

General Surgery - GP Referrals Management Mr Andrew McLaren & Dr Bryn Neal September 2009

We believe that the quickest and safest way to effect a significant reduction in referrals to the Surgical dept., is to apply the Low Priorities list, in accordance with the 'Map of Medicine' pathways. We recommend as follows:

Adult Inguinal & Umbilical hernia:

Asymptomatic, reducible inguinal hernias - conservative management - watchful waiting, especially in the elderly.

Umbilical Hernias - no clear evidence to form a conclusion regarding watchful waiting.

Destructive Interventions of Asymptomatic Skin Lesions:

Sebaceous and other benign cysts - no removal unless they become significantly symptomatic.

Lipomas - no removal unless they become significantly symptomatic

Other benign skin lesions - no referral/removal. Consider 'self pay' route.

Rectal Investigation and Surgery:

Simple Anal Skin tags - no referral/removal

Patients under the age of 60yrs who have a single bright red bleed - treat medically (in line with NICE guidance and Map of Medicine pathway).

Interventional procedures for Varicose Veins:

Asymptomatic Varicose Veins with no significant skin changes (majority) - conservative (Compression stocking) management only.

If referred, the patient's BMI must be recorded. Those referrals for patients with a BMI over 32 or no BMI recorded will not be accepted.

Cholecystectomy:

Patients with asymptomatic gall stones do not require surgery. Only refer if symptomatic

Abdominal Aortic Aneurysm:

Asymptomatic Abdominal Aortic aneurysms less than 4cm in size - Low risk of rupture. For annual (12mthly) screening in Primary care.