

# THE ALFRED REFERRAL GUIDELINES: COLORECTAL SURGERY

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## THE ALFRED REFERRAL GUIDELINES COLORECTAL SURGERY

### Referral priority guide

<b>Immediate</b> <ul style="list-style-type: none"><li>• Diverticulitis with systemic sepsis</li><li>• Large bowel obstruction</li><li>• Severe PR bleeding</li></ul>	Phone the Colorectal Registrar or Fellow on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.
<b>Urgent</b> <ul style="list-style-type: none"><li>• Confirmed or suspected colorectal cancer</li></ul>	Urgent cases must be discussed with the Colorectal Registrar or Fellow on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938. Likely to receive an appointment within 1-2 weeks.
<b>Soon</b>	Likely to receive an appointment within 2-6 weeks.
<b>Intermediate</b>	Likely to receive and appointment within 6-12 weeks.
<b>Non-urgent</b>	Appointment may be delayed.
<b>Not seen</b>	Children under 16 years of age are not seen at the Alfred.

**Please note:** The times to assessment may vary depending on size and staffing of the hospital department. If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Colorectal Registrar or Fellow on call on 9076 2000.

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## THE ALFRED REFERRAL GUIDELINES COLORECTAL SURGERY

### Diseases of the colon

Evaluation	Management	Referral Guidelines
<p><b>History including:</b></p> <ul style="list-style-type: none"> <li>▪ Family history</li> <li>▪ Altered bowel habit</li> <li>▪ Tenesmus</li> <li>▪ Mass</li> <li>▪ Incomplete rectal emptying</li> </ul> <p><b>Also refer to the</b> <a href="#">Gastroenterology Referral Guidelines</a></p>	<p>Acute mild diverticulitis: antibiotics, fibre, and antispasmodics.</p>	<p>Patients with:</p> <ul style="list-style-type: none"> <li>➤ diverticulitis with systemic sepsis;</li> <li>➤ large bowel obstruction;</li> <li>➤ severe PR bleeding</li> </ul> <p>should be <b>referred immediately</b> to the Alfred Emergency and Trauma Centre.</p> <p>Patients with diagnosed recurrent attacks of <b>diverticulitis</b> should be referred to the Colorectal Clinic for specialist opinion – Priority 2</p> <p>Patients with suspected or proven <b>inflammatory bowel disease</b> should be referred to the Gastroenterology Inflammatory Bowel Disease Clinic (Wednesday mornings)</p> <p style="text-align: right;"><b>Return to contents page</b></p>

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Evaluation	Management	Referral Guidelines
<b>Confirmed Colorectal cancer</b>		
<p><b>History including:</b></p> <ul style="list-style-type: none"> <li>▪ Weight loss</li> <li>▪ Medications</li> <li>▪ Ascites</li> <li>▪ Tenesmus</li> <li>▪ History of Malignancy</li> <li>▪ PR blood, pus, or mucus</li> <li>▪ Altered bowel habit</li> <li>▪ Flatus</li> <li>▪ Incomplete rectal emptying</li> <li>▪ Family history of inflammatory bowel disease, polyposis or cancer</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>▪ FBE</li> <li>▪ LFTs</li> <li>▪ CEA</li> <li>▪ CT Scan of chest, abdomen and pelvis</li> <li>▪ Biopsy result</li> <li>▪ Colonoscopy or Barium enema result</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p>	<p>Consider iron replacement while awaiting investigations</p>	<ul style="list-style-type: none"> <li>▪ Patients with <b>confirmed colorectal cancer</b> refer to the Colorectal Outpatient Clinic – PRIORITY 1</li> <li>▪ Contact the Colorectal Fellow or Registrar through The Alfred switchboard on 9076 2000 to discuss urgent referral or for advice.</li> </ul> <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Suspected Colorectal Cancer</b>		
<p><b>History including:</b></p> <ul style="list-style-type: none"> <li>▪ Weight loss</li> <li>▪ Medications</li> <li>▪ Ascites</li> <li>▪ Tenesmus</li> <li>▪ History of Malignancy</li> <li>▪ PR blood, pus, or mucus</li> <li>▪ Altered bowel habit</li> <li>▪ Flatus</li> <li>▪ Incomplete rectal emptying</li> <li>▪ Family history of inflammatory bowel disease, polyposis or cancer</li> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>▪ FBE</li> <li>▪ LFTs</li> <li>▪ Barium enema result if available</li> </ul>		<ul style="list-style-type: none"> <li>▪ Patients who have signs or symptoms <b>suggestive of colorectal cancer</b> should be referred for urgent outpatient appointment for colonoscopy - PRIORITY 1</li> <li>▪ Patients with <b>suspicious bleeding or definite change in bowel habit</b> should be referred to the Colorectal Outpatient clinic for colonoscopy</li> <li>▪ Patients who have <b>vague lower abdominal or change in bowel habits</b> (to constipation) should be referred for <b>Open Access Endoscopy clinic:</b> <a href="#">The Alfred Gastrointestinal Endoscopy Service request form</a></li> <li>▪ Contact the Colorectal Fellow or Registrar through The Alfred switchboard on 9076 2000 to discuss urgent referral or for advice.</li> </ul> <p>Guidelines for screening colonoscopy – refer to <a href="#">NH&amp;MRC Colorectal guidelines</a></p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

## THE ALFRED REFERRAL GUIDELINES COLORECTAL SURGERY

Evaluation	Management	Referral Guidelines
<b>Haemorrhoids</b>		
<ul style="list-style-type: none"> <li>▪ History of ano-rectal bleeding</li> <li>▪ Prolapse and thrombosis</li> <li>▪ Evaluation:               <ul style="list-style-type: none"> <li>○ PR</li> <li>○ Proctoscopy</li> <li>○ Sigmoidoscopy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Lifestyle/dietary advice/ modification</li> <li>Proprietary creams/ suppositories</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer for colonoscopy if underlying disease suspected – PRIORITY 1</li> <li>▪ Points for concern               <ul style="list-style-type: none"> <li>○ An associated change in bowel habit</li> <li>○ Blood mixed with stool</li> <li>○ Associated pain and discomfort in the absence of thrombosis or other pathology such as a fissure</li> <li>○ Palpable mass on rectal examination</li> <li>○ Copious bleeding with associated anaemia</li> </ul> </li> </ul> <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Anal Fistula</b>		
<ul style="list-style-type: none"> <li>▪ History of recurrent perianal abscesses, discharge sinus, and previous drainage operation</li> <li>▪ Evaluation:               <ul style="list-style-type: none"> <li>○ PR</li> <li>○ Proctoscopy</li> <li>○ Sigmoidoscopy</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>▪ Refer to CRS clinic for management and exclusion of associated disease - PRIORITY 2</li> </ul> <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Anal Fissure</b>		
<ul style="list-style-type: none"> <li>▪ History of pain with and after defecation.</li> <li>▪ Attacks may be intermittent or prolonged</li> <li>▪ Evaluation may be difficult due to spasm</li> <li>▪ Note anal tag</li> </ul>	Proprietary creams/ suppositories	Refer to CRS clinic for management and exclusion of associated disease - PRIORITY 2 <p style="text-align: right;"><a href="#">Return to contents page</a></p>