

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:

1. **Direct Access Gastrointestinal Endoscopy (DAGE) pathway:** for patients with gastrointestinal symptoms or signs that indicate the need for urgent (Category 1) endoscopic procedure(s). These patients must be suitable to proceed straight to procedure without prior specialist consultation. Category 1 definitions are as per Victorian DHHS statewide gastroscopy and colonoscopy triage guidelines.
2. **Gastroenterology clinic:** for patients with gastroenterological symptoms and signs that are not suitable for the DAGE pathway.
3. **IBD clinic:** for patients with diagnosed Inflammatory Bowel Disease.
4. **Hepatitis clinic:** for patients with confirmed viral hepatitis B or C.
5. **Hepatoma clinic:** for patients who have suspected or diagnosed hepatocellular carcinoma (hepatoma) for management.
6. **Endoscopy Standard Clinic:** for patients requiring consultation related to standard endoscopic procedures.
7. **Endoscopy Interventional Clinic:** for patients requiring consultation related to complex or advanced endoscopic procedures.

Conditions not seen at Western Health:

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

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

Alarm Symptoms:

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

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 |
|--|--|
| <p>LUMINAL GASTROENTEROLOGY:</p> <p>Direct Access Gastrointestinal Endoscopy (DAGE):</p> <ul style="list-style-type: none"> Gastroscopy and/or colonoscopy requests received on the Western Health Gastrointestinal Endoscopy Referral Form 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 requires clinic review first, and therefore will be seen as an urgent outpatient in Endoscopy Standard Clinic) <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 Common gastroenterology conditions detailed on previous page, <u>where alarm symptoms are present, and patient does not meet criteria for DAGE.</u> <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 due to clinical reasons, requires clinic review first. <p>Endoscopy Interventional Clinic:</p> <ul style="list-style-type: none"> 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. <p>Inflammatory Bowel Disease (IBD) Clinic:</p> <ul style="list-style-type: none"> Confirmed IBD with currently severe active disease. | <p>LUMINAL GASTROENTEROLOGY:</p> <p>Gastroenterology Clinic:</p> <ul style="list-style-type: none"> Patients referred for gastroscopy and / or colonoscopy with NO alarm symptoms and do NOT fulfil Category 1 endoscopy waitlist criteria Review following endoscopy procedure where further general Gastroenterology care is required Suspected or diagnosed Coeliac disease Resistant H. pylori <p>Endoscopy Standard Clinic:</p> <ul style="list-style-type: none"> For consideration of endoscopic surveillance for: <ul style="list-style-type: none"> past history of adenomas or colorectal cancer family history of CRC gastric intestinal metaplasia Barrett's oesophagus. 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. <p>Endoscopy Interventional Clinic:</p> <ul style="list-style-type: none"> Review following interventional endoscopy procedure (e.g. EMR, ERCP, EUS) where there was no malignancy detected <p>Inflammatory Bowel Disease (IBD) Clinic:</p> <ul style="list-style-type: none"> Confirmed IBD without currently severe active disease. |

URGENT

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
- 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

Hepatoma (Hepatocellular Carcinoma) Clinic:

- 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

ROUTINE

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

Note: * indicates need for defined booking time frame to be documented at time of triaging

Hepatitis Clinic

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

Hepatoma (Hepatocellular Carcinoma) Clinic:

- 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 outpatients, 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"> Medication History – aspirin, NSAID, anti-platelet and anticoagulant. Please provide indication for medications if used. Menstruation history in female Diet history if available | <ul style="list-style-type: none"> Full blood examination Iron studies 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. | <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 |
| Barrett's Oesophagus/Gastric Intestinal Metaplasia | N/A | <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 |
| Coeliac Disease | <ul style="list-style-type: none"> Symptom duration Family history | <ul style="list-style-type: none"> Coeliac Serology whilst taking gluten +/- Human leucocyte antigen genotyping Gastroscopy and histology reports if available. |
| Inflammatory Bowel Disease (IBD) | <ul style="list-style-type: none"> Bowel habits PR bleeding. Abdominal pain Weight loss Family 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 if available |

Western Health Specialist Clinics Access & Referral Guidelines

| | | |
|------------------------------|---|---|
| Dysphagia/Odynophagia | <ul style="list-style-type: none">• Duration of condition• History of stroke/neurological conditions• Weight loss | If available: <ul style="list-style-type: none">• Barium swallow• Gastroscopy• 24hr pH studies |
| Rectal Bleeding | <ul style="list-style-type: none">• Quantity• Painful vs painless• Family history of Colorectal Cancer CRC/IBD | <ul style="list-style-type: none">• Full blood examination, C-reactive protein, Iron studies.• Rectal examination. |

Western Health Specialist Clinics Access & Referral Guidelines

Liver Conditions:

| Condition: | Key Information Points: | Clinical Investigations |
|--|--|---|
| Hepatoma | <ul style="list-style-type: none"> • Features reasonably suggestive of HCC. • Previous management of HCC. | <ul style="list-style-type: none"> • Liver Function Tests, Full Blood Examination, Urea & Electrolytes, Alpha-fetoprotein • Previous imaging or relevant histology. |
| Abnormal Liver Function and Hepatitis | <ul style="list-style-type: none"> • Pregnancy status • Other conditions: <ul style="list-style-type: none"> ○ Chemotherapy ○ Organ transplant • Autoimmune disease • Features of metabolic syndrome: obesity, diabetes, HT, hyperlipidemia. • Family history coeliac disease, cirrhosis • Alcohol & drug intake • Signs of chronic liver disease. | <p>Essential general blood tests:</p> <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-nuclear antibodies <p>Desirable chronic liver disease screen tests:</p> <ul style="list-style-type: none"> • Anti-smooth muscle Ab • Anti-LKM Ab • Anti-mitochondrial Ab • Ceruloplasmin • Alpha 1 antitrypsin • IgG, IgM • Coeliac screen <p>Chronic Hepatitis B patients:</p> <ul style="list-style-type: none"> • HBV serology: Hepatitis BsAg, hepatitis BcAb, hepatitis BsAb, hepatitis BeAg, hepatitis BeAb • HBV viral load <p>HCV Ab Positive Patients:</p> <ul style="list-style-type: none"> • HCV Genotype & HCV viral load. <p>Essential Imaging;</p> <ul style="list-style-type: none"> • Liver US <p>Desirable Imaging (if available):</p> <ul style="list-style-type: none"> • Fibroscan & ARFI (Acoustic radiation force impulse) imaging |