

GASTROENTEROLOGY

NALHN Outpatient Service Information, Triage & Referral Guidelines

Description of Service:

The NALHN Department of Gastroenterology provides tertiary level specialized assessment and care of patients with problems of the gastrointestinal (GI) tract.

In addition to General Gastroenterology clinics which are run daily, we have 4 specialized clinics:

- (i) Inflammatory Bowel Disease clinic (Monday)
- (ii) Hepatology clinic (Wednesday)
- (iii) Interventional Endoscopy Clinic (Thursday)
- (iv) GI Motility Disorders (Thursday)

Routine diagnostic endoscopic procedures including gastroscopy and colonoscopy are available every day. We also have an internationally recognized interventional endoscopic service where advanced procedures such as Endoscopic Mucosal Resection (EMR), Endoscopic Submucosal Dissection (ESD), Endoscopic Retrograde Cholangio-Pancreaticography (ERCP), Endoscopic Ultrasound (EUS) and Per Oral Endoscopic Myotomy (POEM) are undertaken.

At the Modbury Hospital; procedure lists are scheduled for Mondays and Tuesdays, and general consulting clinics Tuesdays and Thursdays.

The Department has close links with the surgical gastroenterology units and actively participates in Colorectal Cancer, Hepatocellular Cancer, Upper GI Cancer and IBD multi-disciplinary meetings held weekly/monthly. We also have research collaborations with the University of Adelaide and the CSIRO.

Original Content developed by Dr. Asif Chinnaratha and Prof. Rajvinder Singh June 2015

Version	Date from	Date to	Amendment
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Some common conditions seen include:

- > General gastroenterology
 - [Chronic abdominal pain](#)
 - [Altered bowel habit](#)
 - [Iron deficiency with/without anaemia](#)
 - [Gastro-oesophageal reflux disease](#)
 - [Dyspepsia](#)
 - [Dysphagia](#)
 - [Positive FOBT and/or visible rectal bleeding](#)
- > Liver diseases
 - [Viral Hepatitis](#)
 - [Cirrhosis/ liver failure](#)
 - [Deranged LFTs](#)
 - [Liver lesions](#)
 - [Non-alcoholic fatty liver disease](#)

Please click on links to see Minimum Referral Guidelines for these conditions

Exclusions:

- > Paediatrics

Referral Criteria:

- > Please include copies of all reports and results when making a referral
- > Referrals should provide as much information as possible to ensure accurate triaging and timely access to services (clinical information and investigations required for each indication attached below)
- > Referrals with insufficient information may be returned

NALHN prefers all referrals to be named to a clinician providing the service (see list over page)

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QUICK/URGENT ACCESS TO SERVICES

Where consultation is urgent, the gastroenterology (GE) registrar on call should be contacted via the Lyell McEwin Hospital switchboard. Alternatively, if the problem is urgent and the patient is unstable, the patient should be sent directly to the Emergency Department of the nearest hospital for assessment.

LESS URGENT ACCESS TO SERVICES

Referrals are triaged every day (if the referral requires more urgent assessment, you should call the on-call GE registrar for advice). The preferred method of referral is by fax or letter. Please do not send both as this results in duplication and wastes time in triage. If you have concerns, we suggest that you confirm the referral has been received by calling the GE OPD admin staff.

Appointments are offered according to clinical urgency as judged against set criteria and in keeping with SA Health guidelines. As we receive a greater number of referrals than we can see, there could be a significant wait to receive an appointment.

Should changes occur to a patient's medical condition while waiting for an appointment, please either send updated clinical information or where appropriate, contact the GE registrar via the switchboard

Discharge Guidelines

Patients whose medical condition has stabilized or resolved and for whom no further appointment has been made will be formally discharged. Patients who failed to attend two consecutive scheduled outpatient visits will also be discharged. If a further assessment is required, a new referral that explains the reason should be directed to the unit

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Consultants

- > Prof. R Singh (Head of Gastroenterology): General Gastroenterology and Interventional Endoscopy
- > Dr. B George: General Gastroenterology and Interventional Endoscopy
- > Dr. D Tee: General Gastroenterology and IBD
- > Dr. A Chinnaratha: General Gastroenterology and Hepatology
- > Dr. D Harding: General Gastroenterology and Hepatology
- > Dr Hamish Philpott: General Gastroenterology, IBD, Motility and functional GI disorders
- > A/Prof. W Tam: General Gastroenterology and Interventional Endoscopy
- > Dr J Bate: General Gastroenterology and Hepatology
- > Dr. J Martin: General Gastroenterology and small bowel diseases

Nurse Unit Manager

- > Ms. Sarah Kernot

For More Information or to Make a Referral

Location: LMH OPD Gastroenterology – Level 2

Referral Fax Number: 8282 1764

Phone Number: via LMH Switchboard 81829000

Or

Location: MH OPD Gastroenterology – Level 1

Referral Fax Number: 8161 2591

Phone Number: 8161 2667

For more information about NALHN Outpatient services - www.sahealth.sa.gov.au/NALHNoutpatients

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Chronic Abdominal Pain

Referral Criteria/Information Required

- > Presence of **Warning Signs**
- > Duration of symptoms
- > Associated symptoms
- > Complete list of medications

Investigations Required

- > CBE, LFT, UEC, CRP, Coeliac Serology, S Amylase, S Lipase
- > Stool M/C&S (if accompanied by diarrhoea)
- > All previous imaging and endoscopic reports for this problem

Warning Signs

- 🚩 Weight loss
- 🚩 Fever
- 🚩 Anaemia
- 🚩 Change in bowel habits/bloody stools
- 🚩 Palpable abdominal mass

Clinical Resources

For additional support and guidance please refer to:

- [RACGP](#) clinical guidelines.

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Altered Bowel Habit

Information Required/Referral Criteria

- > Presence of **Warning Signs**
- > Stool frequency, consistency, character
- > Overseas travel, illness in other family members
- > Recent antibiotic use, previous radiation or GI surgery
- > Family history of colorectal cancer/polyps
- > Complete list of medications (including over the counter medications)
- > **Include** PR examination findings

Investigations Required

- > CBE, LFT, UEC, CRP, iron studies
- > TFT + coeliac serology (if diarrhoea predominates)
- > Stool M/C&S and C.Difficile toxin (if diarrhoea predominates)
- > All previous imaging and endoscopic reports for this problem

Warning Signs

- 🚩 Weight loss
- 🚩 Fever
- 🚩 Anaemia
- 🚩 Bloody stools
- 🚩 Palpable abdominal mass
- 🚩 Nocturnal Symptoms

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Iron Deficiency with/without Anaemia






Information Required/Referral Criteria

- > Presence of **Warning Signs**
- > Any overt blood loss
- > Dietary red meat intake
- > Previous GI surgery
- > Family history of colorectal cancer, coeliac disease, inflammatory bowel disease
- > Complete list of medications/co-morbidities
- > Iron supplements, iron/blood transfusion in the past
- > Relevant examination findings including lymphadenopathy, fever, skin rashes

Investigations Required

- > CBE, LFT, UEC, CRP, iron studies, B12, folate, TFT, coeliac serology, CRP
- > All previous imaging and endoscopic (including capsule) reports for this problem

Warning Signs

-  Weight loss
-  Anaemia
-  Dysphagia
-  Bloody stools
-  Palpable abdominal mass

Clinical Resources

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Gastro-Oesophageal Reflux Disease (GORD)

Information Required/Referral Criteria

- > Presence of **Warning Signs**
- > Symptom duration
- > Treatment prescribed and response to treatment

Investigations Required

- > CBE
- > All previous endoscopic reports, barium swallow/oesophageal manometry reports for this problem.

Warning Signs

 Weight loss	 Dysphagia	 Anaemia
 Anorexia	 Palpable Epigastric Mass	
 Nocturnal Coughing	 Haematemesis	

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Dyspepsia

Information Required/Referral Criteria

- > Presence of **Warning Signs**
- > Is this new onset? (<6 months)
- > Associated symptoms
- > Smoking and alcohol history
- > Family history of upper GI malignancy
- > Complete list of medications

Investigations Required

- > CBE, LFT, UEC
- > Iron studies (If MCV low)
- > H. Pylori status (serology or urea breath test)
- > All previous imaging and endoscopic reports for this problem

Warning Signs

- 🚩 Weight loss
- 🚩 GI Bleeding
- 🚩 Progressive Dysphagia
- 🚩 Recurrent Vomiting

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Dysphagia

Information Required/Referral Criteria

- > Presence of **Warning Signs**
- > Dysphagia to solids or liquids or both
- > History of food bolus obstruction
- > History of stroke with residual neurological deficits
- > Coughing/ choking after swallowing

Investigations Required

- > Barium swallow (if oropharyngeal dysphagia suspected)

Warning Signs

- 🚩 Weight loss
- 🚩 Recurrent Aspiration Pneumonia
- 🚩 Palpable Epigastric Mass

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Colo-rectal Cancer Screening (this is not for patients with symptoms)

1. Positive iFOBT

Refer subjects aged between 50-74 years who have positive iFOBT samples obtained through participation in the National Bowel Cancer Screening Program

Information Required <ul style="list-style-type: none">• Complete list of medications• Presence of comorbidities (particularly cardiac/ respiratory/ renal/ diabetes)	Investigations Required <ul style="list-style-type: none">• National Bowel Cancer Screening Program positive iFOBT results
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2. Surveillance/ screening colonoscopy

Refer subjects who have an indication for elective screening or surveillance colonoscopy. Indications include:

- One first-degree relative with colorectal cancer diagnosed before age 55 years/ two first-degree relatives with colorectal cancer diagnosed at any age/ one first-degree relative and at least two second-degree relative diagnosed with colorectal cancer at any age.
- Previous colonoscopy with removal of adenomatous or sessile serrated polyps.

Patients with high risk familial syndromes should be referred to Gastroenterology clinic for evaluation and provision of appropriate screening

Information Required <ul style="list-style-type: none">• Clinical indication for surveillance/ screening colonoscopy• Complete list of medications• Presence of comorbidities (particularly cardiac/ respiratory/ renal/ diabetes)	Investigations Required <ul style="list-style-type: none">• Previous colonoscopy and pathology results
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Rectal Bleeding

Information Required/Referral Criteria

- > Presence of **Warning Signs**
- > Duration of symptoms
- > Frequency of bleeding
- > Fresh/dark blood, mixed with stools/not
- > Abdominal pain/ tenesmus, mucus in stool
- > Past history of GI disease including abdomino-pelvic radiotherapy
- > Family history of colorectal cancer/ IBD
- > Complete list of medications

Investigations Required

- > CBE, LFT, UEC, Iron studies
- > FOB test result

Warning Signs



Iron Deficiency Anaemia



Abdominal or Rectal Mass



Change in Bowel Habits

Clinical Resources

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Viral Hepatitis

Information Required/Referral Criteria

- > Likely duration of infection
- > Concurrent liver disease (e.g., alcohol abuse)
- > Co-morbidities including detailed Psychiatric history
- > Symptoms of decompensation (ascites, encephalopathy, jaundice)
- > Family history of hepatocellular carcinoma
- > Complete list of medications
- > Include examination findings (signs of chronic liver disease)

Investigations Required

- > CBE, LFT, UEC, INR
- > HCV: HCV Ab, if +ve, need HCV RNA → viral load, genotype
- > HBV: HbsAb and HbsAg. If HbsAg +ve, need HbeAg and HbeAb, HBV DNA viral load, HDV DNA PCR, HIV
- > U/S abdomen (<6 months)

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Cirrhosis/Liver Failure

Information Required/Referral Criteria

- > Presence of **Warning Signs**
- > Aetiology of underlying chronic liver disease (if known)
- > Detailed history including alcohol intake and BMI
- > Co-morbidities and complete list of medications
- > Family history of liver disease
- > **Include** examination findings (ascites, encephalopathy, jaundice)

Investigations Required

- > CBE, LFTs, UEC, INR
- > Alpha-fetoprotein
- > Hepatitis serology (HBs Ag, HCV Ab)
- > Caeruloplasmin/ A1
Antitrypsin/ Iron studies/
ANA/ ASMA/ AMA/ Total IgG level/
- > Fasting lipids and BSL
- > U/S abdomen (<6 months)

Warning Signs

- 🚩 Jaundice
- 🚩 Confusion
- 🚩 Ascites

Clinical Resources

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Non-alcoholic fatty liver disease (NAFLD)

<p>Information Required/Referral Criteria:</p> <ul style="list-style-type: none"> • Presence of Warning Signs • Presence of metabolic comorbidities: (Diabetes mellitus/ impaired glucose tolerance, Obesity, Hyperlipidaemia, Hypertension) • Alcohol consumption • Concurrent liver disease (viral hepatitis/ alcoholic liver disease) • Complete list of medications • Include examination findings (signs of chronic liver disease) 	<p>Investigations Required:</p> <p>FBC, LFT, UE, INR</p> <p>Fasting lipid profile, glucose/ HbA1C</p> <p>Weight and calculated BMI</p> <p>U/S abdomen (<6 months)</p>
<p>Warning Signs</p> <ul style="list-style-type: none"> 🚩 Ascites 🚩 Jaundice 	

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Deranged LFTs

Information Required/Referral Criteria

- > Detailed alcohol history
- > Co-morbidities and complete list of medications
- > Prior LFTs for comparison
- > Family history

Investigations Required

- > CBE, LFTs, UEC, INR
- > Alpha-fetoprotein
- > Hepatitis serology (HBs Ag, HCV Ab)
- > Caeruloplasmin/ A1
Antitrypsin/ Iron studies/
ANA/ ASMA/ AMA/ Total IgG
level/
- > Fasting lipids and BSL
- > U/S abdomen (<6 months)

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Liver Lesions



Information Required/Referral Criteria

- > Presence of **Warning Signs**
- > Aetiology of underlying liver disease (if known)
- > Anorexia, weight loss
- > Co-morbidities and complete list of medications
- > Clinical evidence of decompensation (ascites, encephalopathy, jaundice)
- > Family history of HCC

Investigations Required

- > CBE, LFTs, UEC, INR
- > Alpha-fetoprotein
- > Triphasic CT abdomen

Warning Signs

-  Loss of appetite
-  Loss of weight

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