Clinical Excellence Division

Clinical Prioritisation Criteria

General surgery CPC v1.02

Summary

This document contains the draft Clinical Prioritisation Criteria (CPC) for General Surgery. It is a consultation document only. This is a drafting document and should be read in conjunction with the consultation overview.

The final format will be as indicated on the CPC website https://cpc.health.qld.gov.au/ and embedded into your local HealthPathways site or HHS site i.e. 'Refer your patient' website https://metrosouth.health.qld.gov.au/referrals or www.health.qld.gov.au/metronorth/refer.

For more information about the CPC development process and purpose, please see the accompanying CPC Consultation Overview.

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DRAFT

Queensland Government

General Surgery inclusion for outpatient services

The following conditions are proposed to be considered under the General Surgery CPC.

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the CPC exclusions section.

- Hernia repair
- Breast – benign and malignant
- Endocrine surgery
- Hepatobiliary surgery
- Upper GI surgery
- Colorectal bowel disease
- Perineal disease and faecal incontinence
- Skin and soft tissue pathology – benign and malignant

General Surgery exclusions for outpatient services

Not all services are appropriate to be seen in the Queensland public health system. Exceptions can always be made where clinically indicated. It is proposed that the following are not routinely provided in a public General Surgery service

The following are not routinely provided in a public General Surgery service.

- Aesthetic or cosmetic surgery
- Abdominal lipectomy
- Breast reduction / augmentation
- Appearance medicine
- Vasectomy
- Reversal of vasectomy

Referral and outpatient criteria

Hernia repair

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- Suspected strangulated/incarcerated or obstruction of any hernia

Minimum referral criteria

Category 1 (appointment within 30 calendar days)	• Irreducible and partially reducible hernia, of any kind • Symptomatic femoral hernia • Episode of irreducibility • Suspected intermittent bowel obstruction of incarcerated hernia
Category 2 (appointment within 90 calendar days)	• Symptomatic hernia of any kind with significant impact on activities of daily living • Clinical uncertainty • Incisional hernia • Asymptomatic femoral hernia
Category 3 (appointment within 365 calendar days)	• Reducible asymptomatic hernia

1. **Reason for request,** indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

2. **Essential referral information,** Referral will be returned without this

- History of hernia (position, duration, size, symptoms)
- History of attacks of obstruction/incarceration (if any)
- BMI

3. **Additional referral information,** Useful for processing the referral

- Pathology – as indicated by comorbidities

4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

5. **Other useful information for referring practitioners,** not an exhaustive list

- Refer to HealthPathways or local guidelines
- Referrals not mandatory for asymptomatic hernia

- If pain in testes or if hernia not obvious on examination – consider USS
- Advise the patient to return if symptoms worsen and at that point consider a referral outlining the changes in condition.
- Supportive therapy (trusses, corsets or binders)
- Education, advice and information regarding:
  - severe pain at hernia site
  - inflammation at hernia site associated with fever
  - any evidence of incarceration/bowel obstruction
- All children <14 years old with inguinal hernia referred to a paediatric/surgical provider (as per the Clinical Services Capability Framework)
- Conservative management to be considered in the very elderly +/- infirm or those declining surgery

Clinical resources (links)	Patient resources (links)

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Breast – benign and malignant

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

-

Minimum referral criteria

Category 1 (appointment within 30 calendar days)	• Diagnosed breast cancer: – early (confined to breast) – locally advanced (spread to involve areas near the breast) – secondary spread (involving areas outside the breast e.g. lymph node • Inflammatory breast cancer (rare, involves lymphatic spread causing inflammation in the breast) • Recurrent breast malignancy • Suspicious lesion on breast screening mammography or FNAC • Suspicious breast mass on clinical examination • Ductal carcinoma-in-situ (non-invasive confined to the ducts) • Lobular carcinoma-in-situ (non-invasive confined to lobules) **Breast lump** • New diagnosis or clinically suspicious of primary breast malignancy (biopsy or mammogram proven) • New discrete lump • Young women with tender, lumpy breasts • Asymmetrical nodules that persist at review after menstruation • Older women with symmetrical nodules provided that they have no localised abnormality

	• Any lump that increases in size • Ductal papilloma • Cyst persistently refilling or recurrent cyst • New lump during pregnancy **Breast pain** • Unilateral persistent mastalgia • Severe intractable pain • Localised areas of painful nodularity/ focal lesions **Nipple discharge, nipple retraction, change in skin contour** • Bilateral discharge sufficient to stain clothes • Blood stained discharge • Persistent single duct • Nipple retraction/distortion • Nipple eczema • Paget's disease of the nipple
Category 2 (appointment within 90 calendar days)	• Benign breast disease for consultation • Low-risk breast lumps/cysts • Patient referred for screening for breast malignancy or prophylactic mastectomy • Nipple discharge (non-blood stained) • Ductal papilloma • Fibroadenoma (diagnostic excision biopsy if diagnostic uncertainty)
Category 3 (appointment within 365 calendar days)	• Gynaecomastia

1. **Reason for request,** indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

2. **Essential referral information,** Referral will be returned without this

- Document details/duration symptoms
- Document family history of breast cancer
- Description of clinical findings
- Medical management to date
- Current USS/mammography results
- Current FNAC or core biopsy results
- Any previous relevant investigation results

3. **Additional referral information,** Useful for processing the referral

- Staging investigations e.g. bone scan, CT scan

4. **Request**

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

5. **Other useful information for referring practitioners,** not an exhaustive list

- Refer to HealthPathways or local guidelines
- USS both breast if:
  - <35 years old with:
    - breast lump or thickening or axillary mass
    - if a localised abnormality or suspicious lesion proceed to FNAB or core biopsy
- Bilateral mammogram and USS if:
  - >35 years old with significant breast symptoms or significant clinical findings
- Consider referral to Geneticist for familial genetic screening if appropriate
- Discuss lifestyle modifications for cancer reduction risk (increased activity, dietary, weight, smoking, alcohol)
- Aboriginal and/or Torres Strait Islander people support services for breast cancer are available

Clinical resources (links)	Patient resources (links)
• Best practice information on breast cancer - Cancer Australia, Clinical Best Practice, Breast Cancer • GP guides and resources for breast cancer https://canceraustralia.gov.au/clinical-best-practice/breast-cancer/gp-guides-and-resources • Cancer risk reduction – https://canceraustralia.gov.au/healthy-living/lifestyle-risk-reduction • Familial risk assessment tool – http://canceraustralia.gov.au/clinical-best-practice/gynaecological-cancers/fra-boc/evaluate • Information on genetic testing – http://canceraustralia.gov.au/clinical-best-practice/gynaecological-cancers/familial-risk-assessment-fra-boc/genetic-testing • The BreastScreen program – 50-74 years – is funded to investigate asymptomatic patients only to the point of clear diagnosis (accepts woman in their 40s or 75 years and over). http://www.health.qld.gov.au/breastscreen/	

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Endocrine surgery

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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Minimum referral criteria

Category 1 (appointment within 30 calendar days)	• Neck mass with compressive symptoms e.g. dyspnoea, hoarseness or dysphagia • Dominant thyroid nodule >4cm • Nodules demonstrating calcification • Abnormal cytology result • Non-cystic adrenal tumour >4cm • Primary hyperparathyroidism with calcium >3.0 • Any evidence of airway compromise
Category 2 (appointment within 90 calendar days)	• Generalised thyroid enlargement without compressive symptoms & recurrent thyroid cysts • Uncomplicated primary hyperparathyroidism • Benign thyroid disease • Thyroiditis e.g. Hashimotos
Category 3 (appointment within 365 calendar days)	• Other adrenal masses

1. **Reason for request,** indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

2. **Essential referral information,** Referral will be returned without this

- Thyroid – USS +/- FNA TFT
- Adrenal – CT scan results
- Parathyroid – corrected calcium, PTH results, 24-hour urinary calcium estimation, neck ultrasound

3. **Additional referral information,** Useful for processing the referral

- Sestamibi scan reports for parathyroid (if available)

4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

5. **Other useful information for referring practitioners,** not an exhaustive list

- Refer to Healthpathways or local guidelines
- Tirads, Bethesda cytology if available

Clinical resources (links)	Patient resources (links)

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Hepatobiliary/pancreatic surgery

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- New onset of obstructive jaundice
- Acute cholecystitis
- Gallstones with symptoms of cholangitis
- Acute pancreatitis

Minimum referral criteria

Category	Criteria
Category 1 (appointment within 30 calendar days)	• Frequent biliary colic (more than weekly) not relieved by analgesia and lasting >8hours • Any suspicion of hepatobiliary/pancreas malignancy • Known gallstones with ongoing biliary colic • Gall bladder mass/recurrent cholecystitis
Category 2 (appointment within 90 calendar days)	• Symptomatic gallstones • Gallstones (following cholecystitis, recurrent biliary colic) • Multiple gall bladder polyps • Chronic pancreatitis • Porcelain gallbladder
Category 3 (appointment within 365 calendar days)	• Asymptomatic gallstones

1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

2. Essential referral information, Referral will be returned without this

- History including:
  - timeline of current symptoms and previous symptoms
  - number of attacks and pain severity

- jaundice, anaemia
- abdominal examination (abdominal mass, palpable gall bladder)

- FBC, ELFT results
- Serum lipase/amylase results, especially relevant if performed at the time of an attack of pain
- USS/CT result (USS is required for Gallstone Disease)

3. Additional referral information, Useful for processing the referral

- HBV HCV serology results

4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

5. Other useful information for referring practitioners, not an exhaustive list

- Referral is not mandatory for patient with asymptomatic gallstones
- Refer to HealthPathways or local guidelines
- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- Short attacks of biliary colic can be managed symptomatically
- Gallstones, points for concern:
  - increasing frequency and severity of pain
  - documented jaundice or deranged LFTs
  - USS evidence of duct dilatation
- If known to have common bile duct stones refer as Cat 1
- If obstructive jaundice and fever - refer to emergency

Clinical resources (links)	Patient resources (links)

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Upper gastrointestinal surgery

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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Minimum referral criteria

Category 1 (appointment within 30 calendar days)	• Upper GI symptoms with anaemia, weight loss, epigastric pain • Dysphagia • Para-oesophageal hernia • Abnormal imaging results suggesting oesophageal gastric pathology
Category 2 (appointment within 90 calendar days)	• Reflux symptoms (poorly controlled with medication or high volume)
Category 3 (appointment within 365 calendar days)	• Barrett's oesophagitis

1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

2. Essential referral information, Referral will be returned without this

- ELFT, FBC, Iron studies results
- Any abnormal imaging reports

3. Additional referral information, Useful for processing the referral

- Previous endoscopic procedures (date, report and histology results)

4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

5. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines

Clinical resources (links)	Patient resources (links)

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Colorectal bowel disease

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- Bowel obstruction
- Severe per rectum bleeding
- Acute abscess at any site

Minimum referral criteria

Category 1 (appointment within 30 calendar days)

- Diagnosed malignancies
- Palpable or visible anorectal mass
- IBD
- Recent significant unexplained weight loss
- GI obstructive symptoms
- Colovesical or colovaginal fistula
- FOBT positive
- Rectal bleeding with **Concerning features**

Presence of **Concerning features**

- 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)

Category 2 (appointment within 90 calendar days)

- Chronic ongoing colorectal problems
- Recurrent diarrhoea
- Diverticular disease for evaluation
- Rectal bleeding without any alarm symptoms as articulated in category 1

Category 3 (appointment within 365 calendar days)

- Pruritus ani

1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

2. Essential referral information, Referral will be returned without this

- Specific family history of gastrointestinal malignancy, polyposis or IBD
- Previous gastroenterologist investigations and results (date, report and histology results) e.g. last 2-3 clinic letters
- History of weight loss and/or ascites

- History of bowel function:
  - altered bowel habit
  - rectal tenesmus
  - incomplete rectal emptying
  - PR blood, pus or mucus
  - flatus
  - mass
- Co-morbid conditions and other risk factors
- FBC, ELFT, U&E, CEA results

3. Additional referral information, Useful for processing the referral

- Relevant imaging report/s
- CT of chest, abdomen and pelvis results
- Virtual CT report
- Any positive DRE findings and perianal condition
- Previous Colonoscopy and polypectomy results
- Biopsy results
- FOBT results

4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

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- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

5. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines
- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- Correct iron deficiency and anaemia if possible
- Routine follow-up of patients on treatments for IBD
- Change in symptoms should initiate reassessment of previous results

Clinical resources (links)	Patient resources (links)
	GE screening guidelines (Link) (when available)

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Perineal disease and faecal incontinence

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- Acute painful perianal conditions

Minimum referral criteria

Category	Criteria
Category 1 (appointment within 30 calendar days)	• Persistent perineal sepsis
Category 2 (appointment within 90 calendar days)	• Symptomatic obstetric anal sphincter injury (OASIS) • Fissure not responding to maximal medical treatment after 6 weeks • External rectal prolapse
Category 3 (appointment within 365 calendar days)	• Pilonidal disease/sinus • Warts • Uncomplicated haemorrhoids • Anal skin tags and benign peri-anal polyps • Uncomplicated fistula in ano • Faecal incontinence

1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

2. Essential referral information, Referral will be returned without this

- Management to date including timeline, medication and lifestyle
- History of previous drainage operation

3. Additional referral information, Useful for processing the referral

- Previous gastroenterology investigations

OASIS

- Assess sphincter function and integrity and endoanal USS results.

4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

5. Other useful information for referring practitioners, not an exhaustive list

- Refer to Healthpathways or local guidelines

- Local application of cold packs and oral anti-inflammatory medications
- Referral to pelvic floor physiotherapist
- Education about pelvic floor care and specific techniques for defecation
- Oral antibiotics such as Augmentin®, or clindamycin where penicillin allergy is a factor, should be considered.
- Sexual counselling for the couple
- Counselling for subsequent pregnancy management
- Importance of follow-up six weeks and three months postpartum
- Postpartum management: avoid constipation, use of aperients, dietary advice
- Reassurance and provide support – psychological

Fistula

- Persisting fistula discharge/infections Glyceryl trinitrate 0.2% ointment (Rectogesic®): TDS for four-six weeks (NS)
- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)

Pilonidal Sinus

- Lifestyle modification (increased activity, dietary, weight, smoking, alcohol)
- Advice on hygiene, sweating activity, activity associated with sitting and buttock friction

Clinical resources (links)	Patient resources (links)

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Skin and soft tissue pathology – benign and malignant

Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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Minimum referral criteria

Category 1 (appointment within 30 calendar days)	• Skin lesion highly suspicious for melanoma or excision biopsy proven melanoma – including re-excision • High degree of clinical suspicion • Large SCC, BCC • Rapidly growing skin lesions especially on the face • Non-melanoma skin malignancies and any of the following: – ulceration and bleeding – rapidly enlarging – neurological involvement – lymphadenopathy

	• Poorly differentiated or infiltrative tumour on biopsy • Soft tissue tumour with atypical features • Ingrown toenail with infection having failed primary care management
Category 2 (appointment within 90 calendar days)	• Small truncal peripheral limb BCC or SCC or IEC
Category 3 (appointment within 365 calendar days)	• Benign soft tissue lesions e.g. lipoma ganglion not suitable for primary health management

1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

2. Essential referral information, Referral will be returned without this

- Pigmented lesion features: size, shape, colour, inflammation, oozing, change in sensation.

3. Additional referral information, Useful for processing the referral

- Biopsy results unless clinically contraindicated. Excision biopsy is the preferred method for biopsy suspected melanoma.
- Smoking status
- Anticoagulant therapy
- USS of lesion (for a suspicious lipoma)
- CT results – if malignancy suspected
- Photograph – with patient's consent, where secure image transfer, identification and storage is possible

4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

5. Other useful information for referring practitioners, not an exhaustive list

- Refer to Healthpathways or local guidelines
- Advise patient regarding sun avoidance and appropriate use of sun screens.
- Educate patient on skin cancer surveillance and arrange annual skin checks.

Clinical resources (links)	Patient resources (links)

Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

Other referrals to emergency not covered within these conditions
Referral to emergency
If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region. • Acute, severe abdominal pain with or without associated sepsis • Acute testicular pain

Intervention criteria

Out-of-scope for General Surgery interventions

Not all services are funded in the Queensland public health system. Exceptions can always be made where clinically indicated. It is proposed that the following are not routinely provided in a public General Surgery service:

- Aesthetic or cosmetic surgery
- Abdominal lipectomy
- Breast reduction / augmentation
- Appearance medicine
- Vasectomy
- Reversal of vasectomy

Urgency category for intervention

Intervention	Minimum Criteria	Urgency
Anal fissure – surgery for		Cat 2
Axillary node dissection		Cat 1
Breast lump – excision and/or biopsy		Cat 1
Cholecystectomy (open/laparoscopic)		Cat 3
Cholecystectomy (open/laparoscopic) with potential common bile duct stone or severe frequent attacks (two within 90 days)		Cat 2
Colectomy/anterior resection/large bowel resection		Cat 1
Fundoplication for reflux disease		Cat 3
Haemorrhoidectomy		Cat 3
Herniorrhaphy – femoral/inguinal/incisional/umbilical		Cat 3

Lipoma – excision of		Cat 3
Malignant skin lesion – excision of +/- grafting		Cat 1
Mastectomy		Cat 1
Obstructing hiatus hernia (para-oesophageal hernia)		Cat 2
Parotidectomy / submandibular gland – excision of		Cat 2
Parathyroidectomy		Cat 2
Pilonidal sinus surgery		Cat 3
Skin lesions (not malignant) – excision of		Cat 3
Thyroidectomy/hemi-thyroidectomy		Cat 2

Version control

Version	Date	Author	Nature of amendment
v0.01		CPC Team (Liz Travers, Philomena Webb)	Initial version
v0.02-v0.17		CAG, CPC Team (Liz Travers, Lana Conde)	CAG consultation
v0.18	06/04/2016	CPC Team (Liz Travers, Lana Conde)	Transfer into ‘phase 2’ consultation template and editorial review
v0.19	4/5/2016	Dr Rob Franz, CPC Team (Liz Travers, Lana Conde)	Minor amendments following meeting with Clinical Lead
v1.0	24/05/2016	CPC Team (Liz Travers, Lana Conde)	Final endorsed CPC
V1.1	25/07/2017	CPC Team (Liz Travers)	Rebranding and incorporate endorsed feedback changes from 1/7/16-30/6/17
V1.2	1/8/2018	CPC Team (Liz Travers)	Amendments from CAG review meeting