

Endocrine Surgery Specialist Clinics at Western Health:

Western Health provides General & Endocrine Surgery Specialist Clinics for patients who require assessment and management of Thyroid, Parathyroid and Adrenal conditions. Patients will be triaged by Consultant Endocrine Surgeons into management pathways according to specific clinical requirements.

In particular, Endocrine Surgery at Western Health manages:

- Thyroid nodules
- Hyperthyroidism due to toxic thyroid nodules
- Primary hyperparathyroidism
- Adrenal nodules

Conditions not seen by Endocrine Surgeons at Western Health:

- Thyroiditis
- Hyperthyroidism from Graves disease, or drug-induced, should initially be referred to Endocrinology
- Thyroid nodules <1cm without suspicious features
- Pancreatic tumors or conditions and Gallbladder conditions- Refer to Upper Gastrointestinal Surgery

Endocrine Surgery Alarm Symptoms:

The following conditions require urgent medical attention, and urgent referral to the Endocrine Surgery Fellow should be arranged via Footscray Hospital:

Thyroid	<ul style="list-style-type: none">- Rapidly growing thyroid nodule(s) over a few weeks or months- Signs or symptoms of airway obstruction or voice change secondary to thyroid nodules(s)
Parathyroid	<ul style="list-style-type: none">- Calcium level >3mmol/L
Adrenal	<ul style="list-style-type: none">- Adrenal nodules with atypical enhancement characteristics on dedicated CT adrenal study- Evidence of pheochromocytoma (elevated plasma metanephrines), virilization or Cushing's Syndrome
Hernias	<ul style="list-style-type: none">- Painful or irreducible hernias with concern for obstruction or strangulation

Access & Referral Priority for Endocrine Surgery:

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.
<ul style="list-style-type: none"> Thyroid nodules >1cm with significant malignant potential or causing clinically significant airway obstruction Primary hyperparathyroidism with a corrected calcium level of >3mmol/L Adrenal nodules with significant malignant potential or if thought to be a pheochromocytoma 	<ul style="list-style-type: none"> Thyroid, parathyroid and adrenal conditions which do not have symptoms or signs requiring an urgent appointment Irreducible inguinal hernia without evidence of bowel strangulation or obstruction

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:
Thyroid nodules	<ul style="list-style-type: none"> >1cm in size Details of nodule or thyroid growth incl. time frame Details of compressive symptoms or voice changes Family history of thyroid cancer Details of any significant radiation exposure to head/neck particularly as a child Past medical history and medication list 	<ul style="list-style-type: none"> Thyroid stimulating hormone (TSH) and free thyroxine (T4) if TSH abnormal Ultrasound neck/thyroid with or without fine needle aspiration Thyroid antibodies (if hypothyroid)
Primary hyperparathyroidism calcium level is >3mmol/L	<ul style="list-style-type: none"> Details of clinical symptoms Past medical history and medication list 	<ul style="list-style-type: none"> Corrected calcium Parathyroid hormone U & E Vitamin D Urine calcium – spot urine
Adrenal nodules	<ul style="list-style-type: none"> Past medical history and medication list including details of any previous malignancy 	<ul style="list-style-type: none"> FBE

Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
	<ul style="list-style-type: none"> Details of symptoms of endocrinopathy 	<ul style="list-style-type: none"> U&E LFT Plasma metanephrines Dedicated Adrenal CT scan
Hernias	<ul style="list-style-type: none"> Provide clinical findings and details of ability to reduce. Presence of groin lump History of reducible groin lump associated with Valsalva (cough, lifting, straining) 	<ul style="list-style-type: none"> Investigations not required