

Western Health Specialist Clinics Access & Referral Guidelines

Gastroenterology Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of Gastroenterology/Hepatology conditions. Patients will be triaged by Consultant Gastroenterologists into one of the following management pathways according to specific clinical requirements:

Direct Access Gastrointestinal Endoscopy (DAGE) Pathway	For patients with gastrointestinal symptoms or signs that indicate the need for <i>urgent</i> endoscopic procedure. These patients are suitable to proceed straight to procedure without prior specialist consultation.
Gastroenterology Clinic	For patients with gastroenterological symptoms and signs that are not suitable for the DAGE pathway.
IBD Clinic	For patients with diagnosed Inflammatory Bowel Disease
Liver Clinic	For patients with abnormal liver function tests, viral hepatitis, cirrhosis
Hepatoma Clinic	For patients who have suspected or diagnosed hepatocellular carcinoma (hepatoma) for management.
Endoscopy Standard Clinic	For patients requiring consultation related to standard endoscopic procedures.
Endoscopy Interventional Clinic	For patients requiring consultation related to complex or advanced endoscopic procedures.

Conditions not seen by Gastroenterology Specialists at Western Health:

The following conditions, in the absence of alarm symptoms, are not seen by Gastroenterology Specialists at Western Health:

- Abdominal pain
- Chronic gastro-oesophageal reflux disease (GORD)
- Bloating, flatulence, functional dyspepsia
- Chronic constipation
- Chronic diarrhea
- Chronic nausea and vomiting
- Simple liver cysts less than 3cm in diameter

Gastroenterology Alarm Symptoms:

- Abdominal mass
- Anaemia and/or iron deficiency
- Dysphagia or odynophagia
- GI bleeding (upper GI bleeding or lower GI bleeding)
- Significant weight loss (10% or more of body weight)

Access & Referral Priority Gastroenterology:

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.

URGENT	ROUTINE
Appointment timeframe 30 days	Appointment timeframe greater than 30 days, depending on clinical need.
<p>LUMINAL GASTROENTEROLOGY: (DAGE) pathway:</p> <ul style="list-style-type: none"> • Gastroscopy and/or Colonoscopy requests that are triaged as Category 1, will proceed directly to Category 1 endoscopy procedure(s). The exception will be a patient that appears suitable for a category 1 gastroscopy and/or colonoscopy, but require clinic review first, and therefore will be seen as an urgent outpatient in Standard Endoscopy Clinic – see below. <p>Gastroenterology Clinic:</p> <ul style="list-style-type: none"> • Review following gastroscopy and/or colonoscopy that diagnosed GI malignancy • Suspected pancreas malignancy based on imaging <p>Endoscopy Standard Clinic:</p> <ul style="list-style-type: none"> • Consideration of PEG insertion. • Patient referred for gastroscopy and/or colonoscopy and appears suitable for a category 1 endoscopy waitlisting but requires clinic review first. 	<p>LUMINAL GASTROENTEROLOGY: Gastroenterology Clinic:</p> <ul style="list-style-type: none"> • Patients referred for gastroscopy and/or colonoscopy that do not fulfil Category 1 endoscopy waitlist criteria • Suspected or diagnosed Coeliac disease • Gastric intestinal metaplasia surveillance • Barrett's Oesophagus surveillance • Resistant H. pylori <p>Endoscopy Standard Clinic:</p> <ul style="list-style-type: none"> • For consideration of endoscopic surveillance for past history of adenomas or colorectal cancer or family history of CRC • Iron deficiency anaemia – for consideration for capsule endoscopy in patients who have had gastroscopy and colonoscopy within the last 12 months, with source of occult blood loss not identified • Management advice following capsule endoscopy.

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URGENT

Appointment timeframe 30 days

Endoscopy Interventional Clinic:

- Known large/complex polyp for consideration of endoscopic mucosal resection (EMR).
- Referral for consideration of ERCP (Endoscopic Retrograde Cholangio Pancreatography)
- Referral for consideration of EUS (Endoscopic Ultrasound)
- Referral for consideration of upper GI luminal stenting
- Review following interventional endoscopy procedure (e.g., EMR, ERCP, EUS) where malignancy was found.

Inflammatory Bowel Disease Clinic:

- Confirmed IBD diagnosis with current severe active Disease.

HEPATOLOGY

Hepatitis Clinic:

Confirmed viral hepatitis while/with:

- Pregnant with hepatitis B
- Patients with hepatitis B being planned for, or undergoing, chemotherapy or organ transplant
- Viral hepatitis with evidence of cirrhosis, such as suggestive LFT abnormalities, low platelets, elevated INR
- Significantly altered LFT
 - ALT >5 x ULN for HCV
 - ALT >2 x ULN for HBV
- Severely deranged Liver Function Test (LFT) due to non-viral hepatitis cause
 - ALT x5 upper limit of normal (ULN)
 - Severe cholestasis
 - ALT < 5x ULN due to autoimmune hepatitis or Primary Biliary Cirrhosis or Wilson's disease

ROUTINE

Appointment timeframe greater than 30 days, depending on clinical need.

Endoscopy Interventional Clinic:

- Review following interventional endoscopy procedure (e.g., EMR, ERCP, EUS) where there was no malignancy detected

Inflammatory Bowel Disease Clinic:

- Confirmed IBD diagnosis without currently severe active disease.

HEPATOLOGY

Gastroenterology Clinic for Liver Conditions:

- Decompensated cirrhosis due to causes other than hepatitis B or C
- Solid liver lesions > 1cm in size, in a patient without cirrhosis and without viral hepatitis and where hepatoma is not the suspected diagnosis
- Suspected or proven haemochromatosis with ferritin >1000
- Suspected haemochromatosis ferritin <1000
- Liver function test derangement 1.5-5 X ULN (excluding GGT)
- Complex cystic liver lesions
- Compensated cirrhosis
- Solid liver lesions <1cm in size

Hepatitis Clinic

- Confirmed viral hepatitis (B or C) that is clinically stable.

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URGENT	ROUTINE
Appointment timeframe 30 days	Appointment timeframe greater than 30 days, depending on clinical need.
Hepatoma (Hepatocellular Carcinoma) Clinic: <ul style="list-style-type: none"> Chronic hepatitis B with a liver lesion Cirrhosis with a liver lesion Any symptoms or lab tests reasonably consistent with a diagnosis of hepatoma. Large or other liver lesions where a diagnosis of hepatoma is suspected 	Hepatoma (Hepatocellular Carcinoma) Clinic: <ul style="list-style-type: none"> Previously diagnosed hepatoma that is currently stable but requires further management.

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.

Luminal Gastroenterology:

Condition:	Key Information Points:	Clinical Investigations:
Iron Deficiency with/without anaemia	<ul style="list-style-type: none"> Past medical and surgical history Medication History – aspirin, NSAID, anti-platelet and anticoagulant. Please provide indication for medications if used. Menstrual history in female Details if restricted diet e.g. vegetarian or vegan 	<ul style="list-style-type: none"> Full blood examination Iron studies Coeliac serology Previous gastroscopy and colonoscopy reports and histology if available
Significant Weight Loss	<ul style="list-style-type: none"> Define weight loss: number of kg loss over time period, previous body weight: Smoking history History of deliberate weight loss interventions. eg gastric banding or sleeve 	<ul style="list-style-type: none"> Full blood examination + erythrocyte sedimentation rate Thyroid function tests Urea and electrolytes test Liver function tests Fasting glucose Available imaging results

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Condition:	Key Information Points:	Clinical Investigations:
Barrett's Oesophagus/Gastric Intestinal Metaplasia	<ul style="list-style-type: none"> Details of any clinic symptoms and current management 	<ul style="list-style-type: none"> Previous gastroscopy report and histology if available.
Resistant H. pylori	<ul style="list-style-type: none"> Previous details of treatment 	<ul style="list-style-type: none"> Positive Urea breath test Details of past gastroscopy
Coeliac Disease See Health Pathways Melbourne for monitoring of long-term complications	<ul style="list-style-type: none"> Symptom duration Family history incl coeliac disease, thyroid disease type 1 diabetes and premature ovarian failure 	<ul style="list-style-type: none"> Coeliac Serology whilst taking gluten Past Gastroscopy and histology reports if available FBE U&E Iron studies LFT TSH B12 Vit D serology
Inflammatory Bowel Disease (IBD)	<ul style="list-style-type: none"> History and examination findings including details Bowel habits, rectal bleeding, abdominal pain, loss of weight Details of non-GI symptoms e.g. skin changes, pain or swelling Family history Medication history Smoking history 	<ul style="list-style-type: none"> Full blood examination, erythrocyte sedimentation rate, C-reactive protein, Iron studies, Liver Function Tests Stools M/ C/ S Previous imaging if available Previous gastroscopy +/- colonoscopy reports+ histology reports if available Faecal calprotectin
Dysphagia/Odynophagia	<ul style="list-style-type: none"> Duration of condition History of stroke/ neurological conditions Weight loss Smoking history 	If available: <ul style="list-style-type: none"> Barium swallow Past Gastroscopy reports
Rectal Bleeding	<ul style="list-style-type: none"> History and examination findings including amount and whether painful Family history of Colorectal Cancer or inflammatory bowel disease 	<ul style="list-style-type: none"> Full blood examination, C-reactive protein, Iron studies, U&E LFT

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Liver Conditions:

Condition:	Key Information Points:	Clinical Investigations:
Hepatoma	<ul style="list-style-type: none"> • Details of clinical and examination findings • Previous management of hepatocellular carcinoma 	<ul style="list-style-type: none"> • Liver Function Tests, Full Blood Examination, Urea & Electrolytes, Alpha- fetoprotein • Hepatitis B & C serology • CT scan upper abdomen • Previous imaging or relevant histology.
Abnormal Liver Function and Hepatitis	<p>Detailed history and examination findings, including:</p> <ul style="list-style-type: none"> • Pregnancy status • Other conditions including chemotherapy, organ transplant • Autoimmune disease • Features of metabolic syndrome: obesity, diabetes, hypertension, hyperlipidemia • Current and past Alcohol & drug intake • Signs of chronic liver disease. • Family history incl coeliac disease, cirrhosis, chronic hepatitis • Medication list 	<ul style="list-style-type: none"> • Fasting lipids/cholesterol profile • Glucose • Liver Function Tests • Full Blood Examination, Urea & Electrolytes • Coagulation profile • Iron study • Hepatitis A,B,C serology • Anti-smooth muscle Ab • Anti-LKM Ab • Anti-mitochondrial Ab • Ceruloplasmin • Alpha 1 antitrypsin • IgG, IgM • Coeliac screen • Chronic Hepatitis B patients: HBV serology: Hepatitis BsAg, hepatitis, BcAb, hepatitis BsAb, hepatitis BeAg, hepatitis BeAb, HBV viral load • If HCV Ab Positive HCV Genotype & HCV viral load. • Essential Imaging: Liver US • Desirable Imaging (if available): Liver ultrasound elastography (ARFI), Fibroscan & ARFI (Acoustic radiation force impulse) imaging