

Upper Gastrointestinal/hepatobiliary Surgery Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of upper GI/Hepatobiliary conditions. Patients will be triaged by consultants into management pathways according to specific clinical requirement.

Conditions not seen by Upper Gastrointestinal/Hepatobiliary Surgeons at Western Health:

- Incidental asymptomatic gallstones
- Incidental asymptomatic, stable, small gall bladder polyp <10mm (refer to appendix)
- Groin pain with no lump visible/palpable
- Gastrointestinal Reflux Disease that has not received maximal medical management
- Bariatric Surgery- Refer to [St Vincents Hospital](#) or [Alfred Health](#)

Upper Gastrointestinal/Hepatobiliary Alarm Symptoms

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

- Acutely unwell with acute cholecystitis/Cholangitis/Right Upper Quadrant pain/Ultrasound changes
- Acutely unwell with symptomatic gastric, hepatic or pancreatic mass
- Painful or irreducible hernias with concern for obstruction or strangulation

Access & Referral Priority Upper Gastrointestinal/Hepatobiliary Surgical 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.

<p>URGENT</p> <p>Appointment timeframe 30 days</p>	<p>ROUTINE</p> <p>Appointment timeframe greater than 30 days, depending on clinical need.</p>
<ul style="list-style-type: none"> • Gastric Tumour • Hepatic Tumours • Pancreatic Tumours • Gall Bladder Cancer • Gallbladder polyps >10mm and increasing in size • Pancreatic cyst with dilated pancreatic duct >10mm in size 	<ul style="list-style-type: none"> • Pancreatic cysts & Intraductal papillary mucinous neoplasms • Hepatic cysts • Biliary colic, Gallstones & Adenomyomatosis • Hiatus Hernia with: <ul style="list-style-type: none"> ○ Volume reflux or obstructive symptoms ○ Identified on chest x-ray or gastroscopy ○ Severe heartburn unresponsive to maximum medical management • Inguinal & Incisional Hernias • Gallbladder polyps 8-10mm – size stable

Condition Specific Referral Guidelines:

Key information enables Western Health clinicians to triage patient referrals to the correct category and provide treatment with fewer visits to Specialist Clinics, creating more capacity for care. If key information is missing, you will be asked to return the referral with the required information. If this information is not received, the referral may be rejected.

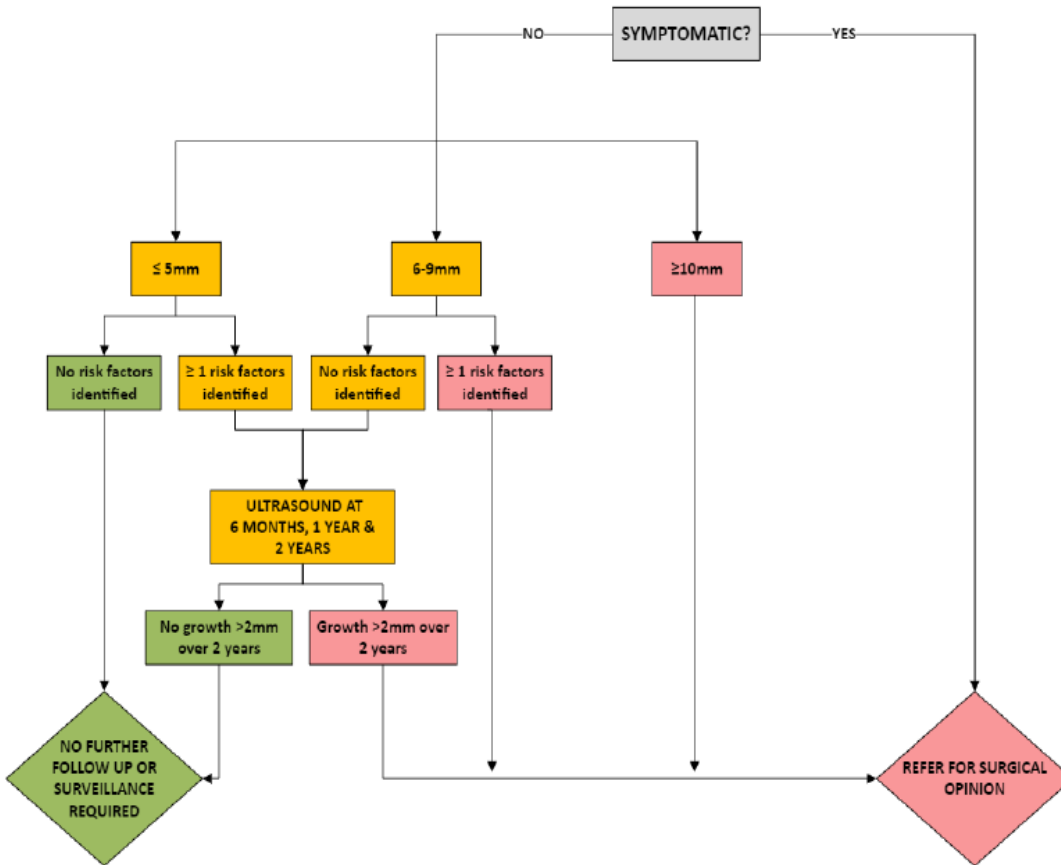
Condition:	Key Information Points:	Clinical Investigations
Gastric tumour/mass	<ul style="list-style-type: none"> Clinical features including symptom onset, duration and severity, including any gastrointestinal features e.g. haematemesis/melaena and unintentional weight loss Family history of malignancy Details of alcohol consumption and smoking status 	<ul style="list-style-type: none"> CT Abdomen/Pelvis/Chest Gastroscope +/- biopsy
Hepatic tumour/ mass	<ul style="list-style-type: none"> Clinical features including symptom onset and duration including jaundice Medical history including any details of metabolic syndrome and unintentional weight loss Details of alcohol consumption and smoking status Details if current or past IV drug use 	<ul style="list-style-type: none"> Hepatitis serology LFT INR Tumour markers – AFP, CEA CA 19-9 CT abdomen and pelvis or MRI Abdominal Ultrasound- may not be required if CT abdomen provided
Hepatic Cyst	<ul style="list-style-type: none"> Clinical features including symptom onset, duration and severity including unintentional weight loss Medical history including any details of metabolic syndrome. Details of alcohol consumption and smoking status 	<ul style="list-style-type: none"> CT abdomen and pelvis
Gallbladder tumour/mass	<ul style="list-style-type: none"> Clinical features including symptom onset, duration and severity including details of jaundice, weight loss, steatorrhea (oily stool) 	<ul style="list-style-type: none"> LFT Tumour markers – AFP, CEA, CA 19-9 Abdominal Ultrasound CT abdomen and pelvis
Pancreatic tumour/ mass	<ul style="list-style-type: none"> Clinical features including symptom onset, duration and severity including details of jaundice, steatorrhoea (oily stool) and unintentional weight loss. If diabetic include details of diagnosis and response to treatment. 	<ul style="list-style-type: none"> LFT Tumour markers- CEA CA19-9 If diabetic -Fasting BSL/HbA1C CT pelvis and abdomen with pancreas protocol/
Gallbladder polyps Refer to polyp pathway for size, monitoring and referral indicators . (Appendix 1)	<ul style="list-style-type: none"> Clinical features including symptom onset, duration and severity including details of biliary colic, jaundice, gallstone pancreatitis and unintentional weight loss. <p>Note: Patients who are of Asian or Central American decent are at greater risk of developing a malignant polyp.</p>	<ul style="list-style-type: none"> Upper abdomen ultrasound +/- CT scan

Condition:	Key Information Points:	Clinical Investigations
<p>Pancreatic cyst /Intraductal papillary mucinous neoplasms</p> <p><i>Practice point – dilated pancreatic duct >10mm in size require urgent review</i></p>	<ul style="list-style-type: none"> Clinical features including symptom onset, duration and severity including details of jaundice, pain, steatorrhoea (oily stool) and unintentional weight loss. If diabetic include details of diagnosis and response to treatment. 	<p>CT Pancreas</p>
<p>Biliary colic, Gallstones(symptomatic or>3 cm) & adenomyomatosis</p>	<ul style="list-style-type: none"> Clinical features including symptom onset, duration and severity including details of frequency/duration of biliary colic, jaundice, gallstone pancreatitis and unintentional weight loss. 	<ul style="list-style-type: none"> Upper abdomen Ultrasound +/- CT scan LFT
<p>Inguinal hernias/ Incisional hernias and groin pain Appendix 2 Hernias and groin pain pathway review before referring</p>	<ul style="list-style-type: none"> Provide clinical findings including details of a lump, ability to reduce and changes with Valsalva (cough, lifting, straining). 	<ul style="list-style-type: none"> Ultrasound is not indicated
<p>Hiatus Hernia/GORD Unresponsive to maximal medical management</p>	<ul style="list-style-type: none"> Clinical features including details of volume reflux or obstructive symptoms. 	<ul style="list-style-type: none"> Chest x-ray Abdominal and chest CT Gastroscopy and biopsy results if performed

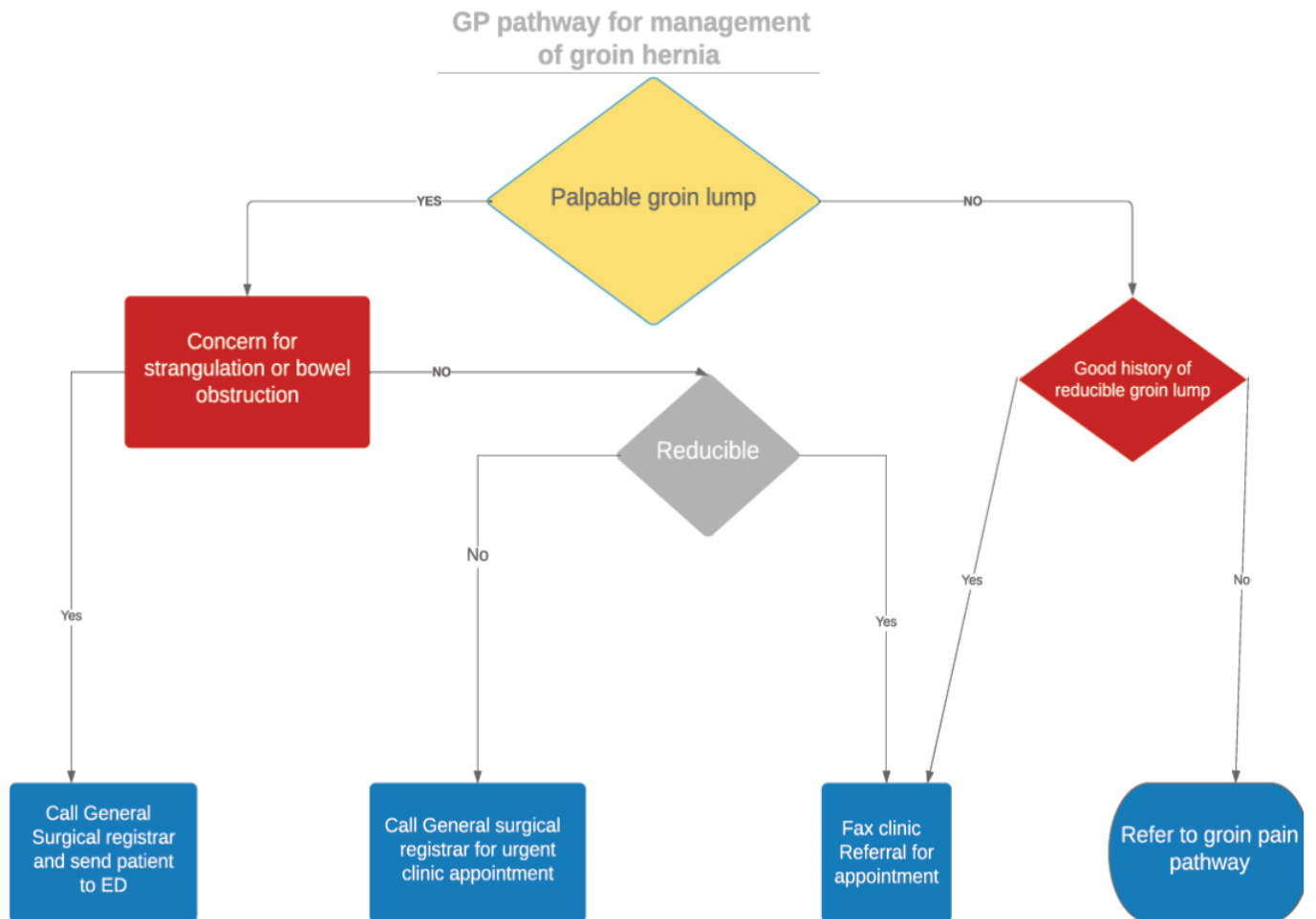
GALLBLADDER POLYP PATHWAY

***RISK FACTORS FOR MALIGNANCY:**

- Sessile polyp >4mm
- Age >60yrs
- Asian or Central American origin
- Primary sclerosing cholangitis
- Growth >2mm over 2 yrs



GP Pathway for Management of Groin Hernia



(Continued next page)

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