REFERRAL GUIDELINES
VASCULAR SURGERY

Referral Form: The GP Referral Template is the preferred referral tool (previously known as the Victorian Statewide Referral Form) – [GP Referral Template](http://www.nhv.org.au/general-practice/2015/3/11/gp-referral-template)


Click on category to advance to that page:

**Arterial**
- Abdomen
- Extracranial head and neck disease
- Lower limb
- Thoracic
- Upper limb

**Venous**
- Central
- Peripheral

**Lymphatic**
- Acquired
- Congenital

**Services not provided**
- Cosmetic spider vein and flares

**PLEASE NOTE:** All referrals received by Monash Health are triaged by clinicians to determine urgency of referral.

- Patients assessed as having an urgent need are offered an appointment within thirty days as assessed by the clinician.
- Patients assessed as having a non-urgent need for appointments in clinics where there is no waiting list, are offered appointments within four months on a “treat in turn basis”.
- Patients assessed as having a non-urgent need for appointments in clinics that have a waiting list, referrers and patients will be notified of the expected wait times. Where the wait time does not meet patient needs, alternative service providers can be found by searching the Human Services Directory at [http://humanservicesdirectory.vic.gov.au/Search.aspx](http://humanservicesdirectory.vic.gov.au/Search.aspx)

**IMPORTANT:**
The following information is mandatory:

**Demographics:**
- Full name
- Date of birth
- Postal address
- Landline & mobile number
- Medicare number
- Referring GP details
- Usual GP (if different)
- Interpreter requirements
- Email address

**Clinical:**
- Reason for referral
- Duration of symptoms
- Management to date and response to treatment
- Past medical history
- Current medications and medication history if relevant
- Functional status
- Psychosocial history
- Dietary status
- Family history
- Diagnostics as per referral guideline

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Abdomen

**Patient Presentation**
- Aortic aneurysm

**Initial GP Work Up**
- Standard history and risk factors above particularly positive family history
- Abdominal examination with:
  - Most significant abdominal aortic aneurysms are palpable

**Investigations:**
- Abdominal ultrasound
- Routine FBC, glucose, creatinine and electrolytes

**Management Options For GP**
- Manage risk factors
  - Smoking
  - Blood pressure

**WHEN TO REFER**
- In male if greater than 4.0cm
- Female if greater than 3.5 cm
- Surveillance in consultation with General Practice
- Aneurysms 5.5cm or greater or tender aneurysms should be referred as urgent


- Renal artery stenosis
- Mesenteric angina
- Other aneurysms

**Investigations:**
- FBE
- U&E
- Clotting
- Duplex

**Management Options For GP**
- Manage risk factors
  - Smoking
  - Blood pressure

**WHEN TO REFER**
- Renal Artery Stenosis – after Nephrologist assessment
- Mesenteric Stenosis – if loss of weight > 5kg

Extracranial

**Carotid Disease**
- History of TIAs (localising, global and amaurosis fugax) or stroke
- Carotid bruit
- Cardiovascular assessment

**Investigations:**
- Routine FBC and routine lipids
- U&E
- Glucose
- Creatinine
- Consider carotid artery duplex scan as long as this does not delay referral

**Management Options For GP**
- Commence aspirin
- Manage other risk factors

**WHEN TO REFER**
Refer to Vascular Surgery clinic if:
- Carotid bruit with recurrent symptoms, critical carotid stenosis (greater than 90% by ultrasound).
- Patient with Crescendo TIAs
- Strokes
Lower limb

Patient Presentation
- Rest pain, ischaemic, ulceration and gangrene

Initial GP Work Up
- Standard history and risk factors
- Peripheral pulses

Management Options For GP
- Manage risk factors particularly smoking
- Commence aspirin

Investigations:
- Routine FBC
- Glucose
- U&E
- Lipids
- Arterial duplex

WHEN TO REFER
- Non healing and/or painful leg ulcers
- Diabetic foot disease
- Active foot sepsis
- Worsening of ischaemic state or increasing pain
- Claudication
- Severe claudication more or less than 100 meters and/or associated rest pain
**Thoracic**

<table>
<thead>
<tr>
<th>Patient Presentation</th>
<th>Initial GP Work Up</th>
<th>Management Options For GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic outlet syndrome</td>
<td>Standard history</td>
<td>Nil</td>
</tr>
<tr>
<td></td>
<td>Related to arterial and venous insufficiency in upper limb and neurological symptoms</td>
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<tr>
<td></td>
<td><strong>Investigations:</strong></td>
<td></td>
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<tr>
<td></td>
<td>Rule out all other pathologies</td>
<td></td>
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<tr>
<td></td>
<td>X-ray of cervical spine, chest x-ray and thoracic outlet</td>
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</tbody>
</table>

**WHEN TO REFER**
Refer to Vascular Surgery clinic if:
- Mark referral urgent for neurological symptoms or prolonged arterial or venous insufficiency

| | | |
| | History of profound sweating of hands and axillae unresponsive to conservative treatment | Nil |
| | **Investigations:** | |
| | Thyroid function tests | |

**WHEN TO REFER**
Refer to Vascular Surgery clinic if:
- For consideration of surgery

| | Routine chest x-ray | Nil |
| | Echocardiogram | |
| | **Investigations:** | |
| | Routine FBC | |
| | HBA, C | |
| | U&E | |

**WHEN TO REFER**
Refer to Vascular Surgery clinic if:
- Large sacular aneurysm greater than 5cm
Upper Limb

Patient Presentation
- Vasospastic disease
- Embolic/occlusive disease

Initial GP Work Up
- Blood pressure taken in both arms
- Degree of ischaemia
- Trophic changes
- Check for cardiac arrhythmia including AF
- Assess for connective tissue disorder

Investigations:
- Routine FBC
- HbA,C
- U&E

Management Options For GP
- Advice in regard to precipitants, eg cold exposure, machinery
- Avoid smoking
- Consider trial of medications such as Nifedipine Nicotinic acid

WHEN TO REFER
Refer to Vascular Surgery clinic if:
- Connective tissue disorders when significant pain and/or disability not responding to conservative measures.
- Cases with trophic changes
### Venous

**Patient Presentation**
- Central
- Peripheral

**Initial GP Work Up**
- Venous duplex too

**Management Options For GP**
- N/A

#### WHEN TO REFER
Refer to Vascular Surgery clinic if:
- Leg swelling, pigmentation, venous ulcers, bleeding

### Lymphatic

**Patient Presentation**
- Acquired
- Congenital

**Initial GP Work Up**
- U&E
- LFTs
- FBE & film please

**Management Options For GP**
- N/A

#### WHEN TO REFER
Refer to Vascular Surgery clinic if:
- Leg swelling