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REFERRAL GUIDELINES

General Surgery - Colorectal Clinic

Head of Unit: Stewart Skinner

Referrals: Referral addressed to named head of unit 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 Colorectal Unit provides management of diseases of the intestine, colon, rectum and anus.

Minimum Referral Information required:

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Duration of symptoms
- Include details of lesion/lumps: location, size, site, duration or changes noted
- Management to date
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigation.
- Previous colonoscopy results

Categories for Appointment :

	Clinical Description	Timeframe
Emergency	Patients with signs and symptoms requiring emergency review • Diverticulitis with systemic sepsis • Large bowel obstruction • Severe or large volume PR bleeding • Irreducible Prolapse • Severe pain or obstructed • Thrombosed haemorrhoids associated with necrosis, sepsis Perianal or ischio-rectal abscesses	**Immediate via Emergency Department**
Category 1 Urgent	The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. • Colorectal Ca	**As per triage 1-2 weeks**

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- 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

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT
Stewart Skinner

PROGRAM DIRECTOR
Peter Evans

ENQUIRIES
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Category 2 Semi-Urgent	The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.	**Within 3 months Dependant on severity**
Category 3 Routine	The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month	**Waiting list (next available)** If patient symptoms deteriorate ,please re-refer and note : patient already on appointment wait list ,request for a triage review.

Additional Clinical Information for Specific Conditions :

Diseases of the colon

Clinical History:

- Family history
- Altered bowel habit
- Tenesmus
- Mass
- Incomplete rectal emptying
- recurrent attacks of diverticulitis

Management/Investigations

- Acute mild diverticulitis: antibiotics.

Colorectal cancer

Clinical History including:

- Rectal Mass
- Weight loss
- Medications
- Ascites
- Tenesmus
- History of Malignancy
- PR blood, pus, or mucus
- Altered bowel habit
- Flatus
- Incomplete rectal emptying
- Family history of inflammatory bowel disease, polyposis or cancer Investigations

Investigations:

- FBE, LFTs , CEA ,U &E
- CT Scan of chest, abdomen and pelvis
- Biopsy result
- Colonoscopy or Barium enema result

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Management:
Consider iron replacement while awaiting investigations.
Patients with confirmed colorectal cancer refer urgently to the Colorectal Outpatient Clinic: contact the Colorectal Fellow or Registrar through switchboard on 9784 7777 to discuss urgent referral or for advice

Rectal Bleeding:

Clinical History:

- History of type of bleeding fresh or dark, on paper or mixed in stools
- Volume of bleeding and if painful or painless
- Occult bleeding (FOBT+ve)
- Rectal examination
- Anaemia
- Weight loss
- Altered bowel habits
- Abdominal pain

Investigation:

- FBE, iron studies

Haemorrhoids

Clinical History:

- History of rectal bleeding on defecation (Grade 1)
- Prolapsing lump, spontaneous reduction (Grade 2)
- Prolapsing lump, manual reduction (Grade 3)
- Painful tender lump, external thrombosed (Grade 4)
- Prolapse and thrombosis
- Evaluation:
  - PR
  - Proctoscopy
  - Sigmoidoscopy

Management:

- Lifestyle/dietary advice/ modification
- Increase fluid and fibre intake
- Proprietary creams/ suppositories
- Topical cream if small e.g. proctosedyl or scheriproct
- Refer for colonoscopy if underlying disease suspected
- Points for concern:
  - An associated change in bowel habit
  - Blood mixed with stool
  - Associated pain and discomfort in the absence of thrombosis or other pathology such as a fissure
  - Palpable mass on rectal examination
  - Copious bleeding with associated anaemia

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Anal fissure

Clinical History:

- History of pain or bleeding with and after defecation.
- Pain typically sharp with itchiness
- Attacks may be intermittent or prolonged
- Evaluation may be difficult due to spasm
- Note anal tag

Management:

- Dietary changes –increase fluid and fibre intake
- Topical Recto-gesic ointment tds and lignocaine ointment
- faecal softeners e.g. Coloxyl, macrogol

Anal fistula

Clinical History:

- History of recurrent perianal abscesses
- Discharge sinus
- Previous surgical procedure for drainage

Rectal Prolapse

Clinical History:

- Rectal examination
- Internal prolapse
- Mucosal prolapse (inner lining)
- Complete prolapse (Full thickness)
- Feeling of incomplete emptying/constipation
- Protrusion of rectum during defecation, incontinence, mucus discharge, rectal pressure sensation, bleeding

Management:

- Incomplete rectal prolapse or mucosal prolapse – manage with bulk laxatives to avoid excessive straining
- Complete rectal prolapse will need referral for surgical management

Anal Pain:

Clinical History:

- Pain and bleeding with defecation (fissure)
- Painful swelling (thrombosed haemorrhoid, abscess, cancer
- Rectal examination if Thrombosed haemorrhoid, Ana fissure, Perianal abscess

Management:

- See guidelines for specific conditions

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Eligibility Criteria:

General surgical conditions in patients without significant comorbidities for example:

- including colectomy, stomas and stoma reversal
- Perineal disease & faecal incontinence
- Haemorrhoids
- Pilonidal sinus
- Anal fissures/fistula
- Inflammatory bowel disease
- Colonoscopy

Exclusions:

- < 16 years- Refer children to paediatric surgery clinic.
- Bariatric Surgery - Consider other public specialist bariatric surgery service.

Clinic information:

- Colorectal Clinic: Monday fortnightly 8:30 – 12:00pm
- Location: Outpatient Department- Integrated Health Centre -Hastings Road Frankston
- Phone- 9784 2600
- Fax referrals 9788 1879

Please Note; The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of her appointment

Alternative referral options:

- Private sector
- Please note the following conditions are not treated by Colorectal Clinic and should be referred to the following units:
- Patients with suspected or proven inflammatory bowel disease should be referred to the Gastroenterology Inflammatory Bowel Disease Clinic
- For Hydrocele and Varicocoele please refer to Urology
- For endoscopy requests please refer to Gastroenterology

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