

Vascular Surgery Specialist Clinics at Western Health:

Western Health provides the Specialist Clinics for patients who require assessment and management of vascular conditions. The Western Health Vascular Surgery Unit provides a weekly clinic for Vascular Surgery and a weekly clinic for Reno-Vascular Access Surgery (Dialysis Access).

Conditions not seen at Western Health Vascular Surgery Clinics:

- Cosmetic Varicose Veins or Laser/Injection Sclerotherapy treatment of Spider Veins
- Blushing/Flushing or Excessive Sweating (Hyperhidrosis)

Urgent Vascular Conditions:

Urgent conditions require an immediate referral to an emergency department. Support and guidance can be provided by the Western Health Vascular Registrar via switch on 8345 6666.

- Suspected Rupture of an Abdominal or Thoracic Aortic Aneurysm
- Acute Aortic Dissection
- Abdominal or Thoracic aortic aneurysm >6cm diameter and symptomatic or tender aneurysm
- Critical stenosis of the Internal Carotid artery or associated with Multiple Transient Ischemic Attacks (TIA) or stroke
- Carotid Artery Dissection or Vertebral Artery Dissection
- Acute Ischaemia of any limb
- Gangrene or infection or rest pain associated with signs of ischaemia in the leg
- Infection associated with an artery or bypass graft
- Pseudo aneurysm of an artery after trauma or medical intervention/arterial catheter
- Deep Vein Thrombosis*
- Axillary vein thrombosis

*(refer to Vascular Surgery if requiring opinion and consideration for invasive thrombolysis in addition to anticoagulation, otherwise manage with anticoagulation under medical unit)

Access & Referral Priority Vascular Surgery Specialist Clinics:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<p style="text-align: center;">URGENT</p> <p style="text-align: center;">Appointment with 30 days</p>	<p style="text-align: center;">ROUTINE</p> <p style="text-align: center;">Appointment timeframe greater than 30 days, depending on clinical need.</p>
<p><u>Arterial:</u></p> <ul style="list-style-type: none"> • Carotid Artery Disease <ul style="list-style-type: none"> ○ Symptomatic and >50% stenosis ○ Stroke ○ Isolated Transient Ischemic Attack (TIA) with reversible ischemic neurological defect (RIND) and/or Amaurosis fugax • Abdominal or Thoracic Aortic Aneurysm <ul style="list-style-type: none"> ○ >6cm diameter • Peripheral Vascular Disease <ul style="list-style-type: none"> ○ Ischaemic changes or pain at rest ○ Severe claudication <50m • Popliteal Artery Aneurysm <ul style="list-style-type: none"> ○ Symptoms of claudication or ischaemia ○ Significant thrombus within aneurysm ○ >2.0 cm diameter • Deep Vein Thrombosis <ul style="list-style-type: none"> ○ Ilio-femoral DVT • Venous Conditions <ul style="list-style-type: none"> ○ Varicose veins with sclerosis and ulceration ○ Bleeding Varicose veins 	<p><u>Arterial</u></p> <ul style="list-style-type: none"> • Carotid Artery Disease <ul style="list-style-type: none"> ○ Asymptomatic carotid stenosis of >70% on imaging ○ Subclavian stenosis or vertebral steal ○ Carotid body tumour • Abdominal or Thoracic Aortic Aneurysm <ul style="list-style-type: none"> ○ < 6cm • Renal Artery Stenosis <ul style="list-style-type: none"> ○ Hypertension ○ Deteriorating Renal Function ○ Reduction in renal size • Peripheral Vascular Disease <ul style="list-style-type: none"> ○ Claudication • Popliteal Artery Aneurysm <ul style="list-style-type: none"> ○ Asymptomatic ○ <2.0 cm diameter <p><u>Miscellaneous:</u></p> <ul style="list-style-type: none"> • Post Phlebitic Syndrome • Thoracic Outlet Syndrome • Mesenteric Ischaemia

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
Carotid Artery Disease	Standard history: <ul style="list-style-type: none"> History of TIAs (localising, global and amaurosis fugax) or stroke History of risk factors and management 	Examinations: <ul style="list-style-type: none"> Neurological examination Cardiovascular assessment Investigations: <ul style="list-style-type: none"> Carotid Artery Duplex Scan
Abdominal Aortic Aneurysm	<ul style="list-style-type: none"> Standard history and risk factors particularly genetic factors and collagen disorders. Risk factor management - smoking, hypertension Conditions that may contraindicate repair: eg. advanced malignancy, severe dementia 	Investigations: <ul style="list-style-type: none"> Abdominal ultrasound <ul style="list-style-type: none"> If > 5cm: Fine slice CT Angiogram
Renal Artery Stenosis	Evidence of: <ul style="list-style-type: none"> Deteriorating renal function Suspicion renovascular or resistant hypertension Reduction in renal size 	Investigations: <ul style="list-style-type: none"> Renal Ultrasound and renal artery Duplex Scan
Peripheral Vascular Disease	History: <ul style="list-style-type: none"> Incapacitating claudication, rest pain, ulceration, gangrene Standard history and risk factors particularly smoking and diabetes Peripheral pulses 	Investigations: <ul style="list-style-type: none"> Relevant vascular ultrasound
Thoracic Outlet Syndrome	History: <ul style="list-style-type: none"> Evidence of vascular occlusion leading to upper extremity symptoms. Symptom duration and history. History of attempt to manage and treat conservatively 	Investigations: <ul style="list-style-type: none"> Any CT/MRI/X-ray/Ultrasound that provides evidence of vascular anatomy involvement in symptoms

Vascular Surgery Clinic

Varicose Vein Referral Guidelines for GP's (Fax referrals to 03 8345 6856)

The Vascular Surgery Clinic at Western Health is experiencing a significant increase in demand. As a result, patients waiting for routine outpatient appointments may experience a long waiting time before being given an appointment, and many of those patients will not require vascular surgical intervention. Varicose vein referrals must follow the Victorian Government's Department of Health Elective Surgery Access Policy Guidelines.

The Vascular Surgery Unit have developed the following guidelines and associated Supporting Clinical Information form to triage your patient appropriately. Please review these guidelines before referring a patient to the Vascular Surgery Clinic.

Patient eligibility	Referral requirements	Clinical staff
<p>Patients who require review by a vascular surgeon</p> <p>Patients with clinical conditions associated with their varicose veins:</p> <ul style="list-style-type: none"> • Venous ulceration • Recent history of thrombophlebitis • Venous sclerosis • Bleeding varicosities • Venous dermatitis • Significant venous oedema <p>Please note this clinic does <u>not</u> provide services for:</p> <ul style="list-style-type: none"> • cosmetic or spider veins • Laser treatment for varicose veins • Injection sclerotherapy 	<ul style="list-style-type: none"> • Use of the VSRF is strongly encouraged • Please include any relevant investigation results and ensure that the patient brings a copy of their reports and images to their appointment. <p>Varicose vein referrals</p> <ul style="list-style-type: none"> • Referrals must be submitted with a completed Western Health Varicose Vein Supporting Clinical Information Form. • For patients without the clinical conditions listed and suspected venous symptoms there is an expectation that conservative treatment/management has been trialed such as: <ul style="list-style-type: none"> • Compression socks/stockings • Exercise • Weight loss <p>Please note referrals for varicose veins will not be accepted without a completed Varicose Vein Supporting Clinical Information Form. GP's will be contacted to submit this before the referral can be triaged.</p>	<p>Patients will be assessed by a Vascular Surgery consultant based in stringent guidelines and protocols.</p>

Please note referrals that do not provide adequate information for triaging may be returned with a request for further information.

Western Health Specialist clinics strongly encourage the use of the Victorian State-wide Referral Form (VSRF). Copies can be downloaded from www.gpv.org.au.

The DHS "Guidelines for Elective Surgery Access in a Public Hospital" link <http://www.health.vic.gov.au/surgery/policies.htm>

Western Health Specialist Clinics Access & Referral Guidelines

VASCULAR SURGERY REGISTRAR: 8345 6666 PAGER

GENERAL PRACTITIONER REFERRAL TO VASCULAR SURGERY SPECIALIST CLINIC VARICOSE VEIN QUESTIONNAIRE

HISTORY OF CURRENT CONDITION (OR ATTACHED REFERRAL LETTER)

PATIENT INFORMATION	MALE/FEMALE	MR/MRS/MS
FIRST NAME:	LAST NAME:	
DOB:	WESTERN HEALTH UR# (IF KNOWN)	
ADDRESS:		
CONTACT NUMBERS-HOME:	MOBILE:	
INTERPRETER REQUIRED: YES/NO: if yes LANGUAGE:		

REFERRER DETAILS
NAME:
CLINIC NAME:
ADDRESS:
PHONE:
FAX:

Symptoms: _____

Clinical conditions

- Ulceration
- Thrombophlebitis
- Venous sclerosis*
- Bleeding varicosities
- Venous dermatitis
- Significant venous oedema

Other conditions: _____

Previous venous interventions or surgery: _____

Other conservative measures: _____

Comorbid conditions: _____

Functional Limitation closest response:

- Ankle movement: <50% 50-75% >75%
- Walking <100m 100-500m >500m

Body Mass Index: _____

* Venous sclerosis- skin changes at the ankle with associated haemosiderin pigmentation causing skin redness, atrophy Blanche and woody induration.

DHS "Guidelines for Elective Surgery Access in a Public Hospital" link

<http://www.health.vic.gov.au/surgery/policies.htm>

Conservative Measures

Compression

Type/Grade _____

Injection sclerotherapy

Exercise

Weight loss

Medications: _____

- Please attach current imaging reports and investigation results to referral
- Patients must bring all imaging to appointments