Vascular Referral Guidelines

Austin Health Vascular Clinic operates holds weekly multidisciplinary sessions to discuss and plan the treatment of patients with Vascular conditions.

Department of Health clinical urgency categories for specialist clinics
Urgent: A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days.
Semi Urgent: Referrals should be categorised as Semi Urgent where the patient has a condition that has the potential to deteriorate within 30-90 days.
Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.
Exclusions: Nil

If you have any questions regarding the ongoing care of your patient, please contact the Austin Health Vascular Surgical Liaison Nurse on Ph: 9496 5775

These guidelines have been set by DHHS: src.health.vic.gov.au			**Austin Triage Guidance**	**Austin-Specific Guidance Notes**
Condition / Symptoms & Emergency Criteria	**GP Referral Guidance for Public OPD**	**Please provide with referral**		
Aortic Aneurysm Direct to Emergency Department if: • **Present or suspected acute aortic dissection.** • **Present or suspected ruptured abdominal aortic aneurysm or thoracic aortic aneurysm.** Immediately contact the vascular registrar to arrange an urgent vascular assessment if: • **Present or suspected symptomatic abdominal aortic aneurysm or thoracic aortic aneurysm (eg. Abdominal or back pain, limb ischemia)**	When to refer: 1. Abdominal aortic aneurysm > 4.0cm diameter measure. 2. Descending thoracic aortic aneurysm > 5.0cm diameter measure. 3. Rapid abdominal aortic aneurysm expansion (> 1.0cm diameter growth per year). Please note: *The decision to refer should be based on diameter measurements, not the length of an aneurysm *Referrals for dilatation of the ascending aorta should be directed to a cardiology service provided by the health service.	Clinical history and examination Previous imaging results, CT or US if available Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. Include information on the referral of any anticoagulant medication the patient currently takes.	Urgent: • AAA > 5cm or rapid expansion • Aortic Dissection Routine: • AAA <5cm – book for Vasc Lab AAA & Popliteal USS prior to review Divert to Cardiac Surgery if: • Ascending aortic aneurysm • Aortic root aneurysm • Aortic arch aneurysm • Type A dissection	All acute or symptomatic aortic pathology should be directed to the Emergency Department. Incidental findings and asymptomatic patients can be referred to Vascular outpatients. Ascending aortic pathology should be referred to Austin Health Cardiac Surgery Unit. Registrars will arrange electronic transfer of any CT

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				imaging if details are provided. AAA <4.0cm can be accepted for hospital-based surveillance
Carotid Artery Disease Direct to Emergency Department for: • **Transient ischaemic attacks in the last 48 hours** • **Multiple or recurrent transient ischaemic attack episodes in the last seven days** • **Amaurosis fugax in the last 48 hours** Immediately contact the vascular registrar to arrange an urgent vascular assessment for: • **Symptomatic internal carotid stenosis (>50% on imaging), within two weeks of symptoms**	When to refer: 1. Internal carotid stenosis (> 50%) on imaging with symptoms (excluding dizziness alone), more than two weeks after onset of symptoms 2. Asymptomatic internal carotid stenosis > 70% on imaging 3. Carotid body tumour.	Clinical history and examination including: • Symptoms • Timing of symptoms • Current and previous imaging results Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. Include information on the referral of any anticoagulant medication the patient currently takes.	Urgent: • Symptoms < 6 months ago (registrar to triage) Routine: • Symptoms > 6 months ago • Asymptomatic carotid >70% • Carotid body tumour Vascular Registrar to handle: • Symptoms <2 weeks TIARA Clinic: • TIA symptoms <48h	Austin Health Neurology Unit runs a TIA Rapid Access (TIARA) for patients requiring urgent review within 48h regardless of carotid status. Patients with late presentation (>2 weeks) symptomatic or asymptomatic carotid stenosis can be referred to Vascular Surgery OPD. Intracranial arterial disease should be referred to Neurosurgery & Neurovascular OPD

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Deep Vein Thrombosis Direct to Emergency Department for: • **Present, or suspected, acute iliofemoral or supra-inguinal deep vein thrombosis** • **Present or suspected acute axillary or subclavian vein thrombosis**	When to refer: 1. Post thrombotic syndrome 2. Symptomatic chronic iliofemoral venous obstruction 3. Iliac vein compression syndrome (May-Thurner syndrome).	Clinical history and examination. Information that must be provided: • History of deep vein thrombosis • History of deep vein thrombosis • History of previous surgery. • History of ulceration, if any Provide if available: • Current and previous imaging results • Thrombophilia testing. Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. Include information on the referral of any anticoagulant medication the patient currently takes.	Urgent: • As required.	DVT is managed in combination with Haematology. Acute iliofemoral or upper limb DVT (<2 weeks) may be eligible for thrombolysis and should be discussed with Vascular Registrar on presentation.
High Risk Foot ulcers Direct to Emergency Department for: • **Sepsis or acutely unwell due to foot infection** • **Critical lower limb ischemia with necrosis, pain or ulceration** • **Suspected acute limb**	When to refer: • Non-healing foot ulceration present for more than one month with no reduction in size despite medical management • Red hot swollen foot (active Charcot foot) • Foot osteomyelitis with ulceration	Clinical history and examination **Information that must be provided:** • History of diabetes (e.g. year of onset, type)	Urgent: • All active ulcers. Routine: • Healed ulcers or history of ulceration Divert to Podiatry-led HRFC if: • Diabetic patient with	Flag for dressing clinic in booking notes Registrar to review all referral letters for ulceration & order investigations as appropriate on triage.

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ischemia • **Rapidly deteriorating ulceration or necrosis** • **Suspected foreign body in the foot**	• Chronic ischaemic signs and symptoms of the lower limb with foot ulceration • Neuropathic symptoms associated with deranged function and structure. Please note: * Referrals should only be directed to a vascular specialist clinic if a high-risk foot service is not available.	• Current medication list including any antibiotics • Wound history and location • Current management • Recent HbA1c and creatinine blood test • Recent vascular imaging. **Provide if available:** • Medical history • Recent pathology tests including wound swabs • X-rays or other imaging • Current podiatry treatment. Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. Include information on the referral of any anticoagulant medication the patient currently takes.	evidence in referral of normal arterial and venous status Divert to Wound Clinic if: • Non-diabetic patient with evidence in referral of normal arterial and venous status	

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Varicose Veins Immediately contact the vascular registrar to arrange an urgent vascular assessment for: • **Ascending thrombophlebitis within 7cm of saphenofemoral junction** • **Significant haemorrhage from varicose vein**	When to refer: Symptomatic varicose vein with a CEAP* classification of C3, C4, C5 or C6. That is varicose veins with these clinical characteristics: • Oedema • pigmentation, eczema, lipodermatoscerleosis, atrophie blanche • healed venous ulcer • active venous ulcer. Excluded as indications for surgery are: • Venous conditions which are unlikely to lead to the conditions listed above • Cosmetic veins • Spider veins CEAP classification of C0, C1 or C2. That is varicose veins with these clinical characteristics: • no visible or palpable signs of venous disease • telangiectasias or reticular veins • varicose veins.	Clinical history and examination including: • Symptoms • Description of oedema Provide if available • Current and previous imaging results Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. Include information on the referral of any anticoagulant medication the patient currently takes.	Urgent: • All active venous ulcers should be directed to General Vascular OPD and triaged as Foot/Leg ulcer. Routine: • All other varicose veins referrals. Seek more information: • No specified symptoms or unable to match to criteria Reject: • Spider veins • Cosmetic varicose veins	Austin Health DOES NOT provide treatment for spider veins or cosmetic varicose veins.

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Hyperhidrosis	None; referrals for hyperhidrosis should not be made to this service.* *Please refer to Austin-specific guidance notes.		Urgent: None Routine: Accept referrals from specialists or GPs requesting: • Sympathectomy • ETS • VATS Reject/More Information: • Patients without evidence of dermatology review or previous non-surgical treatment. • Suggest referral to dermatology	Austin Health Vascular Surgery Unit will accept referrals for thoracoscopic sympathectomy in those patients who have exhausted non-operative options in management of hyperhidrosis.
Lymphoedema	None; referrals for Lymphoedema should not be made to this service.			Austin Health does not provide a Lymphoedema management service.

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Lower Limb Arterial Disease Direct to Emergency Department for: • **Acute onset limb ischaemia** • **Suspected acute arterial embolus/thrombosis** • **Infection or rapidly deteriorating ulceration/gangrene with suspected arterial component** • **Unremitting ischaemic rest pain**	When to refer: • Curent or previous foot or leg ulceration with suspected arterial component (see ulcer referral guidelines above) • Suspected arterial ischaemic claudication with walking distance <250m • Nocturnal or rest pain with suspected arterial component • Popliteal aneurysm Excluded as indications for surgery are: • Lifestyle-limiting claudication in active smokers • Asymptomatic arterial occlusion/stenosis	Clinical history and examination including: • Nature and severity of claudication/ulceration • Cardiovascular risk factors and management plans • Current and previous smoking history • History of previous vascular intervention Provide if available • Current and previous imaging results Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: • Foot or leg ulceration • Rest pain or claudication <50m • Sudden onset ischaemic symptoms Routine: • All other symptomatic patients Reject: • Asymptomatic arterial stenoses • Tibial artery disease without pedal rest pain or ulceraton	Registrar to order Vascular Lab investigations as required

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Thoracic Outlet Compression Syndrome Direct to Emergency Department for: • **Acute onset upper limb ischaemia** • **Suspected acute arterial embolus/thrombosis** • **Acute upper limb DVT with suspected Paget Schrotter Syndrome**	History and examination suggestive of arterial or venous thoracic outlet compression syndrome including: • Subclavian artery aneurysm or stenosis from external compression • Subclavian venous stenosis or thrombosis (Paget-Schrotter syndrome) Consider referral to Neurosurgery for Neurogenic TOS.	Clinical history and examination including: • Nature and severity of symptoms • Cardiovascular risk factors and management plans • Current and previous smoking history • History of previous vascular intervention Provide if available • Current and previous imaging results Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment. Include information on the referral of any anticoagulant medication the patient currently takes.	Urgent: • Referral from ED. Routine: • All others.	Patients with acute onset Paget Schrotter may be eligible for thrombolysis. Registrar to arrange.
Vascular Access Contact the vascular registrar to arrange an urgent vascular assessment for patients unsuitable for routine OPD wait.	When to refer: • Patients requiring vascular access for haemodialysis or chemotherapy including AVF creation, tunnelled CVC insertion or subcutaneous port implantation	Relevant clinical history and imaging.	Renal Access Clinic • Renal access nurse to process and triage referrals for haemodialysis and AVF patients Urgent: All others	
Pelvic Congestion Syndrome	These patients can be referred to the Austin Health Vein Clinic.			Registrars to book Vascular Lab Imaging as required.