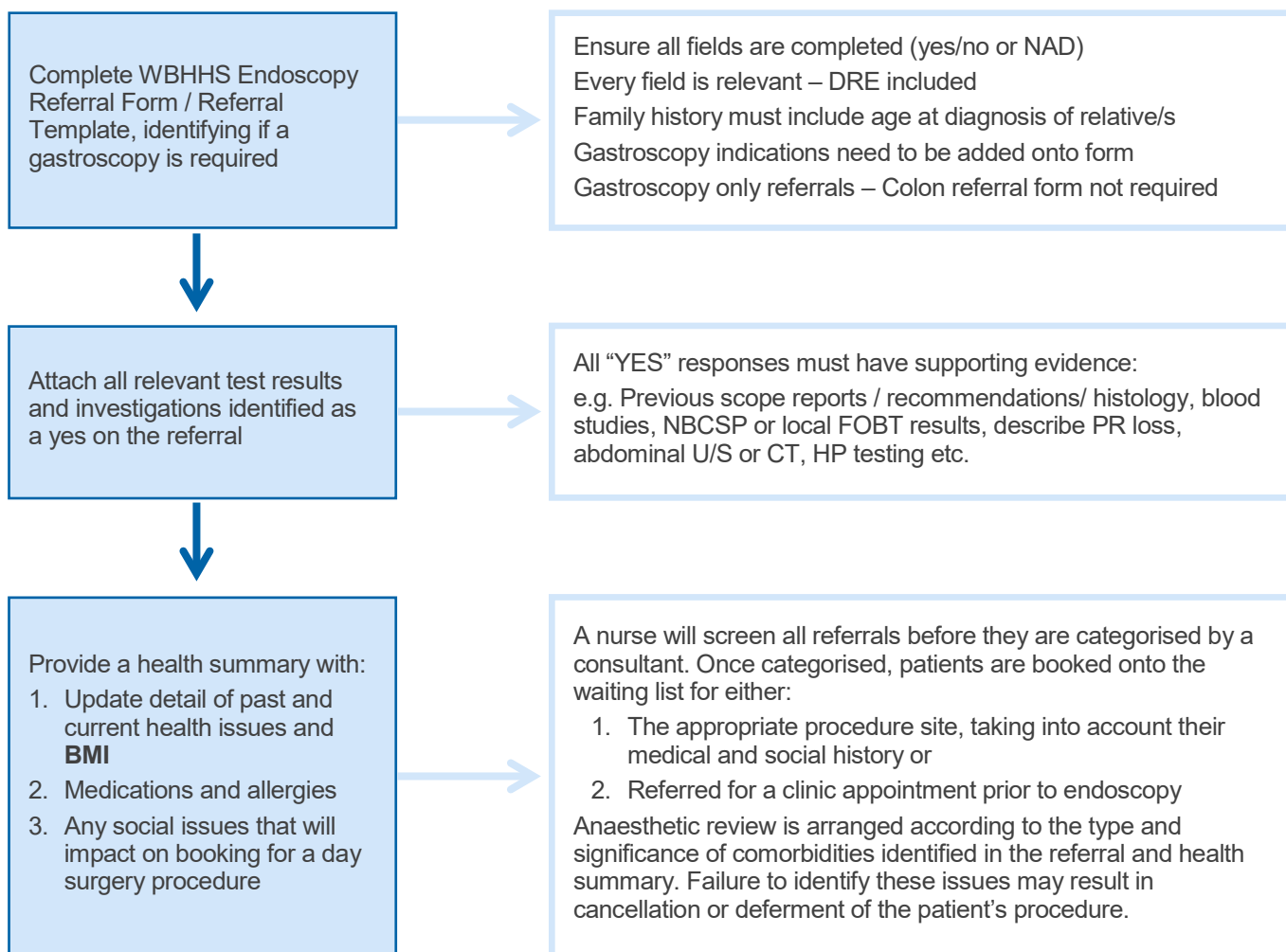




Endoscopy

Outpatient Referral Guideline

How to refer to an Endoscopist in the Wide Bay



Please be aware that this referral process has been commenced to correctly identify patients requiring endoscopy and within what timeframe. If all the requested information is not made available, the referral will not be progressed. A letter will be posted to the GP and the patient to advise them the referral has not been accepted. Resubmission of new (completed) referral will then be required.



Contents

How to refer to an Endoscopist in the Wide Bay	1
Emergency	3
Abdominal Pain	3
Altered Bowel Habit	4
Bowel Cancer Screening	4
Coeliac Disease - Adult	5
Constipation - Adult	5
Diarrhoea - Adult	6
Dyspepsia/heartburn/reflux - Adult.....	6
Dysphagia (Gastroenterology).....	7
Inflammatory bowel disease	7
Iron deficiency	8
Polyp Surveillance	8
Rectal bleeding.....	9



Emergency

If any of the following are present or suspected, phone 000 to arrange immediate transfer to the emergency department or seek emergent medical advice if in a remote region.

- Potentially life-threatening symptoms suggestive of:
 - Acute upper GI tract bleeding
 - Acute severe lower GI tract bleeding
 - Oesophageal foreign bodies / food bolus
 - Fulminant colitis
 - Bowel obstruction
 - Abdominal sepsis
- Severe vomiting and/or diarrhoea with dehydration
- Acute/fulminant liver failure (to be referred to a centre with dedicated hepatology services)
- Biliary sepsis (to be referred to a centre with ERCP service)

Abdominal Pain

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> • Severe abdominal pain with Red Flags or significant impact on activities of daily living 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> • Abdominal pain for >6 weeks without Red flags and not affecting of daily living 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> • No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> • General referral information. • Patient and family history of gastrointestinal cancer • ELFT FBC iron studies results • Relevant imaging reports 		
Presence of Red Flag <ul style="list-style-type: none"> • Weight loss >5% of body weight in previous 6 months • Past history Barrett's/polyps/cancer • Patients and family history of Barrett's, oesophageal or gastric or bowel cancer • Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women • Abdominal mass on clinical examination or abnormal imaging 		



Altered Bowel Habit

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> Progressive or persistent symptoms that are significantly impacting activities of daily living despite medical management Progressive or persistent symptoms with Red Flags 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> Progressive or persistent symptoms despite medical management without Red Flags 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information Patient and family history of gastrointestinal cancer FBC TSH iron studies results Coeliac serology results 	<ul style="list-style-type: none"> Consider referring to a dietician e.g. Fermentable oligo-, di-, mono-saccharides and polyols (FODMAP) diet. 	
Presence of Red Flag		
<ul style="list-style-type: none"> Bloody or nocturnal diarrhoea Weight loss, >5% of body weight in previous 6 months Persistent abdominal pain Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women Abnormal imaging Patient and family history of bowel cancer or inflammatory bowel disease 		

Bowel Cancer Screening

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> FOBT positive in patients > 50 years old 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> No category 2 criteria 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> A family history of colorectal cancer in: <ul style="list-style-type: none"> A first degree relative < 55 years 2 first or second degree relatives on the same side of the family diagnosed at any age or multiple bowel cancers 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information Patient and family history of bowel cancer 	<ul style="list-style-type: none"> Perform FOBT test annually from age 50 NHMRC Clinical Practice Guidelines (2011) 	



Coeliac Disease - Adult

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> Positive coeliac serology with Red Flags 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> Positive coeliac serology without Red Flags 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information Coeliac serology (TTG & EMA) results <p>NB: If patients are on a gluten-free diet, advise them to add gluten to their diet for four weeks before diagnostic testing</p> <ul style="list-style-type: none"> ELFT FBC iron studies results TSH Vitamin B12 Folate 25-OH Vitamin D results 		<p>Consider the following:</p> <ul style="list-style-type: none"> Refer to a dietician Monitor for diet compliance with coeliac disease serology every 6 to 12 months Screen family members with serology Baseline bone mineral densitometry Monitor or other auto-immune disorders
Presence of Red Flag		
<ul style="list-style-type: none"> Bloody or nocturnal diarrhoea Weight loss >5% of body weight in previous 6 months Persistent abdominal pain Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women 		

Constipation - Adult

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> New onset constipation on patients > 50 years old or patients with Red Flags 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> Refractory symptoms not responding to medical management without Red flags and affecting activities of daily living 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information FBC TSH iron studies results Serum calcium results Relevant imaging report (e.g. CT abdomen) 		<p>Consider the following:</p> <ul style="list-style-type: none"> Refer to a dietician Bowel outlet obstruction Physiotherapist management of pelvic floor dysfunction
Presence of Red Flag		
<ul style="list-style-type: none"> Gastrointestinal bleeding Abdominal pain/mass Family history of bowel cancer Weight loss >5% of body weight in previous 6 months Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women 		



Diarrhoea - Adult

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> Diarrhoea > 6 weeks or with Red flags or affecting activities of daily living 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> Diarrhoea > 6 weeks without Red flags 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information Patient and family history of gastrointestinal cancer ELFT FBC TSH iron study results Coeliac disease serology results Stool test results Previous gastrointestinal investigations and results (date and report) Faecal calprotectin, if inflammatory bowel disease is suspected Relevant imaging reports Clostridium difficile toxin (if recent antibiotics) Recent travel history 		Consider the following: <ul style="list-style-type: none"> Refer to a dietician Faecal incontinence
Presence of Red Flag		
<ul style="list-style-type: none"> Bloody or nocturnal diarrhoea Weight loss, >5% of body weight in previous 6 months Persistent abdominal pain Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women Patient and family history of bowel cancer or inflammatory bowel disease 		

Dyspepsia/heartburn/reflux - Adult

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> Any patient with significant, unexplained, persistent, or recent-onset symptoms (treatment-resistant) with Red flags 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> Any patient with significant, unexplained, persistent, or recent-onset symptoms (treatment-resistant) without Red flags 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information Family history of gastrointestinal cancers FBC iron studies results Previous endoscopic procedures (date and report) Relevant imaging reports H Pylori results 		Consider the following: <ul style="list-style-type: none"> Lifestyle modifications (increased activity, dietary, weight, smoking, alcohol) Treatment if H pylori Cease any aggravating medications if possible e.g. NSAIDS, aspirin Antacid therapies Other evidence-based therapies (e.g. prokinetics)
Presence of Red Flag		
<ul style="list-style-type: none"> Weight loss, >5% of body weight in previous 6 months Difficulty swallowing Persistent vomiting Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women 		



Dysphagia (Gastroenterology)

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> Significant dysphagia 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> No category 2 criteria 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information History of presenting complaint: <ul style="list-style-type: none"> Difficulty or pain on swallowing Food or liquids are stuck in throat or chest Pain or pressure in chest associated with swallowing Loss of appetite/food avoidance associated with swallowing difficulty FBC iron study results Relevant imaging reports Atopy 		Consider the following: <ul style="list-style-type: none"> No other information
Presence of Red Flag		
<ul style="list-style-type: none"> N/A 		

Inflammatory bowel disease

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> Previously diagnosed or suspected inflammatory bowel disease with Red flags 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> Stable previously diagnosed inflammatory bowel disease without Red flags 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> Monitoring and/or bowel cancer screening colonoscopy 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information ELFT FBC iron studies results ESR CRP results Vitamin B12, 25-OH vitamin D results Stool M/C/S and PCR including Clostridium difficile (Category 1 Referrals only) Relevant imaging reports Faecal calprotectin 		Consider the following: <ul style="list-style-type: none"> Smoking cessation is likely to reduce disease activity in Crohn's disease
Presence of Red Flag		
<ul style="list-style-type: none"> Rectal bleeding Symptoms of bowel obstruction Fever and/or abdominal / perineal mass Significant diarrhoea > 6x/day Weight loss >5 % of body weight in previous 6 months Significant abnormalities in investigations i.e. Hb<100 g/l, CRP > 45 or faecal calprotectin > 200 mcg/g 		



Iron deficiency

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> Iron deficiency anaemia or iron deficiency with no obvious cause and/or persisting despite correction of potential causative factors and/ or presence of Red flags 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> No category 2 criteria 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information Family history of gastrointestinal cancer ELFT FBC iron study results Coeliac disease serology results History of menorrhagia Urine dipstick results 		Consider the following: <ul style="list-style-type: none"> Refer to a dietician
Presence of Red Flag		
<ul style="list-style-type: none"> Weight loss > 5 % of body weight in previous 6 months 		

Polyp Surveillance

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> No category 1 criteria (see other useful information for referring practitioners) 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> No category 2 criteria (see other useful information for referring practitioners) 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria (see other useful information for referring practitioners) 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information Relatives diagnosed with FAP Relatives diagnosed with HNPCC Family or personal history of colorectal cancer Previous endoscopic procedures (date, report and histology) 		NHMRC Clinical Practice Guidelines (2011) recommended screening colonoscopy schedules for polyp surveillance <ul style="list-style-type: none"> 5 yearly – If < 3 polyps (excluding diminutive rectosigmoid hyperplastic polyps) provided that all polyps are 'simple' as defined by dimensions (<10mm) and histopathology (no high-grade dysplasia or villous change) 3 yearly – If > 3 polyps (excluding diminutive rectosigmoid hyperplastic polyps) or if one or more polyps are 'advanced' as characterised by dimensions (>1mm) and/or histopathology (presence of high-grade dysplasia or villous change) Annual – If 5 to 9 polyps (excluding diminutive rectosigmoid hyperplastic polyps) <12 months – If required, a baseline colonoscopy may need to be repeated in cases of poor bowel preparation (immediate rescheduling), possible incomplete excision of a large polyp (often at 3 months) or the presence of multiple adenomas (>10) to ensure complete clearance NB patients with Familial Adenomatous Polyposis (FAP) and Lynch syndrome (HNPCC) need punctual surveillance due to the high-risk nature of these conditions.
Presence of Red Flag		
<ul style="list-style-type: none"> N/A 		



Rectal bleeding

Minimum referral criteria	Urgency	Suggested primary care if criteria not met
<ul style="list-style-type: none"> Rectal bleeding with Red flags 	Refer Cat 1: appointment within 30 days.	
<ul style="list-style-type: none"> Rectal bleeding without Red flags 	Ref Cat 2: appointment within 90 days	
<ul style="list-style-type: none"> No category 3 criteria 	Ref Cat 3: appointment within 365 days	
Essential Referral Information Referral will be rejected without this information		Useful Information, where available
<ul style="list-style-type: none"> General referral information Patient and family history of gastrointestinal cancer FBC iron study results Previous gastrointestinal investigations and results (date and report) 		Consider the following: <ul style="list-style-type: none"> If patient has haemorrhoids and no mass on DRE, refer if bleeding is recurrent or persists >6 weeks
Presence of Red Flag <ul style="list-style-type: none"> Dark blood coating or mixed with stool Weight loss, >5% of body weight in previous 6 months Abdominal / rectal mass Iron deficiency in males and postmenopausal women or unexplained iron deficiency in premenopausal women Patient and family history of bowel cancer (1st degree relative <55 years old) 		

Enquiries	Monday to Friday, 9am to 4pm	
Phone:	(07) 4122 XXXX	Hervey Bay and Maryborough Hospitals
	(07) 4150 XXXX	Bundaberg Hospital