

Austin Health Gen Surg 3 Upper GI Clinic holds multidisciplinary sessions to discuss and plan the treatment of patients with General Surgery Upper Gastro Intestinal conditions.

Triage Categories			
Emergency/After Hours: Call the Emergency Department (ED) on 9496 3368 to access an ED Consultant.	Urgent: 1-30 days To be seen at the next clinic.	Semi Urgent: 31-90 days	Routine: 91-365 days
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information
Inguinal and Femoral Hernia	When to refer:	Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Routine: All If the Hernia is incarcerated it must be upgraded to Urgent.
Hiatus Hernia	When to refer: If symptomatic OR If presents as a asymptomatic large para-oesophageal hernia	Clinical history and examination Diagnostics: gastroscopy Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: If the patient is unable to tolerate food. Routine: This type of Hernia is ALWAYS allocated to General Surgical 3 Upper GI Surgery

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Gall Stones	When to refer: If symptomatic	Clinical history and examination Diagnostics: Targeted abdominal ultrasound Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Severe pain in abdomen and back Jaundice Fever, Chills, Sweating Nausea and Vomiting Routine: Infrequent pain
Gastric Cancers	When to refer: Always refer know cancers Refer to Oesophagastric Cancer Guidelines	Clinical history and examination Imaging: Send available information as to not to delay surgery. Diagnostics: Send available information as to not delay surgery. Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Next Available Clinic

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Incisional and Umbilical Hernias	When to refer: If symptomatic	Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent <ul style="list-style-type: none"> ▪ If the Hernia is incarcerated Routine: <ul style="list-style-type: none"> ▪ If Hernia is <u>not</u> incarcerated
Oesophageal Cancers/Strictures	When to refer: Always refer know cancers Refer to Oesophagastric Cancer Guidelines	Clinical history and examination Imaging: Send available information. Not to delay surgery. Diagnostics: Send available information. Not to delay surgery. Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Next Available Clinic
Dysphagia	When to refer: All cases of dysphagia If suspected cancer symptoms (Oesophagastric Cancer Guidelines)	Clinical history and examination Diagnostics: Urgent gastroscopy Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: All cases

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Gastro-Oesophageal Reflux Disease (GORD) Reflux, Barrett's Disease	When to refer: If suspected cancer (Oesophagastric Cancer Guidelines) Symptoms resistant to PPI treatment Patient preference for surgery over long term PPI treatment	Clinical history and examination Imaging: Diagnostics: Gastroscopy Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: If patient has had symptoms of dysphagia. Suspected cancer related symptoms. Unexplained weight loss. >55 years of age. Routine: Preference for surgery over long term PPI treatment.
Achalasia	When to refer: All cases of achalasia If suspected cancer symptoms (Oesophagastric Cancer Guidelines)	Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Suspected Cancer Cases Routine:
Peptic Ulcer Disease	When to refer: Symptoms resistant to PPI treatment	Clinical history and examination Diagnostics: Gastroscopy Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: As required Semi Urgent: As required Routine: As required

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Gastric Polyps	<p>When to refer:</p> <p>If follow-up required for further management following endoscopy</p> <p>As advised by an Endoscopist</p>	<p>Clinical history and examination</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: As required</p> <p>Semi Urgent: As required</p> <p>Routine: As required</p>
Appendicitis	<p>When to refer:</p> <p>Always</p>	<p>Clinical history and examination</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent:</p> <p>All Cases</p> <p><i>Can be allocated to Gen Surg 1, 2 or 3.</i></p>
<p>Bariatric Upper GI Surgery (Separate Clinic)</p> <p>Refer to 'Endocrinology Bariatric Surgery'</p> <p>Head of Unit Ahmad Aly</p>	<p>When to refer:</p> <p>If patient interested in weight loss surgery and meets the below criteria.</p> <p>Complications from previous weight loss surgery should include description of what type of surgery, where surgery occurred and when as well as what the current issues are.</p> <p>Edmonton Obesity Staging System score of 1 or more.</p> <p>BMI > 40</p> <p>OR</p> <p>BMI 35 <u>WITH</u> obesity related comorbidities</p>	<p>Clinical history and examination</p> <p>Bariatric Surgery Referral (obtained from Specialist Clinics)</p> <p>OSA screening tool (page 2)</p> <p>Diagnostics:</p> <p>Sleep Study (if meets criteria on page 2 of Bariatric Surgery Referral form)</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent:</p> <p>Complications from previous bariatric surgery such as dysphagia, reflux, pain, uncontrolled nausea and vomiting, unable to tolerate food or fluids</p> <p>Routine:</p> <p>All referrals for primary bariatric surgery (no weight loss surgery in the past)</p> <p>Referrals for 'poor weight loss' following previous bariatric surgery</p> <p>Patients triaged as suitable for 'Austin Operating Suite Only' (BMI > 52 females and BMI > 48 males OR significant or untreated comorbidities) may wait up to 12 months for an appointment.</p>

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	<p>AND</p> <p>Previous clear and significant attempts at non-surgical weight loss</p> <p>Age 18-65</p> <p>EXCLUSION CRITERIA</p> <p>Current smoker</p> <p>Alcohol or substance abuse</p> <p>Edmonton Obesity Staging System Score 0 or 4</p> <p>Active eating disorder</p> <p>No evidence of previous weight loss attempts (i.e. dietitian input)</p> <p><i>Further eligibility criteria will be applied by the bariatric surgery unit. Referrer will be notified if patient deemed not suitable for surgical management.</i></p>		<p>Patients triaged as being suitable for 'The Surgery Centre Campus' (BMI <52 females and BMI < 48 males OR little to no comorbidities) can wait up to 6 months for an appointment</p> <p>Contact the Bariatric Surgery Liaison Nurse for more information via hospital switchboard</p>