MCP) joint flexion contracture greater than 30 degrees with functional impairment • Proximal interphalangeal (PIP) joint flexion contracture greater than 10 degrees with functional impairment • Recurrence of contracture after surgery with functional impairment. 	<ul style="list-style-type: none"> • Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service. • Range of measurement (ROM) measurements • Details of functional impairment and how symptoms are impacting on daily activities including impact on work, study or carer role. • Details of previous medical and non-medical management including the course of treatments and outcome of treatments • If referral relates to recurrence after surgery, details of the surgery including when and where procedure(s) were performed. • History of smoking • If the patient is taking an anticoagulant medicine • Statement about the patient's interest in having surgical treatment if that is a possible intervention. 	<ul style="list-style-type: none"> • Chandika Wewelwala • Senthilkumar Sundaramurthy 	<ul style="list-style-type: none"> • Progressive symptoms, rapidly deteriorating and causing severe loss of mobility and/or disability • Severe neural compromise or permanent sensory loss 	To be seen within 8-12 weeks

Condition: [Gall Bladder stones and polyps; Cholecystectomy](#)

[State-wide Referral Criteria](#) applies to this condition.

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<p>Refer for acute general surgery referral if:</p> <ul style="list-style-type: none"> the patient is acutely unwell and has intractable biliary colic. suspected cholecystitis, obstructive jaundice, cholangitis, or pancreatitis. choledocholithiasis (stones in bile duct). biliary colic and symptoms fail to settle with simple analgesia. <p>Refer for non-acute general surgery referral for consideration of interval cholecystectomy if history of resolved biliary colic or cholecystitis, and:</p> <ul style="list-style-type: none"> proven gallstones on imaging. abnormal LFTs. abdominal ultrasound shows a dilated bile duct. past history of pancreatitis or jaundice. Symptomatic gallstones Asymptomatic gallstones ≥ 2 centimetres Recurrent biliary colic Gallbladder polyp ≥ 7 millimetres Any polyp with focal wall thickening adjacent to the polyp. 	<ul style="list-style-type: none"> Onset, characteristics and duration of symptoms Hepatobiliary ultrasound results Statement about the patient's interest in having surgical treatment if that is a possible intervention. <p>Pre-referral investigations to consider if appropriate:</p> <ul style="list-style-type: none"> FBE, U&E, LFT, lipase Hepatitis serology Ca 19.9 for suspected pancreas or biliary malignancy AFP for suspected hepatocellular carcinoma Biliary ultrasound CT liver –Quad Phase for newly diagnosed liver lesions CT pancreas protocol for pancreatic lesions 	<ul style="list-style-type: none"> Roshan Ariyaratnam Andrew Gray Naseem Mirbagheri Basavaraj Mundasad Kostas Syrrakos Chandika Wewelwala Senthilkumar Sundaramurthy Travis Ackermann Sarah Birks 	<ul style="list-style-type: none"> Choledocholithiasis Recent episode of gallstone pancreatitis Recent Cholecystitis Crescendo biliary coli Polyps greater than 10mm 	<ul style="list-style-type: none"> Biliary Colic Asymptomatic/incidental finding (please note these are unlikely to be offered surgery unless exceptional circumstances) Polyp less than 10mm

Condition: [Haemorrhoids, Anal Fistula, Anal Fissure, Rectal bleeding](#)

[State-wide Referral Criteria](#) applies to this condition.

☒ Yes ☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Unexplained rectal bleeding where a differential diagnosis has been excluded Rectal bleeding with recent change in bowel habits, unintended weight loss (> 5 percent of body weight in previous 6 months) or abdominal or rectal mass Rectal bleeding with iron deficiency that persists despite correction of potential causative factors or rectal bleeding that persists despite appropriate treatment for more than six weeks. History of anal-rectal bleeding Prolapse and thrombosis. History of pain with and after defecation. Attacks may be intermittent or prolonged. Evaluation may be difficult due to spasm. Note anal tag 	<ul style="list-style-type: none"> Findings on physical examination Onset, characteristics and duration of symptoms (including description of rectal bleeding) and if the bleeding persists despite appropriate treatment (e.g., dietary fibre and fluid intake, aperients) for more than six weeks Details of previous medical management including the course of treatment(s) and outcome of treatment(s) If rectal bleeding with iron deficiency <ul style="list-style-type: none"> full blood examination iron studies or serum ferritin. 	<ul style="list-style-type: none"> Roshan Ariyaratnam Naseem Mirbagheri Basavaraj Mundasad Senthilkumar Sundaramurthy 	<ul style="list-style-type: none"> Unable to determine benign diagnosis Positive FOBT Iron deficiency Suspicious mass 	<p>All other routine</p> <ul style="list-style-type: none"> Rectocele – only with Naseem Faecal incontinence only with Naseem Anal/rectal Prolapse with Naseem, Basavaraj

Condition: [Hernia](#)

[State-wide Referral Criteria](#) applies to this condition.

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Abdominal wall or groin hernia felt on examination, or that is clinically evident, that is affecting the person's activities of daily living Femoral hernia to vascular Recurrence of a repaired hernia or previous hernia repair with new symptoms. Pain in groin sometimes precedes lump. Pain may be colicky and associated with vomiting (intestinal obstruction) Lump in groin - may be intermittent /reducible but is usually most obvious when patient is standing 	<ul style="list-style-type: none"> Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service Findings on physical examination including position and size of the hernia Description of onset, nature, progression and duration of symptoms How symptoms are impacting activities of daily living, including impact on work, study, school or carer role Any relevant complications or comorbidities Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs) <p>Diagnostic studies may include:</p> <ul style="list-style-type: none"> Ultrasound (only required if hernia cannot be felt on examination) 	<ul style="list-style-type: none"> Roshan Ariyaratnam Andrew Gray Naseem Mirbagheri Basavaraj Mundasad Kostas Syrrakos Chandika Wewelwala Senthilkumar Sundaramurthy Travis Ackermann Sarah Birks 	<ul style="list-style-type: none"> Reducible inguinal hernia with no associated pain or features of bowel obstruction or strangulation Persisting groin pain that has not responded to prior management. 	<ul style="list-style-type: none"> Irreducible inguinal hernia without evidence of bowel strangulation or obstruction Reducible inguinal hernia with associated pain

Condition: [Hiatus Hernia](#) (consult ONLY)

[State-wide Referral Criteria](#) applies to this condition.

☒ Yes

☐

No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Hiatus hernia identified on chest x-ray or gastroscopy Suspected hiatus hernia with volume reflux or obstructive symptoms Severe heartburn unresponsive to maximum medical management. 	<ul style="list-style-type: none"> Onset, characteristics and duration of symptoms, particularly volume or obstructive symptoms If severe heartburn, details of previous medical management including the course of treatment and outcome of treatment Current and complete medication history (including non-prescription medicines, herbs and supplements) Statement about the patient's interest in having surgical treatment if that is a possible intervention. <p>Provide if available;</p> <ul style="list-style-type: none"> Gastroscopy results, including when and where the procedure was performed Chest x-ray Abdominal and chest CT scan Any relevant previous biopsy results 	<ul style="list-style-type: none"> Andrew Gray Travis Ackermann 	<ul style="list-style-type: none"> Consult only – need to be referred on tertiary 	<ul style="list-style-type: none"> All routine – consult only

Condition: [Ingrown Toenails](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Infection Complex Seen a podiatrist 	Reason for referral Podiatry review	<ul style="list-style-type: none"> Roshan Ariyaratnam Naseem Mirbagheri Basavaraj Mundasad Kostas Syrrakos Senthilkumar Sundaramurthy 	<ul style="list-style-type: none"> Significant infection 	<ul style="list-style-type: none"> All routine

Procedure: [Diagnostic Laparoscopy](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
	Reason for referral	<ul style="list-style-type: none"> Roshan Ariyaratnam Andrew Gray Naseem Mirbagheri Basavaraj Mundasad Kostas Syrrakos Chandika Wewelwala Senthilkumar Sundaramurthy Travis Ackermann 	<p>Not applicable</p> <p>Refer to RED FLAG CONDITIONS</p>	All routine

Condition: [Lipoma](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Soft tissue lumps <p>** For Suspected or confirmed Sarcoma Please refer to Sarcoma Unit at Peter MacCallum Cancer Centre</p> <p>** for facial lipomas, please refer to plastics</p>	<p>Initial GP Work Up</p> <ul style="list-style-type: none"> Physical examination. Ultrasound can be helpful If lesion greater than 5cm or rapidly growing an MRI is indicated to exclude a soft tissue sarcoma 	<ul style="list-style-type: none"> Roshan Ariyaratnam Andrew Gray Naseem Mirbagheri Basavaraj Mundasad Kostas Syrrakos Chandika Wewelwala Senthilkumar Sundaramurthy Sarah Birks 	<ul style="list-style-type: none"> Not applicable All routine unless suspect sarcoma and refer on immediately 	<ul style="list-style-type: none"> All routine

Condition: [Skin lesions – other skin cancers](#)

[State-wide Referral Criteria](#) applies to this condition

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Complex non-melanoma skin malignancies and any of the following: <ul style="list-style-type: none"> lymphadenopathy neurological involvement poorly differentiated or infiltrative tumour identified on biopsy rapidly enlarging ulceration and bleeding Other subcutaneous and deep tissue malignancies Includes; Basal cell carcinoma (BCC) and Squamous cell carcinoma (SCC) <p>** For Suspected or confirmed Sarcoma Please refer to Sarcoma Unit at Peter MacCallum Cancer Centre</p> <p>** for facial lipomas, please refer to plastics</p>	<ul style="list-style-type: none"> Details of onset, duration, site, size and any recent changes in size of lesion(s) Symptoms such as ulceration, bleeding, pain Histology results History of smoking If the patient is taking and anticoagulant medicine If the patient is immunocompromised or has a history of immunosuppression Statement about the patient's interest in having surgical treatment if that is a possible intervention. <p>If available, provide;</p> <ul style="list-style-type: none"> Photograph of lesion(s) Ultrasound of lesion(s) If the person identifies as an Aboriginal and/or Torres Strait Islander If the person is part of a vulnerable population. 	<ul style="list-style-type: none"> Roshan Ariyaratnam Basavaraj Mundasad Kostas Syrrakos Chandika Wewelwala Senthilkumar Sundaramurthy Sarah Birks 	<ul style="list-style-type: none"> Referral with definitive diagnosis with biopsy report Confirmed - Melanoma within 30 days SCC within 30 days BCC within 2 months Majority are deemed Urgent within 30 days & Cat1 	<ul style="list-style-type: none"> Benign skin lesions

Condition: [Skin- Ganglia, Sebaceous Cysts, Minor skin lesions](#)

[State-wide Referral Criteria](#) applies to this condition

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<p>Skin lesions with any of the following:</p> <ul style="list-style-type: none"> causing functional problems (e.g. obstruction of vision) causing significant disfigurement diagnosis in doubt, or needs confirmation diameter greater than or equal to 5cm in size fixed to deep tissues lesions are prone to recurrent infection rapid growth over short period of time recurring after a previous excision significant persistent pain that is not solely pressure related Sebaceous cyst unable to be drained at GP rooms need to try incision & antibiotics <p><i>**Ganglia on dpj hand, not suitable for General surgery- refer to Plastic Surgery</i></p>	<ul style="list-style-type: none"> Details of onset, duration, site, size and any recent changes in size of lesion(s) Symptoms such as ulceration, bleeding, pain Histology results History of smoking If the patient is taking and anticoagulant medicine If the patient is immunocompromised or has a history of immunosuppression Statement about the patient's interest in having surgical treatment if that is a possible intervention. <p>If available, provide;</p> <ul style="list-style-type: none"> Photograph of lesion(s) Ultrasound of lesion(s) If the person identifies as an Aboriginal and/or Torres Strait Islander If the person is part of a vulnerable population. 	<ul style="list-style-type: none"> Roshan Ariyaratnam Andrew Gray Basavaraj Mundasad Kostas Syrrakos Chandika Wewelwala Senthilkumar Sundaramurthy 	<p>Diagnosis of lesion</p>	<p>All routine cat 3 Sebaceous cysts ganglia</p>

Condition: [Pilonidal Sinus](#)

[State-wide Referral Criteria](#) applies to this condition.

☐ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Persistent pilonidal Sinus with symptoms of concern infection, impact on daily living/employment, chronic 	<ul style="list-style-type: none"> Findings on physical examination Onset, characteristics and duration of symptoms of concern. 	<ul style="list-style-type: none"> Roshan Ariyaratnam Basavaraj Mundasad Kostas Syrrakos Senthilkumar Sundaramurthy 	Persistent infections	All other routine

Condition: [Perianal Lumps](#)

[State-wide Referral Criteria](#) applies to this condition.

☒ Yes ☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Persistent perianal lump with symptoms of concern (e.g. night sweats, unexplained weight loss, tenesmus, recent change in bowel habits) 	<ul style="list-style-type: none"> Findings on physical examination Onset, characteristics and duration of symptoms of concern. 	<ul style="list-style-type: none"> Roshan Ariyaratnam Basavaraj Mundasad Kostas Syrrakos Senthilkumar Sundaramurthy 	Iron deficiency Suspicious mass Unexplained weight loss Recent changes to bowel habits	All other routine

Condition: [Thyroid: Mass - Consult only](#)

[State-wide Referral Criteria](#) applies to this condition

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Suspected or confirmed malignancy Generalised thyroid enlargement without compressive symptoms Recurrent thyroid cysts An increase in the size of previously identified benign thyroid lumps > 1cm in diameter. 	<ul style="list-style-type: none"> Thyroid ultrasound, with or without fine needle aspiration results including when and where performed. Thyroid function tests (thyroid Stimulating hormone) TSH & (Thyroxine results) T4 Thyroid biopsy results if applicable 	<ul style="list-style-type: none"> Sarah Birks 	<ul style="list-style-type: none"> Suspected/confirmed malignancy Mild-moderate compromise TIRADS 5 nodule on U/S TIRADS 6 (biopsy-proven malignancy) 	<ul style="list-style-type: none"> Generalised thyroid enlargement without compressive symptoms Recurrent thyroid cysts An increase in the size of previously identified benign thyroid lumps > 1cm in diameter

Condition: [Thyroid: Hyperthyroidism – Consult only](#)

[State-wide Referral Criteria](#) applies to this condition

☒ Yes

☐ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Uncontrolled, recurrent or persistent Graves for consideration of thyroidectomy (must have seen endocrinologist & include report/referral from endocrinologist for surgical management) Hyperfunctioning (toxic) thyroid nodule 	<ul style="list-style-type: none"> Onset, characteristics and duration of symptoms Current and complete medication history (including non-prescription medicines, herbs and supplements), particularly medicines such as amiodarone, lithium, biotin and kelp products Recent free triiodothyronine (T3), free thyroxine (T4) and thyroid stimulating hormone level (TSH) If the patient is pregnant. Current and previous scan results (e.g. nuclear thyroid scan). <p>Provide if available</p> <ul style="list-style-type: none"> Anti- thyroid peroxidase (TPO) antibodies results Thyroid stimulating hormone receptor antibody (TRAb) or thyroid stimulating immunoglobulin (TSI) results 	<ul style="list-style-type: none"> Sarah Birks 	<ul style="list-style-type: none"> Uncontrolled graves Hyperfunctioning thyroid nodule (toxic) 	<ul style="list-style-type: none"> Recurrent or persistent graves with reasonable control of thyroid function

Condition: [Thyroid: Primary or secondary](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

[Hyperparathyroidism – Consult only](#)

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> Primary or secondary hyperparathyroidism 	<ul style="list-style-type: none"> Blood tests: thyroid function tests, Calcium/Magnesium/Phosphate, UEC, Corrected calcium, Vitamin D, PTH Thyroid ultrasound 	<ul style="list-style-type: none"> Sarah Birks 	<ul style="list-style-type: none"> Corrected calcium >3 	<ul style="list-style-type: none"> Primary or secondary hyperparathyroidism, Corrected calcium <3

Condition: [Vasectomy](#)

[State-wide Referral Criteria](#) applies to this condition.

☐ Yes ☒ No

When to refer (criteria)	Additional Information to be included	In Scope Clinician/Surgeon	Urgent	Routine
<ul style="list-style-type: none"> request by patient Can send referral to Owen Niall's rooms	<ul style="list-style-type: none"> reason for referral related medical, social history 	<ul style="list-style-type: none"> Roshan Ariyaratnam Basavaraj Mundasad Kostas Syrrakos Senthilkumar Sundaramurthy Chandika Wewelwala 	Not applicable	routine