

## Paediatric Surgery Clinics at Western Health:

Western Health provides Specialist General Paediatric Surgery Clinic services for patients up to 14 years of age who require assessment and management of general paediatric surgical conditions.

Referral will be triaged by a Paediatric Surgeon according to specific clinical requirements.

**Referrals may be triaged to alternative Paediatric Specialist Clinics at Western Health.**

Specialist Clinics are provided in the Joan Kirner Women's & Children's Sunshine Hospital.

## Conditions not seen by Paediatric Surgery at Western Health:

- Circumcision for religious or cultural reasons.
- Umbilical Hernia in a child < 4 years of age.
- Hernias found on ultrasound without clinical signs or symptoms
- Undescended testes in a child <3 months
- Hydrocele in a child < 2 years of age.
- Divarication of the recti
- 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.

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

**Testicular torsion: acute testicular torsion is a surgical emergency and should be seen in emergency department**

**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.**

## Access & Referral Priority

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.

<b>URGENT</b>  <b>Appointment timeframe 30 days</b>	<b>ROUTINE</b>  <b>Appointment timeframe greater than 30 days, depending on clinical need.</b>
<p><b>Scarring due to recurrent balanitis</b></p> <ul style="list-style-type: none"> <li>• Including Balanitis Xerotica Obliterans</li> <li>• In children aged &gt;3 years</li> </ul> <p><b>Phimosis</b></p> <ul style="list-style-type: none"> <li>• Not responding to medical management (e.g. topical corticosteroid for at least 4 weeks)</li> </ul>	<p><b>Umbilical Hernia</b></p> <ul style="list-style-type: none"> <li>• In children aged &gt;4 years</li> <li>• More than 1.5cm in diameter</li> <li>• Symptomatic</li> </ul> <p><b>Other abdominal wall or groin hernia</b></p> <ul style="list-style-type: none"> <li>• Felt on examination and is clinically evident</li> </ul>
<p><b>Resolved potential testicular torsion</b></p>	<p><b>Undescended testes</b></p> <ul style="list-style-type: none"> <li>• That cannot be manipulated into the bottom of the scrotum</li> <li>• Child &gt;3 months</li> </ul> <p><b>Hydrocele</b></p> <ul style="list-style-type: none"> <li>• Child &gt;2 years</li> </ul>
<p><b>Tongue tie</b></p> <ul style="list-style-type: none"> <li>• Functional limitation causing feeding problems</li> <li>• Diagnosed by professional using validated tool</li> </ul>	<p><b>Simple skin lesions or lumps</b></p> <ul style="list-style-type: none"> <li>• Common lesions include Pilomatrixomas, Dermoid cyst, Skin tags</li> <li>• Deep, painful, rapidly growing</li> <li>• Or greater than 1cm and causing functional impairment</li> <li>• Or causing significant cosmetic concern (e.g. on face)</li> </ul>

# Western Health Specialist Clinics Access & Referral Guidelines

<b>URGENT</b>	<b>ROUTINE</b>
<b>Appointment timeframe 30 days</b>	<b>Appointment timeframe greater than 30 days, depending on clinical need.</b>
	<b>Midline neck swelling</b>
	<b>Lymphadenopathy</b>

## 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><b>Phimosis</b></p> <p><b>Practice point</b> Physiological phimosis is a normal phenomenon and does not require referral if asymptomatic.</p> <p>Initial therapy is medical.</p> <p><b>Do not refer unless a course of steroid ointment has been completed.</b></p>	<ul style="list-style-type: none"> <li>• Details of symptoms including                             <ul style="list-style-type: none"> <li>○ Recurrent balanitis</li> <li>○ Dysuria</li> <li>○ Significant ballooning (mild ballooning is normal)</li> <li>○ Painful erections.</li> </ul> </li> <li>• Details of response to steroid ointment</li> <li>• Child's age</li> </ul>	
<p><b>Scarring from Balanitis/ Balanitis Xerotica Obliterans</b></p>	<ul style="list-style-type: none"> <li>• Findings on physical examination</li> <li>• Details of previous management including the course of treatment(s) and outcome of treatment(s)</li> <li>• Child's age.</li> </ul>	
<p><b>Undescended Testes</b></p>	<ul style="list-style-type: none"> <li>• Findings on physical examination                             <ul style="list-style-type: none"> <li>○ Retractable vs undescended</li> <li>○ Congenital or ascending</li> </ul> </li> <li>• Child's age</li> </ul>	Do not perform an ultrasound
<p><b>Hernia</b></p> <p><b>Practice point</b> Epigastric, umbilical and inguinal hernias are diagnosed via clinical signs and symptoms rather than imaging.</p>	<ul style="list-style-type: none"> <li>• Detailed clinical examination including position and size of a hernia</li> <li>• Child's age</li> <li>• Statement about parent/guardian interest in having surgical treatment</li> </ul>	Do not perform an ultrasound

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Condition:	Key Information Points:	Clinical Investigations:
<b>Simple Skin Lesions</b>	<ul style="list-style-type: none"> <li>• Details, of onset, duration, site, size and recent changes in size and speed of growth</li> <li>• Statement about parent/guardian interest in having surgical treatment</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Tongue Tie</b>	<ul style="list-style-type: none"> <li>• Must be causing feeding or speech problems</li> </ul>	<ul style="list-style-type: none"> <li>• Report from an assessment by a credentialed lactation consultant, speech pathologist or doctor using an appropriate assessment tool for lingual frenulum function (e.g. Hazelbaker or TABBY assessment tool)</li> </ul>
<b>Midline Neck Swelling</b>	<ul style="list-style-type: none"> <li>• History of swelling and clinical findings.</li> </ul>	<ul style="list-style-type: none"> <li>• Pre referral ultrasound is not required as diagnosis is clinical.</li> </ul>
<b>Lymphadenopathy</b>  <b>Practice point:</b> Most external providers will recommend consideration of a fine needle aspiration – this is contraindicated in children.	<ul style="list-style-type: none"> <li>• History and clinical findings</li> <li>• Details of recent illnesses and travel</li> </ul>	<ul style="list-style-type: none"> <li>• An ultrasound may be helpful to measure the size and nature of enlarged nodes but is not necessary prior to referral.</li> </ul>