

Paediatric Surgery Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinic for infants and children aged 0 – 14 years who require assessment and management of Paediatric Surgical conditions. Patients will be triaged by Consultant Paediatric Surgeons into management pathways according to specific clinical requirements: Children aged 14 years and older will be triaged to Adult General Surgery, these clinics will be facilitated by General Surgeons at Joan Kirner Women's and Children's at Sunshine Hospital.

These referral guidelines are for Paediatric Specialist Clinics provided at Joan Kirner Women's and Children's at Sunshine Hospital only.

Conditions not seen by Paediatric Surgery Specialists at Western Health:

- Tongue-tie < 6 months
- Circumcision for religious or cultural reasons.
- Umbilical Hernia in a child < 3 years of age.
- Hydrocele in a child < 2 years of age.
- Children with hydronephrosis, vesico-ureteric reflux, dysfunctional voiding and hypospadias – refer to the Urology Department at the Royal Children's Hospital via: [RCH Specialist Clinic Referral](#).
- Lesions on hands/feet/wrists: e.g., Ganglions / Foreign bodies - Please refer to Paediatric Plastics Surgery, Joan Kirner Women and Children's at Sunshine Hospital.

Paediatric Surgery Alarm Symptoms:

Note: Western Health does not currently have an Emergency Paediatric Surgical Service.

Acute conditions requiring immediate assessment – please refer the patient to the Sunshine Hospital Emergency Department.

All paediatric surgical emergencies and suspected paediatric surgical emergencies must be referred to the Royal Children's Hospital Emergency Department.

- Any significant bleeding with Hb drop should be seen in the emergency department.

Access & Referral Priority Paediatric 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 Appointment timeframe 30 days.	ROUTINE Appointment timeframe greater than 30 days, depending on clinical need.
Inguinal Hernia <ul style="list-style-type: none"> • < 1 month of age • Episodes of incarcerated or difficult reduction. 	Hernia <ul style="list-style-type: none"> • Umbilical • Inguinal • Epigastric
Lymphadenopathy or mass concerning for Lymphoma or tumour	Balanitis Balanitis Xerotica Obliterans <ul style="list-style-type: none"> • If voiding can be seen > 30 days
Rectal biopsy to exclude Hirschsprung's disease	Undescended Testes <ul style="list-style-type: none"> • If descent is yet to occur after 6 months of age.
	Circumcision
	Simple Skin Lesions Common lesions include: <ul style="list-style-type: none"> • Pilomatrixomas • Dermoid cysts • Skin tags
	Ingrown Toenails
	Tongue tie <ul style="list-style-type: none"> • > 6 months
	Midline neck swelling

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:
<p>Phimosis</p> <p>Practice point Physiological phimosis is a normal phenomenon and does not require referral if asymptomatic. Initial therapy is medical.</p> <p>Do not refer unless a course of steroid ointment has been completed.</p>	<ul style="list-style-type: none"> • Details of symptoms including: <ul style="list-style-type: none"> ➢ Recurrent balanitis ➢ Dysuria ➢ Significant ballooning (mild ballooning is normal) ➢ Painful erections. • Details of response to steroid ointment 	
<p>Balanitis Xerotica Obliterans (Characterised by thick white scar tissue at preputial opening)</p>	<ul style="list-style-type: none"> • Details of clinical examination 	
<p>Undescended Testes Retractable vs undescended</p>	<ul style="list-style-type: none"> • Details of clinical examination 	Do not perform an ultrasound
<p>Hernia Epigastric, umbilical, and inguinal</p>	<ul style="list-style-type: none"> • Details of clinical examination 	Do not perform an ultrasound.
<p>Simple Skin Lesions</p>	<ul style="list-style-type: none"> • Details of lesion development and clinical findings. 	
<p>Ingrown Toenail</p>	<ul style="list-style-type: none"> • Details of impact and treatment to date. 	
<p>Midline neck swelling</p>	<ul style="list-style-type: none"> • Details of swelling development and clinical findings. 	Pre-referral ultrasound is not required as diagnosis is clinical.
<p>Rectal bleeding</p> <p>Practice point Almost all rectal bleeding in children is benign and related to a fissure caused by constipation.</p>	<ul style="list-style-type: none"> • History of bleeding and clinical findings. • Details of any constipation and management to date. • Any significant bleeding with Hb drop should be seen in the emergency department. 	
<p>Lymphadenopathy</p>	<ul style="list-style-type: none"> • History and clinical findings • Details of recent illnesses and travel 	<ul style="list-style-type: none"> • An ultrasound may be helpful to measure the size and nature of enlarged nodes but is not necessary prior to referral. • Most external providers will recommend consideration of a fine needle aspiration – this is contraindicated in children.
<p>Tongue-Tie</p>	<ul style="list-style-type: none"> • History and clinical findings • Impact of tongue tie on feeding and speech development. 	



Western Health Specialist Clinics Access & Referral Guidelines