

GENERAL SURGERY

Referral Recommendations

Please note : Referrals can only be accepted from registered Medical Practitioners.

The referral should include:

- The patient's full name (and any alias) and, if appropriate, the name of the parent or caregiver.
- The patient's address.
- The patient's telephone number (home and alternative).
- The patient's date of birth.
- Hospital number (NHI, if known) and ACC number if appropriate.
- Past History including details of previous treatment, investigations including X-rays (photocopied results and films where appropriate).
- Relevant family history
- Patients being re-referred to the OPD with the same problem should have a letter containing the relevant information directed to the original consultant who will arrange an appropriate follow-up appointment at a routine clinic.
- Presenting symptoms and their duration.
- Physical findings.
- Details of any previous treatment including medications given to the patient for the condition.
- Details of any associated medical conditions which may affect the conditions, or its treatment (eg, diabetes).
- Details of current medications and any drug allergies.
- GP diagnosis including what is the problem to be answered by specialist.

This information should be detailed routinely in all referrals, but is often not included. If these data are provided, valuable clinical time can be used seeing patients rather than attempting to gather information that was readily available to the referring doctor.

Note: *Details of facility where films were taken, including date. If private, patient to bring films to outpatient clinic attendance.*

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Referral Guidelines for General Surgical Referral

The following are guidelines only; the appropriateness of the categories and the investigations that can be undertaken will depend on regional availability.

Symptom/Reason for Evaluation		Investigations prior to referral: Essential	Investigations prior to referral: Possible
HEAD AND NECK	Painful mass (inflammatory) Painless mass	CBC Paul Bunnell HIV Toxoplasmosis Titves Blood cultures TFT NB: open biopsy is contraindicated	Blood cultures
OESOPHAGEAL	Dysphagia Reflux	Autoimmune tests TFT	Ba meal or swallow Ultrasound studies Gastroscopy
UPPER GI	Pain Haematemesis Nausea and vomiting Weight Loss Anaemia Associated excess alcohol intake	CBC Fe Studies LFT (A trial of treatment for oesophageal and upper GI symptoms may be appropriate i.e.H2 antagonist or protein pump inhibitor)	Gastroscopy
ENDOCRINE	Thyroid mass	CBC TFT Autoimmune studies	Ultrasound
BREAST	Painful lumpy breasts Mass Nipple discharge Skin dimpling Alternation in breast shape		Ultrasound Mammography FNA
HERNIA	Inguinal Femoral Groin pain Mass Umbilical		± Ultrasound
PANCREAS, BILIARY TREE, LIVER	Pain Jaundice Fever	CBC LFT Amylase Hepatitis serology	Ultrasound

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Symptom/Reason for Evaluation		Investigations prior to referral: Essential	Investigations prior to referral: Possible
BOWEL	Pain Diarrhoea Fever Abdominal mass Steatorrhoea PR bleeding Anaemia Change of bowel habit	CBC ESR B12 Folate Fe Studies Occult bloods	Proctoscopy Sigmoidoscopy Colonoscopy Small bowel series
ANO-RECTAL	Haemorrhoids PR bleeding Rectal prolapse Pain Anal fistula Anal fissure	Trial of Diet modification and local treatment CBC Fe studies	Proctoscopy Sigmoidoscopy
SKIN/LUMPS	Probably skin cancers Enlarging painless masses that are not clearly lipomas/dermatofibromas Melanomas		Trial of appropriate treatment (liq N ₂ ,) Punch biopsy Excision See also Primary Case Management Guideline: www.nzgg-careplans.org.nz/esg-onepage/ National Dermatology Referral Guidelines: www.nzgg-careplans.org.nz

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