Vascular Surgery Specialist Clinics at Western Health:

Western Health provides Specialist Clinics for patients who require assessment and management of vascular conditions. The Vascular Surgery Unit have developed the following guidelines and associated supporting clinical information to triage your patient appropriately. Please review these guidelines and management via Health Pathways Melbourne before referring a patient to the Vascular Surgery Clinic.

Patients will be triaged into management pathways according to specific clinical requirements.

Please note referrals that do not provide adequate information for triaging may be returned with a request for further information.

Conditions not seen at Western Health Vascular Surgery Clinics:

- Femoral or calf DVT – managed by Emergency department
- Aneurysm of the ascending aorta and Type A aortic dissection – refer to Cardiac Surgery
- Intracerebral aneurysms – refer to Neurosurgery
- Cosmetic Varicose Veins or Laser/Injection Sclerotherapy treatment of Spider Veins
- Blushing/Flushing or Excessive Sweating (Hyperhidrosis)

Alarm Symptoms:

Urgent conditions require an immediate referral to an Emergency Department. Support and guidance can be provided by the Western Health Vascular Registrar via switch on 8345 6666.

- Suspected rupture of an abdominal or thoracic aortic aneurysm
- Acute aortic dissection
- Abdominal or thoracic aortic aneurysm >6cm diameter and symptomatic or tender aneurysm
- Critical stenosis of the internal carotid artery associated with transient ischemic attacks (TIA) or stroke
- Carotid Artery dissection or Vertebral Artery dissection
- Acute ischaemia of any limb
- Gangrene or infection or rest pain associated with signs of ischaemia in the leg
- Infection associated with an artery or bypass graft
- Pseudo aneurysm of an artery after trauma or medical intervention/arterial catheter
- Extensive or Ilio-femoral Deep vein thrombosis (DVT)*
- Axillary vein thrombosis

*(refer to Vascular Surgery if requiring opinion and consideration for invasive thrombolysis in addition to anticoagulation. Otherwise manage with anticoagulation under medical unit or in consultation with Haematology)

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Access & Referral Priority Vascular Surgery Specialist Clinics:

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

Appointment timeframe 30 days

Arterial:

- Carotid Artery Disease
  - Symptomatic and >50% stenosis
  - Stroke
  - Isolated transient ischemic attack (TIA) with reversible ischemic neurological defect (RIND) and/or amaurosis fugax
  - Abdominal or thoracic aortic aneurysm >6cm diameter
- Peripheral Vascular Disease
  - Ischaemic changes or pain at rest
  - Severe claudication <50m
- Popliteal Artery Aneurysm
  - Symptoms of claudication or ischaemia
  - Significant thrombus within aneurysm >2.0 cm diameter
  - Deep Vein Thrombosis - Ilio-femoral DVT

Venous:

- Venous ulceration
- Bleeding varicosities

ROUTINE

Appointment timeframe greater than 30 days, depending on clinical need.

Arterial:

- Carotid Artery Disease
  - Asymptomatic carotid stenosis of >70% on imaging
  - Subclavian stenosis or vertebral steal
  - Carotid body tumour
- Abdominal or Thoracic Aortic Aneurysm < 6cm
- Iliac aneurysm
- Splenic, renal or mesenteric artery aneurysm
- Renal Artery Stenosis
  - Hypertension
  - Deteriorating Renal Function
  - Reduction in renal size
- Peripheral Vascular Disease
  - Claudication
- Popliteal Artery Aneurysm
  - Asymptomatic
  - <2.0 cm diameter

Miscellaneous:

- Thoracic Outlet Syndrome
- Mesenteric angina
- Post phlebitis syndrome

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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:
Carotid Artery Disease	• Medical and surgical history and medications • Details of any abnormal examination findings – neurological and cardiovascular • Details if any History of TIAs (localising, global and amaurosis fugax) or stroke • Smoking history • Family history of vascular disease or hyperlipidaemia	• ECG and cardiac investigations • Carotid Artery Duplex Scan • FBE U&E LFT, Fasting lipids, INR if on warfarin
Abdominal Aortic Aneurysm	• Medical and surgical history and medications • Details of genetic factors and collagen disorders • Smoking history	• Abdominal ultrasound • FBE, U&E, Fasting lipids
Renal Artery Stenosis	• Medical and surgical history and medications	• U&E eGFR • Copies of past renal ultrasounds • Renal Ultrasound, renal artery Duplex Scan
Peripheral Vascular Disease	• Medical and surgical history and medications • Details of clinical concern, claudication distance, rest pain • Details of clinical examination – peripheral pulses, skin changes • Smoking history • History of spinal conditions	• FBE U&E LFT Fasting lipids, coagulation studies, fasting blood glucose, HbA1c(if diabetic) • Duplex ultrasound • Consider aorto-iliac CT with arterial contrast if no femoral pulses present.
Varicose Veins	• Medical and surgical history and medications • Please note referrals for varicose veins will not be accepted without a completed Varicose Vein Supporting Clinical Information Form (Appendix 1) • CEAP Clinical Score must be ≥C3 (Appendix 2) • For patients with suspected venous symptoms without the clinical conditions listed there is an expectation conservative management has been trialed as outlined in Health Pathways Melbourne	• Please include any relevant investigation results and reports
Thoracic Outlet Syndrome	• Medical and surgical history and medications • Symptom duration and history • Examination findings supporting diagnosis • Details of management to date	• Any CT/MRI/Xray/ • Ultrasound that provides evidence of vascular anatomical compression

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APPENDIX 1 – VARICOSE VEIN SUPPORTING CLINICAL INFORMATION FORM

HISTORY OF CURRENT CONDITION (OR ATTACHED REFERRAL LETTER)

PATIENT INFORMATION MALE/FEMALE MR/MRS/MS
FIRST NAME: LAST NAME:
DOB: WESTERN HEALTH UR# (IF KNOWN)
ADDRESS:
CONTACT NUMBERS-HOME: MOBILE:
INTERPRETER REQUIRED: YES/NO: if yes LANGUAGE:

REFERRER DETAILS
NAME:
CLINIC NAME:
ADDRESS:
PHONE:
FAX:

Symptoms: _____

Conservative Measures: _____

Exercise ☐

Compression ☐ **Type/Grade:** _____

Injection sclerotherapy ☐

Clinical conditions:

Venous sclerosis* ☐

Bleeding varicosities ☐

Venous dermatitis ☐

Significant venous oedema ☐

Thrombophlebitis ☐

Ulceration ☐

Weight loss ☐

Other conditions: ☐

Previous venous interventions or surgery: _____

Medications: _____

Other conservative measures: _____

Comorbid conditions: _____

Functional Limitation circle closest response:

Ankle movement: **<50%** **50-75%** **>75%**

Walking **<100m** **100-500m** **>500m**

Body Mass Index: _____

*** Venous sclerosis- skin changes at the ankle with associated haemosiderin pigmentation causing skin redness, atrophy Blanche and woody induration.**

Department of Health Guidelines for Elective Surgery Access in a Public Hospital: https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides.

- **Please attach current imaging reports and investigation results to referral**
- **Patients must bring all imaging to appointments**

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APPENDIX 2 – CEAP CLASSIFICATION OF THE SEVERITY OF VARICOSE VEINS

Clinical Categories:

CEAP Clinical Score		Description
C0		No visible or palpable varicose veins
C1		Telangectasia (Thread veins / Spider veins / Broken veins)
C2	C2A	Varicose veins without any symptoms (Asymptomatic)
	C2S	Varicose veins with symptoms
C3		Swollen ankle (oedema) due to varicose veins or hidden varicose veins (venous reflux)
C4		Skin damage due to varicose veins or hidden varicose veins (venous reflux)
C5		Healed venous leg ulcer
C6		Venous leg ulcer

Etiological Classification:

- Ec: Congenital
- Ep: Primary
- Es: Secondary
- En: No venous cause identified

Anatomical Classification:

- As: Superficial veins
- Ap: Perforating veins
- Ad: Deep veins
- An: No venous location identified

Pathophysiology Classification:

- Pr: Reflux
- Po: Obstruction
- Pr.o: Refulx and obstruction
- Pn: No venous pathophysiology identifiable