VASCULAR SURGERY

REFERRAL PROTOCOLS : VASCULAR REFERRAL RECOMMENDATIONS		
Diagnosis	**Referral Criteria**	**Urgency**
A. ARTERIAL EXTRA CRANIAL *includes:* Carotid Disease Aortic Arch Disease Vertebro Basilar Disease	• Crescendo or multiple TIA/RIND/TMB • Isolated TIA/RIND/TMB • Critical (>90%) stenosis on imaging • Significant stenosis (70 – 90%) on imaging • Asymptomatic Carotid Bruit Carotid/Subclavian Aneurysm VASCULAR TUMOUR ***Comment:*** • Where facilities, timing and funding allow, the performance of a Carotid Duplex Scan before referral is appreciated • Crescendo/multiple TIA's/RIND refers to more than 2 events within 24hrs or 3 events within a week • TIA (Transient Ischaemic Attack) • RIND (Reversible Ischaemic Neurological Deficit) • TMB (Transient Monocular Blindness)	Admit/Review same day Urgent Urgent/Semi urgent Routine Routine Semi urgent Semi urgent
THORACIC AORTIC ANEURYSM	• Localised Aneurysm of >5cm diameter • TAA involving the Ascending Aorta or Arch, referral to a Cardiothoracic Surgeon is appropriate.	Semi-urgent
UPPER LIMB *includes:* Subclavian, Axillary, Brachial and Distal Atherothrombotic Disease Embolic Disease Vasospastic Disease	• Acute Digit/Limb Ischaemia • Digital Gangrene • Rest pain/Pre-gangrene/Ulcer/Trophic changes • Raynauds Syndrome/Vasospastic Disorder ***Comment:*** If associated with these symptoms/signs, there is a high probability of a recent embolic event (recent MI, uncontrolled AF, previous embolic episode) referral should be **Urgent**.	Admit/Review Same Day Admit/Review Same Day Semi urgent Routine
THORACIC OUTLET SYNDROME	• Axillary vein thrombosis/acutely swollen upper lime • Arterial compromise/Subclavian Aneurysm • Neurological symptoms/signs, including pain • Chronic upper limb swelling	Admit/Review Same Day Semi urgent Routine Routine

ABDOMEN **AORTIC/ILIAC ANEURYSMS**	• Palpable or image proven AAA or Iliac Aneurysm with increasing back or epigastric pain • Palpable or image proven asymptomatic AAA or greater than 5cm diameter • Palpable or image proven Iliac Aneurysm of greater than 3cm diameter • Palpable or image proven asymptomatic AAA of – 5cm diameter ***Comment:*** • Where time, priority and funding allow, or where diagnosis is uncertain, an Ultrasound Aortic Scan is the desirable Image Modality, but this should not delay referral. • Where serial/follow-up surveillance U/S scans are performed, any increase of 1cm or more within a 12 month period is an indicator for early referral.	Admit/Review Same Day Semi urgent Semi urgent Routine
VISCERAL/MESENTERIC ANEURYSMS	• Usually detected incidentally on imaging for other indications	Semi urgent
RENAL ARTERY DISEASE	• Deteriorating renal function • Suspicion renovascular or resistant hypertension • Incidentally ***Comment:*** Initial referral should usually be made to Renal Physician/Renal Medicine Service.	Semi urgent Semi urgent Routine
MESENTERIC/VISCERAL ISCHAEMIA	• Acute severe pain • Chronic pain/weight loss/post prandial pain ***Comment:*** • Both acute/chronic presentations usually present initially to either services (Gastroenterology, General Surgery) • High index of suspicion where severe abdominal pain is associated with AF, recent MI, recent Aortic Catheter procedure	Admit/Review Same Day (General Surgeons)
LOWER LIMB		
Includes: Aorto-iliac Occlusive Disease	• Acute limb threatening ischaemia	Admit/Review Same Day
Femoral/Popliteal/ Crual Artery	• Gangrenous digits/pre-gangrene	Admit/Semi urgent
Atherothrombosis	• Rest pain/ulceration/trophic changes	Semi urgent
Embolism	• Incapacitating claudication	Semi urgent
Vasospastic	• Claudication	Routine
Femoral/Popliteal Aneurysm	• Symptomatic • Asymptomatic ***Comment:*** • If associated with these symptoms/signs, there is a high probability of a **recent embolic event** (recent MI, uncontrolled AF, previous embolic episode, referral should be urgent. • Significant acute infection of an ulcer, fissure or ischaemic digit, should be an indication for Admission/Urgent review, especially in the **Diabetic**. • Diabetic ulcer/Neuropathic ulcer – cross reference to Diabetic RG's.	Admit/Review Same Day Semi urgent

B.VENOUS **DEEP VEIN THROMBOSIS**	• SVC/IVC Thrombosis • Acute ilio-fem-pop thrombosis • Acute calf DVT • Chronic Deep Venous Insufficiency/Post Phlebitic Limb with complications or ulcers. ***Comment:*** Urgent referral will allow Thrombolysis/Thrombectomy to be considered, reducing long term complications.	Admit/Review Same Day Admit/Review Same Day Review Same Day Routine
ASCENDING SUPERFICIAL THROMBOPHLEBITIS	• AST clinically involving veins in upper thigh • Extensive/painful clot • Minor AST ***Comment:*** • Extensive AST or AST involving thigh is associated with risk of clot propagation/co-existing DVT • Duplex venous scan is indicated where diagnosis is uncertain • Propagation clot approaching SF junction may be an indication for urgent venous summary.	Admit/Review Same Day Urgent Routine
LOWER LIMB VENOUS INSUFFICIENCY (VARICOSE VEINS)	• Spontaneous major variceal bleeding • Ulcer with complicating infection/proximity to bone • Evidence of chronic venous insufficiency • AV malformations ***Comment:*** Minor VV's without complications of CVI, spiders, telangiectasia and other cosmetic venous conditions should not be referred.	Admit/Review Same Day Urgent/Semi Urgent Routine Routine
C. LYMPHATIC **ACQUIRED LYMPHOEDEMA**	• Severe swelling, recurrent infection/skin breakdown • Swelling ***Comment:*** • Exclude pelvic malignancy with imaging • Compression stockings	Semi Urgent Routine Routine
D. MISCELLANEOUS		
AV Access (AV fistula, AV loop graft)	• Haemodialysis • Home TPN • Long term venous access	Semi Urgent
Central Venous Access	• Hickman/Portacath/other device ***Comment:*** • Usually initiated with Intra-Hospital referral • Vascular Surgery is often not the lead service, and problems with the devices (infection, occlusion) should be referred back to initiating service (Dialysis Unit/Haematology/Oncology/Gastroenterology etc).	Semi Urgent