Colorectal Surgery Specialist Clinics at Western Health:

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

Conditions not seen by Colorectal Specialists at Western Health:

- Suspected or proven inflammatory bowel disease (IBD) refer to Gastroenterology IBD Clinic
- For endoscopy requests refer to Gastroenterology
- Incisional, Inguinal, umbilical hernia refer to General Surgery (Hernia)
- Perianal lumps without concerning features or that have resolved.
- Asymptomatic skin tags.
- Rectal bleeding with a known cause where serious colorectal pathology has been excluded and the symptoms remain unchanged, are occasional, or have resolved.
- Persistent but unchanged symptoms previously investigated
- If the patient has had a full colonoscopy in the last 2 years for the same symptoms
- Untreated anal fissures

Colorectal Surgery Alarm Symptoms:

Conditions that require direct referral to an Emergency Department:

- Diverticulitis with systematic sepsis
- Large bowel obstruction
- Severe or large volume PR bleeding
- Irreducible rectal prolapse
- Thrombosed haemorrhoids associated with necrosis and sepsis
 - Perianal or ischiorectal abscesses

Access & Referral Priority Colorectal Surgery:

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.	
Confirmed / suspected colorectal cancer	 Peri-stomal hernia and Hartmanns reversal Ano-rectal Disease: Haemorrhoid's Anal Fistula Anal Fissure Rectal Prolapse Faecal incontinence Pilonidal sinus Anal Pain 	

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:
New or suspected diagnosis of colorectal cancer	 Symptoms and signs indicating a suspicion of colorectal cancer. Details of family history of colorectal cancer 	 Tests: FBE, LFT Iron studies or serum ferritin Tumour marker (CEA) If undertaken: Colonoscopy and biopsy reports (current and previous – Details of colonoscopy provider) CT scan reports of chest, abdomen and pelvis (Details of Radiology Provider to be included)
Peri-stomal hernia and Hartmann's reversal*	 Include previous surgical management details including surgeon/location of surgery if available *If appropriate, consider referral back to original provider 	 Any relevant diagnostic tests including CT scan (Details of Radiology Provider) and colonoscopy (Details of colonoscopy Provider)
 Ano-rectal Disease: Haemorrhoid's Anal Fistula Anal Fissure Rectal Prolapse Faecal incontinence Pilonidal sinus 	 Ano-rectal conditions not responding to conservative management. Include details on duration of symptoms & previous treatment trialed. Details of clinical incl rectal examination 	 If undertaken: Any relevant diagnostic tests including CT scans (Details of Radiology Provider); colonoscopy (Details of colonoscopy Provider)