Thoracic Surgery Specialist Clinics at Western Health:

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

Conditions not seen by Thoracic Surgeons at Western Health:

- Non-surgical lung conditions (e.g. lung infections, asthma, COPD) -> refer to relevant respiratory clinic
- Non-surgical cardiac conditions (e.g. hypertension, cardiac failure, suspected coronary artery, valvular or adult congenital disease needing investigation -> refer to relevant cardiology clinic)

Thoracic Surgery Alarm Symptoms:

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

- Acute pneumothorax
- Pleural effusion / empyema; rapidly accumulating or significant symptoms at rest (e.g. breathlessness)
- Thoracic surgery post-operative issues (clinically critical, bleeding, signs of infection, worsening symptoms e.g. breathlessness)
- Significant thoracic trauma
- Acute chest pain

Access & Referral Priority for Thoracic 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.

URGENT	ROUTINE	
Appointment timeframe 30 days.	Appointment timeframe greater than 30 days, depending on clinical need.	
 Suspicious or malignant lung lesions Pleural effusion / empyema - symptomatic large pleural effusion Thoracic surgery post-operative issues (non-critical) Endothoracic tumours On call thoracic surgical registrar can be contacted to discuss complex or urgent referrals 	 Pleural effusion all newly diagnosed asymptomatic effusions should be referred for investigation Chest wall lesions or deformities 	

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:
Lung lesions	 Clinical history including respiratory symptoms assessment Include smoking / workplace exposure history Past history and medication list 	 Chest x-ray CT scan of chest
Pleural effusion / empyema Refer directly to ED if acutely unwell	 Include patient history: breathlessness and symptoms, signs of underlying condition (e.g. heart failure, neoplasia, infection) Include smoking / workplace exposure history If history of respiratory disorders, consider additional referral to Respiratory Clinic 	 Chest x-ray LDH, FBE, total protein, LFTs echocardiogram if cardiac history or cardiac symptoms CT chest if features of malignancy or infection
Thoracic surgery post- operative issues *Refer back to original provider if possible	Include details of previous surgical management (location, surgeon) if available	 Investigations are generally not needed as these will be done via Outpatient Department If available: Wound infections: swabs sent for
Chest wall lesions or	Clinical history including respiratory symptoms and	 microbiology & details of any antibiotic therapy initiated by GP FBE including inflammatory/infection markers (CRP, ESR) Chest x-ray (PA and lateral)
deformities Endothoracic tumours	 examination findings Functional limitations Include smoking / workplace exposure history Clinical history including respiratory symptoms and 	Relevant diagnostic imaging and
	examination findings include relevant family historysmoking and/or workplace exposure history	pathology undertaken as part of patient work-up