

Surg 3 Endocrine Surgical Referral Guidelines

Austin Health General Surg 3 Endocrine Surgery holds weekly multidisciplinary sessions to discuss and plan the treatment of patients with Endocrine Surgical conditions.

Department of Health clinical urgency categories for specialist clinics

Urgent: Urgent: 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.

Semi Urgent: Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.

Routine: Appointments will be booked accordingly.

Exclusions: Please refer Multinodular Thyroid/Goitre patients with ABN LFT's and Normal Ultrasounds to Endocrinology Unit

| Condition / Symptom | GP Management | Investigations Required Prior to Referral | Expected Triage Outcome information |
|---------------------------------|---|---|---|
| Multinodular Thyroid/Goitres | When to refer: -Newly identified Thyroid nodules >1cm for assessment -Goitre with abnormal LFT's -Suspicion/proven Thyroid cancer. DO NOT REFER Thyroid nodules <1cm unless Family History of MTL | Clinical history and examination Imaging: U/S Thyroid (upload to PACS) No Nuclear Scan unless TSU supressed U/S guided FNA @ Austin fs suspected malignancy Diagnostics: TSU, FT4, FT3, FGU, U&E, Cr, Calcium, PTH, Vitamin D, FBE Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | Urgent: Book all patients into Tuesday Endocrine Surgery Clinic Only |



| Condition / Symptom | GP Management | Investigations Requ Prior to Referral | uired Expected Triage Outcome informat | ion |
|---------------------------------------|---|--|---|--|
| Parathyroid | When to refer: -Suspicion of Hyperparathyro >2.5mmol/l with elevated PT OR | | Clinical history and examination Imaging: - Not Mandatory Consider: U/S Parathyroid @ Austin Parathyroid Sertraline @ Austin | Urgent: Ca >3.0 with severe symptoms Semi Urgent: |
| | PTH >6pmol/l with elevated | calcium | Diagnostics: U&E, LFT, Correctol Ca, Vitamin D, TSU, FTG, FT3, PTH, FBE, 24hr urine Ca and Creatinine. DO NOT ORGANISE IMAGING AT PRIVATE PRACTICE Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | <i>All others Book all patients into Tuesday Endocrine Surgery Clinic Only</i> |
| Parotid Glands | When to refer: | | Clinical history and examination: | Urgent: |
| ⊤ Submandibular Salivary Glands | For management of Salivary | Tumours and Stones | Imaging: Not mandatory U/S and CT Scan with Contrast organised at Austin Health Diagnostics: N/A Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | Symptoms of malignant Semi Urgent: All others Book all patients into Tuesday Endocrine Surgery Clinic Only |



| Condition / Symptom | GP Management | Investigations Requestions Requestion for the second secon | uired Expected Triage Outcome informat | ion |
|--|--|--|--|--|
| Adrenal Tumours | When to refer: | | Clinical history and examination | Urgent: |
| | Any Newly identified Adrena | l mass | Past History of Malignancy (?) Imaging: -CT or any other relevant report. <i>Triage to upload scan onto PACS</i> Diagnostics: Aldosterone Renin Ratio, Plasma Metanephrine, 1mg overnight Dexamethasone suppression with 8am cortisol assay Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | Pheochromocytoma, Adrenal Cortical carcinoma Semi Urgent: All others Book all patients into Tuesday Endocrine Surgery Clinic Only |
| Pancreatic and Abdominal Neuroendocrine Tumours | When to refer: New Diagnosed or suspected | d tumour | Clinical history and examination Imaging: All relevant imaging and or reports (?) Diagnostics: Insulin, Glucose, VIP, Glycogen A, Serotonin, 5HT, 5HIAA (?) Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. | Urgent: Book all patients in within 4 weeks Book all patients into Tuesday Endocrine Surgery Clinic Only |