

General Surgery Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of general surgical conditions. Patients will be clinically triaged into management pathways according to specific clinical requirements:

Conditions not seen by General Surgeons at Western Health:

- Hydrocoele, varicocele or testicular pathology – please refer to Urology
- Irritable bowel/function gastrointestinal pathology – please refer to Gastroenterology
- Incidental asymptomatic gallstones
- Incidental asymptomatic, stable gall bladder polyp <10mm. Other gallbladder polyps please refer to Upper Gastrointestinal & General Surgery (UGIG) clinic
- Groin pain with no lump present/palpable

General Surgery Alarm Symptoms:

Any patient presenting with the following should present directly to an emergency department:

- Painful or irreducible hernias with concern for obstruction or strangulation
- Actively discharging pilonidal sinus with signs of infection
- Acutely unwell with acute cholecystitis/cholangitis/right upper quadrant pain
- Acutely unwell with symptomatic gastric, hepatic or pancreatic mass

Access & Referral Priority General Surgery Clinic:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

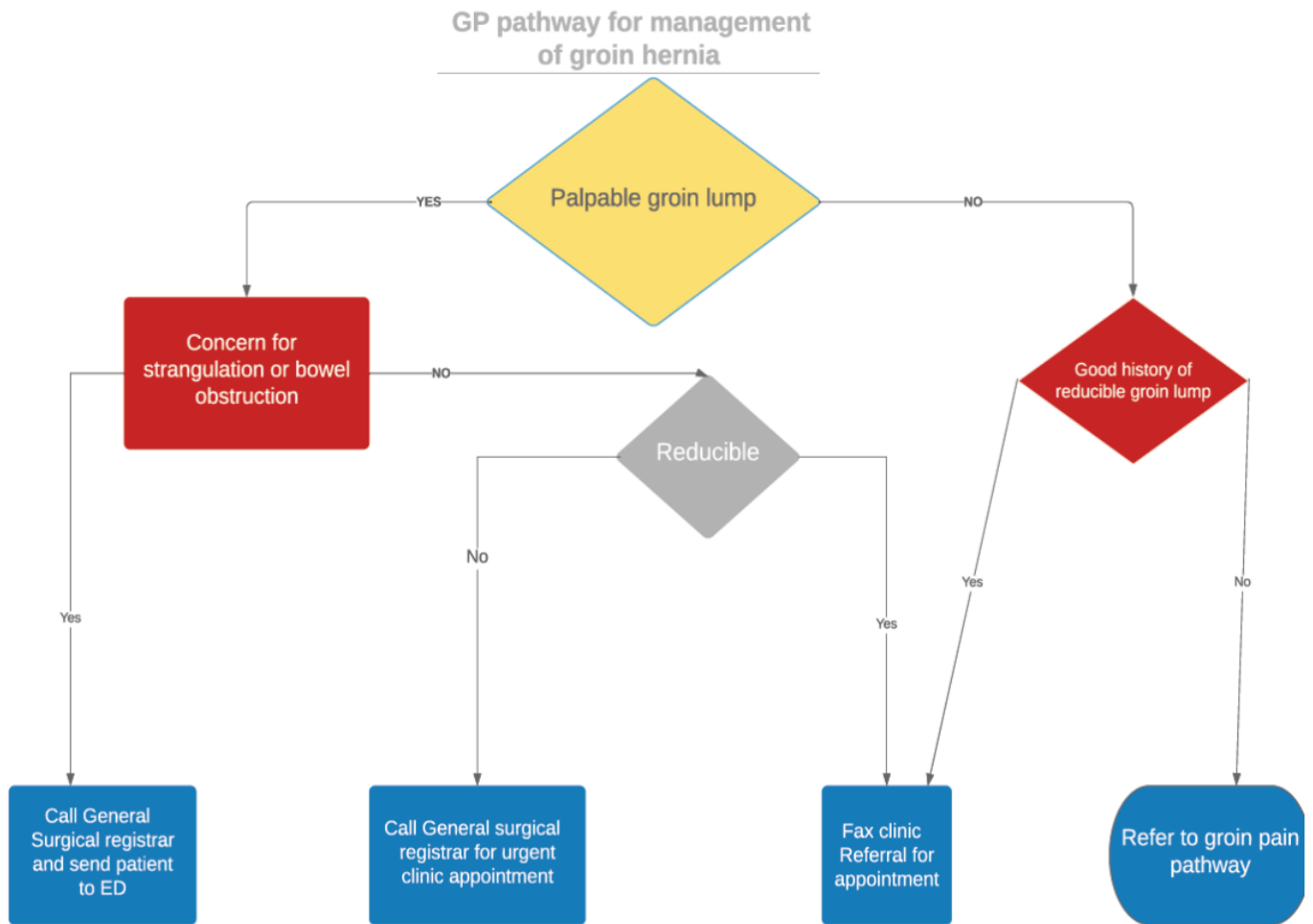
<p style="text-align: center;">URGENT</p> <p style="text-align: center;">Appointment timeframe 30 days.</p>	<p style="text-align: center;">ROUTINE</p> <p style="text-align: center;">Appointment timeframe greater than 30 days, depending on clinical need.</p>
<ul style="list-style-type: none"> • Irreducible inguinal hernia without evidence of bowel strangulation or obstruction • Reducible inguinal hernia with associated pain • Irreducible periumbilical/incisional hernia • Soft tissue lump/lipoma >5cm or concerns for malignancy 	<ul style="list-style-type: none"> • Reducible inguinal hernia with no associated pain or feature of bowel obstruction or strangulation • Persisting groin pain that has not responded to management as outlines in groin pathway ((see Appendix 1)) • Reducible periumbilical/incisional hernia • Pilonidal sinus/recurrent pilonidal abscess

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
Inguinal Hernia	<p>Provide clinical findings and details of ability to reduce.</p> <ul style="list-style-type: none"> • Presence of groin lump • Good history of reducible groin lump associated with Valsalva (cough, lifting, straining) 	<ul style="list-style-type: none"> • Ultrasound is not required
Groin Pain Pathway (see Appendix 1)	<ul style="list-style-type: none"> • Multiple potential causes of pain • Groin pain pathway reviewed (appendix 1) • 2-week course of NSAIDS and rest prior to referral if musculoskeletal cause suspected and no improvement • If no palpable hernia or history of reducible groin lump, hernia repair is unlikely to help and may worsen pain 	<ul style="list-style-type: none"> • Ultrasound is not required
Periumbilical/incisional hernia	<ul style="list-style-type: none"> • Provide clinical findings including presence of lump, ability to reduce and changes with valsalva • BMI 	<ul style="list-style-type: none"> • Imaging not • CT abdomen if completed
Pilonidal sinus	<ul style="list-style-type: none"> • Presenting symptoms • Details of previous surgery 	<ul style="list-style-type: none"> • Investigations not required
Gallstones	<ul style="list-style-type: none"> • Frequency/duration of biliary colic • Details of concerning change including jaundice, recent episode of gallstone pancreatitis and unintentional weight loss 	<ul style="list-style-type: none"> • Full blood examination (FBE) • Liver function tests (LFT) • Urea and electrolytes (U&E) • Lipid profile • Upper abdomen Ultrasound
Lipoma/atypical soft tissue lesions	<ul style="list-style-type: none"> • Clinical findings including size (change in size), duration of symptoms, impact on function • Details of any weight loss 	<ul style="list-style-type: none"> • Ultrasound required • CT scan if undertaken as part of investigation but not routinely required

Appendix 1: GP Pathway for Management of Groin Hernia



(Continued next page)

Appendix 1 continued: GP Pathway for Management of Groin Hernia

Groin pain GP pathways



Differential diagnosis

Musculoskeletal	
Adductor tendinitis	Inguinal or femoral hernia
Bursitis	Avulsion fracture
Osteitis Pubis	Osteoarthritis/inflammatory arthritis
Pubic instability	Postpartum symphysis separation
Nerve entrapment	Muscle strain
Genitourinary/gynae	
Prostatitis	Lumbar spine pathology
Hydrocele/Varicocele	Urinary tract infection
Testicular	Pelvic inflammatory disease
Colorectal	
Diverticular disease	Inflammatory bowel disease
Other	
Vascular (aneurysm)	lymphadenopathy