

# Criteria for General Surgery Referrals



GPs are to use the following criteria to evaluate and prioritise patients for referral to Hutt Valley DHB:

PRIORITY	TIMEFRAME	CRITERIA	EXAMPLES
<b>Urgent</b>	Within four weeks	Moderate to high risk of permanent damage if delay occurs or highly suspicious of malignancy (i.e. red flags* present).	<ul style="list-style-type: none"> <li>Breast lumps* with red flag.</li> <li>Diagnosed breast malignancy.</li> <li>Gall bladder mass.</li> <li>Gallstones with pancreatitis.</li> <li>GI obstructive symptoms (consider ED referral).</li> <li>Malignant ascites.</li> <li>Post ERCP with stones in the common bile duct.</li> <li>PR bleeding with red flags* (refer directly to colonoscopy first).</li> <li>Significant skin infection or perianal abscess.</li> <li>Upper GI conditions with red flags including dyspepsia, dysphagia, jaundice, pancreatic or liver conditions.</li> <li>Significant abnormality on radiography.</li> <li>Toxic thyroid.</li> </ul>
<b>Semi-urgent</b>	Within three months	Low grade suspicion of malignancy (i.e. no red flags present), or recurrent pain / dysfunction.	<ul style="list-style-type: none"> <li>Anal fissure with severe pain.</li> <li>Breast lumps.</li> <li>Cholangitis.</li> <li>Diagnosed parathyroid disease.</li> <li>Painful prolapsing haemorrhoids.</li> <li>Painful defaecation.</li> <li>Recurrent cholecystitis (more than one episode).</li> </ul>
<b>Routine</b>	Within four months	Infective condition or minimal or no functional impairment, or endocrine disease.	<ul style="list-style-type: none"> <li>Cholecystitis – one presentation.</li> <li>Fistula in ano.</li> <li>Known gallstones with ongoing biliary colic.</li> <li>Lipoma / cyst (infected), suitable for removal under local anaesthesia.</li> <li>Mild / moderate active pilonidal disease.</li> <li>Varicose veins with severe complications.</li> </ul>
<b>LOW PRIORITY AND RETURNED TO GP</b>		Benign / stable conditions	<ul style="list-style-type: none"> <li>Asymptomatic gallstones.</li> <li>Inactive pilonidal disease.</li> <li>Infected ingrown toenails (children referred to paediatrician).</li> <li>Asymptomatic hernia.</li> <li>Peri-anal itching.</li> <li>PR bleeding / anal fissure / haemorrhoids in those aged &lt; 40.</li> <li>Nail bed ablations.</li> <li>Uncomplicated varicose veins.</li> </ul>

**\* Bowel red flags:**

Weight loss, dysphagia, night sweats, obstructive jaundice, anaemia, malaena, bloody stools, and mucous discharge, bleeding in association with altered bowel habit, severe pain, and relevant family history of cancer.

**\* Breast red flags:**

Discrete breast mass, dimpling, nipple discharge.