

Austin Health Specialist Clinic holds multidisciplinary sessions to discuss and plan the treatment of patients with Gastroenterology conditions.

<b>Department of Health clinical urgency categories for specialist clinics</b>
<b>Urgent:</b> A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days. For emergency cases, please send the patient to the Emergency department.
<b>Semi Urgent:</b> Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.
<b>Routine:</b> the Gastroenterology Consultant will triage Referrals. Appointments will be booked accordingly.
<p><b>Exclusions: The following conditions should <u>not</u> be referred to outpatients, but rather patients should be advise to present directly to A&amp;E:</b></p> <p><i>'Active haematemesis and/or melaena; Acute severe colitis; Jaundice with fever / abdominal pain, Food bolus obstruction, Suspected bowel obstruction Decompensated cirrhosis with encephalopathy, jaundice or sepsis; Clinically significant ascites/hepatic hydrothorax'.</i></p> <p><i>Patients with Hepatocellular Carcinoma should <u>not</u> be referred to outpatients or present to A&amp;E, rather referred directly to the Hepatocellular Carcinoma Unit. See Referral Form and Referral Guidelines.</i></p>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information	Expected number of Specialist Appointments
<b>Reflux Symptoms</b>	<p><b>When to Refer:</b></p> <p>Symptoms persisting despite lifestyle advice/acid reduction therapy</p>	<p><b>Clinical history and examination:</b></p> <p><b>Instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b></p>	<b>Routine:</b>	<i>As required</i>
<b>Progressive Dysphagia</b> <b>Dysphagia</b>	<p><b>When to Refer:</b></p> <p>Almost all patients need gastroscopy</p>	<p><b>Clinical history and examination</b></p> <p><b>Diagnostics:</b> Any recent pathology tests please attach to appointment</p>	<b>Urgent:</b>	<i>As required</i>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information	Expected number of Specialist Appointments
<b>Dyspepsia</b>  <b>Epigastric pain</b>	<b>When to Refer:</b>  Weight loss Failure to resolve with PPI therapy and/or dietary advice	<b>Clinical history and examination:</b>  <b>Imaging:</b> Abdominal ultrasound  <b>Instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b>	<b>Semi Urgent:</b> Age > 40  <b>Routine:</b> Age < 40	<i>As required</i>
<b>Nausea, Vomiting or Anorexia</b>	<b>When to Refer:</b>  Persistent symptoms not responding to PPI therapy and/or dietary advice	<b>Clinical history and examination:</b>	<b>Semi Urgent:</b> Age > 40	<i>As required</i>
<b>Coeliac Disease</b>	<b>When to Refer:</b>  Serology positive	<b>Clinical history and examination:</b>  <b>Diagnostics:</b> Serology results	<b>Routine:</b>	<i>As required</i>
<b>Acute and Chronic Diarrhoea</b>	<b>When to Refer:</b>  > 6 – 8 weeks without blood  >2 weeks with blood	<b>Clinical history and examination:</b>  <b>Diagnostics:</b> <b>Stool M&amp;C</b> <b>Basic pathology tests (FBE, U&amp;E, LFT, ESR, CRP)</b>	<b>Urgent:</b>	<i>As required</i>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information	Expected number of Specialist Appointments
<b>Constipation</b>	<p><b>When to Refer:</b></p> <p>Recent onset or change</p> <p>Chronic: refer after failure of laxatives and lifestyle advice</p>	<p><b>Clinical history and examination:</b></p> <p><b>Diagnostics:</b> FBE Iron studies</p>	<b>Routine:</b>	<i>As required</i>
<b>Alternating Diarrhoea/Constipation</b>	<p><b>When to Refer:</b></p> <p>Chronic Condition: refer after failure of dietary advice/lifestyle advice</p>	<p><b>Clinical history and examination:</b></p> <p><b>Diagnostics:</b> Stool M&amp;M FBE U&amp;E LFT ESR/CRP Coeliac serology</p>	<b>Routine:</b>	<i>As required</i>
<b>Bloating</b>	<p><b>When to Refer:</b></p> <p>Almost all of this patient group have IBS as their underlying diagnosis. Suggest trial low FODMAP diet and/or refer to dietician</p>	<b>Clinical history and examination:</b>	<b>Routine:</b>	<i>As required</i>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information	Expected number of Specialist Appointments
<b>Irritable Bowel Proven</b>  <b>Irritable Bowel Suspected</b>	<b>When to Refer:</b> Suggest trial low FODMAP diet and/or refer to dietician  Consider referral if weight loss or abnormal pathology tests.	<b>Clinical history and examination:</b>	<b>Urgent:</b>	<i>As required</i>
<b>Abdominal pain</b>	<b>When to Refer:</b> Significant recent onset believed to be non-surgical	<b>Clinical history and examination:</b>  <b>Diagnostics:</b> Abdominal Ultrasound FBE U&E LFT	<b>Routine:</b>	<i>As required</i>
<b>Polyps</b>	<b>When to Refer:</b> History of polyps	<b>Clinical history and examination:</b>  <b>Imaging:</b> Colonoscopy report  <b>Instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b>	<b>Semi Urgent:</b> Less than 5 cleared within past 3 years  <b>Routine:</b> Greater than 5 or not cleared within past 3 years	<i>As required</i>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information	Expected number of Specialist Appointments
<b>Bowel Cancer</b>	<p><b>When to Refer:</b> Family history of bowel Cancer</p> <p>Suspected or know hereditary colon cancer syndrome</p>	<p><b>Clinical history and examination:</b></p> <p><b>Instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b></p>	<p><b>Routine:</b> 2 or less first degree relatives after 50</p> <p><b>Semi-Urgent:</b> Greater than 2 first-degree relatives diagnosed under 50.</p>	<i>As required</i>
<b>Bowel Thickening on CT</b>	<p><b>When to Refer:</b> Thickening or mass on imaging (suspected or not suspected cancer)</p>	<p><b>Clinical history and examination:</b></p> <p><b>Diagnostics:</b> CT report FBE Iron studies</p> <p><b>Imaging:</b> CT Scan of bowel</p> <p><b>Instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b></p>	<b>Urgent:</b>	<i>As required</i>
<b>Iron Deficiency Anaemia</b>	<p><b>When to Refer:</b> Confirmed case of Iron Deficiency Anaemia</p>	<p><b>Clinical history and examination:</b></p> <p><b>Diagnostics:</b> FBE U&amp;E LFT Iron Studies Coeliac serology</p>	<b>Urgent:</b>	<i>As required</i>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information	Expected number of Specialist Appointments
<b>Anaemia</b>	<b>When to Refer:</b> Anaemia but no haematinics  No history of GI bleeding  Hb, 100 g/l	<b>Clinical history and examination:</b>  <b>Diagnostics:</b> FBE U&E LFT Iron Studies Coeliac serology	<b>Urgent:</b>	<i>As required</i>
<b>Unexplained weight loss</b>	<b>When to Refer:</b> Recent weight loss, >5k	<b>Clinical history and examination:</b>  <b>Diagnostics:</b> FBE U&E LFT Iron Studies Coeliac serology  <b>Instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment</b>	<b>Urgent:</b>	<i>As required</i>