

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
- Gallstones- Please refer to Upper Gastrointestinal & General Surgery (UGIG) clinic
- Implanon removal- Please refer to IUD/contraceptive clinic for palpable device or Plastic and reconstructive surgery for non-palpable
- Skin tags that are ≤5cm and not causing functional problems
- Recurrent ganglion- Please refer to plastics
- Asymptomatic incidental hernia
- Rectus Divarication without other triage criteria such as hernia
- Groin pain with no lump present/palpable
- Bariatric Surgery- Refer to [St Vincents Hospital](#) or [Alfred Health](#)

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/jaundice
- 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 with palpable/present lump that has not responded to management as outlined in groin pathway (see Appendix 1) • Reducible periumbilical/incisional hernia • Sebaceous cyst |

Western Health Specialist Clinics Access & Referral Guidelines

URGENT

- Appointment timeframe 30 days.

ROUTINE

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

- Benign soft tissue lump/lipoma
- Ganglion
- Large skin tags
- Carpal tunnel syndrome

Condition Specific Referral Guidelines:

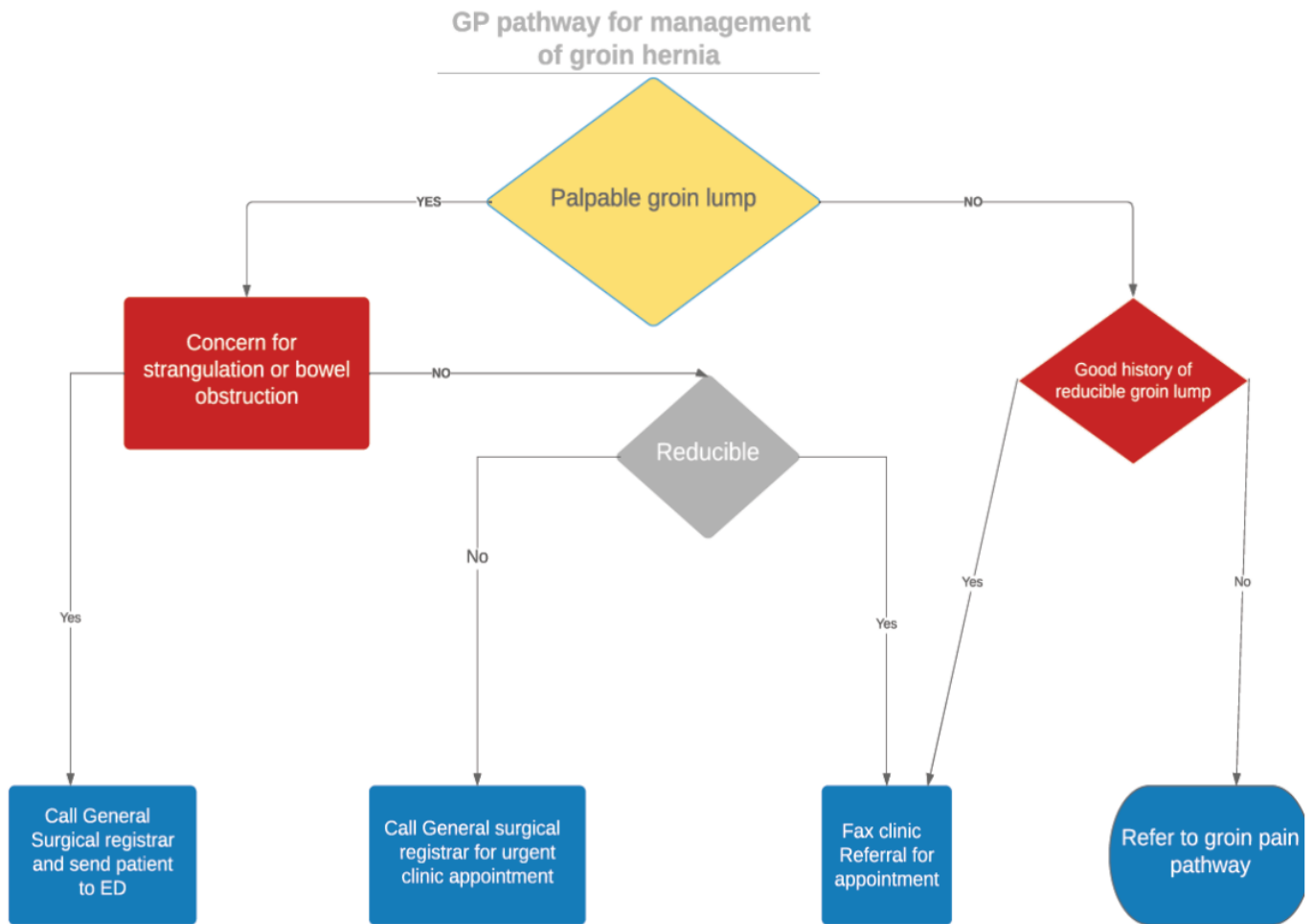
Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

| Condition: | Key Information Points: | Clinical Investigations: |
|--|---|---|
| Inguinal Hernia (see appendix 1 for pathway) | <ul style="list-style-type: none"> • Provide clinical findings including presence of lump, ability to reduce and changes with valsalva (cough, lifting, straining) | <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 (cough, lifting, straining) • BMI | <ul style="list-style-type: none"> • Imaging not required • CT abdomen if completed |
| Groin Pain (see Appendix 1 for pathway) | <ul style="list-style-type: none"> • Multiple potential causes of pain • Groin pain pathway must have been 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/other imaging if completed |

Western Health Specialist Clinics Access & Referral Guidelines

| Condition: | Key Information Points: | Clinical Investigations: |
|--|---|--|
| Skin and soft tissue issues: Lipoma Atypical soft tissue lesions | <ul style="list-style-type: none"> • ≥5cm in size • Causing functional problems or significant disfigurement • Requesting surgical treatment • Clinical findings including size (change in size), duration of symptoms, impact on function • Medical history including details of any immunosuppression • Current medications | <ul style="list-style-type: none"> • Ultrasound required • Histology results if completed • CT scan if undertaken as part of investigation but not routinely required |
| Sebaceous Cysts Large skin tags Ganglion | <ul style="list-style-type: none"> • Causing functional problems or significant disfigurement • Requesting surgical treatment • Clinical findings including size (change in size), duration of symptoms, impact on function • Medical history including details of any immunosuppression • Current medications | <ul style="list-style-type: none"> • Ultrasound if completed • Histology results if completed |
| Carpal tunnel syndrome | <ul style="list-style-type: none"> • Assessment <ul style="list-style-type: none"> ○ History: mechanism, duration, symptoms ○ Examination findings ○ Impact on quality of life and work capacity • Investigations performed | <ul style="list-style-type: none"> • Nerve conduction study |

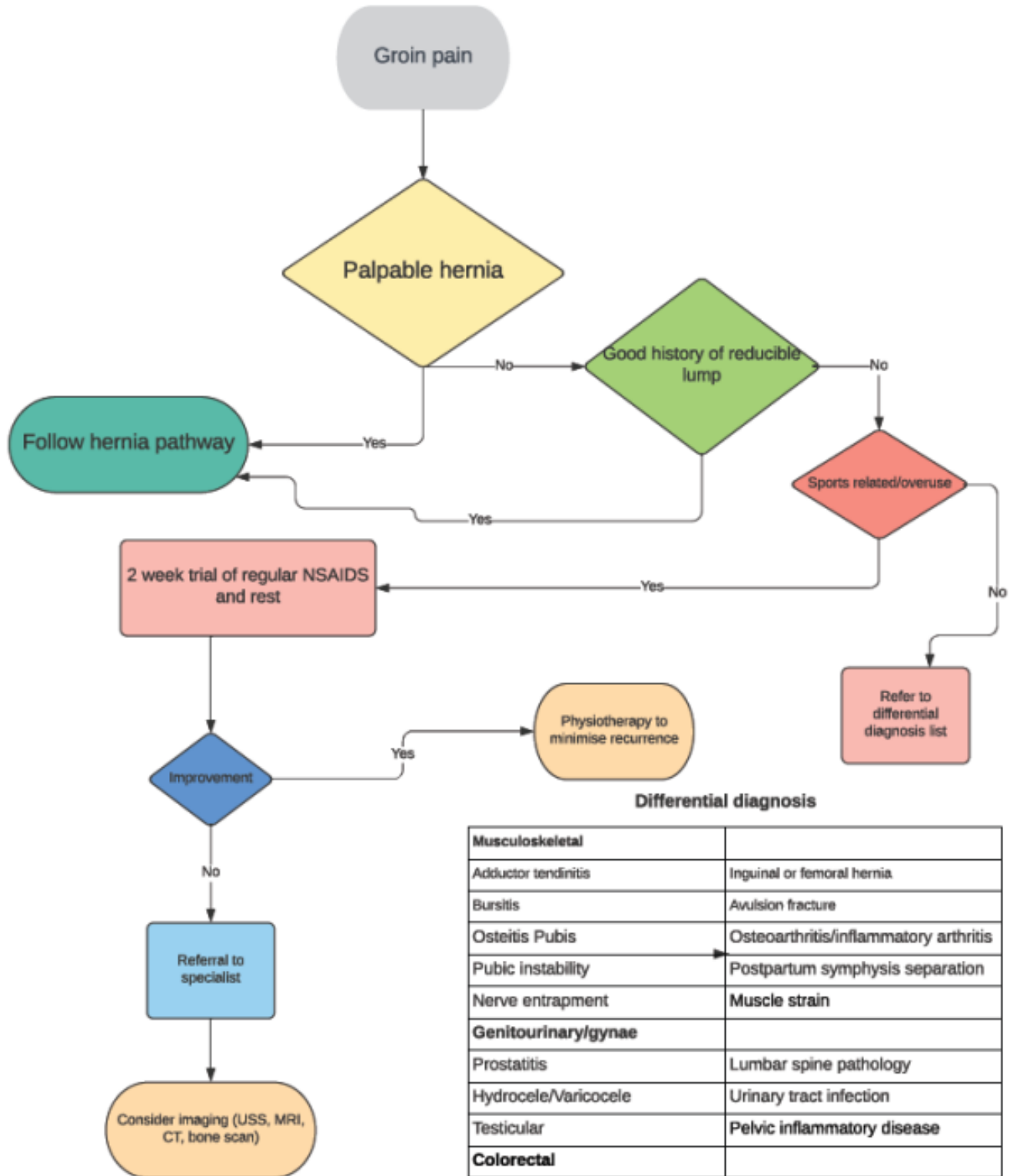
Appendix 1: GP Pathway for Management of Groin Hernia



(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 |