

## Paediatric Surgery Clinics at Western Health:

Western Health provides Specialist General Paediatric Surgery Clinic services for patients up to 14 years of age who require assessment and management of general paediatric surgical conditions. Children over 14 years of age will be triaged to Adult General Surgery. The clinics are facilitated by General Paediatric Surgeons.

Referral will be triaged by a Paediatric Surgeon according to specific clinical requirements.

**Referrals may be triaged to alternative Paediatric Specialist Clinics at Western Health.**

Specialist Clinics are provided in the Joan Kirner Women's & Children's Sunshine Hospital.

## Conditions not seen by Paediatric Surgery at Western Health:

- Circumcision for religious or cultural reasons.
- Umbilical Hernia in a child < 3 years of age.
- Hydrocele in a child < 2 years of age.
- Children with hydronephrosis, vesico-ureteric reflux, dysfunctional voiding and hypospadias – refer to the Urology Department at the Royal Children's Hospital via [RCH Specialist Clinic Referral](#).

## Note: Western Health does not currently have an Emergency Paediatric Surgical Service.

**Acute conditions requiring immediate assessment – please refer the patient to the Sunshine Hospital Emergency Department.**

**All paediatric surgical emergencies and suspected paediatric surgical emergencies must be referred to the Royal Children's Hospital Emergency Department.**

## Access & Referral Priority Paediatric 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.

<p style="text-align: center;"><b>URGENT</b></p> <p style="text-align: center;">Appointment timeframe 30 days</p>	<p style="text-align: center;"><b>ROUTINE</b></p> <p style="text-align: center;">Appointment timeframe greater than 30 days, depending on clinical need.</p>
<p><b>Balanitis</b></p>	<p><b>Hernia</b></p> <ul style="list-style-type: none"> <li>• Umbilical</li> <li>• Inguinal</li> <li>• Epigastric</li> </ul>
<p><b>Balanitis Xerotica Obliterans</b></p>	<p><b>Undescended Testes</b></p>
	<p><b>Circumcision</b></p>
	<p><b>Simple Skin Lesions</b></p> <p>Common lesions include:</p> <ul style="list-style-type: none"> <li>• Pilomatrixomas</li> <li>• Dermoid cysts</li> <li>• Skin tags.</li> </ul>
	<p><b>Ingrown Toenail</b></p>
	<p><b>Tongue Tie</b></p>



## Condition Specific Referral Guidelines:

Key information enables Western Health clinicians to triage patient referrals to the correct category and provide treatment with fewer visits to Specialist Clinics, creating more capacity for care. If key information is missing, you will be asked to return the referral with the required information. If this information is not received, the referral may be rejected.

Condition:	Key Information Points:	Clinical Investigations
<p><b>Phimosis</b></p> <p><b>Practice point</b> Physiological phimosis is a normal phenomenon and does not require referral if asymptomatic.</p> <p>Initial therapy is medical.</p> <p><b>Do not refer unless a course of steroid ointment has been completed.</b></p>	<ul style="list-style-type: none"> <li>• Details of symptoms including: <ul style="list-style-type: none"> <li>➢ Recurrent balanitis</li> <li>➢ Dysuria</li> <li>➢ Significant ballooning (mild ballooning is normal)</li> <li>➢ Painful erections.</li> </ul> </li> <li>• Details of response to steroid ointment</li> </ul>	
<b>Balanitis Xerotica Obliterans</b>	<ul style="list-style-type: none"> <li>• Characterised by thick white scar tissue at preputial opening</li> </ul>	
<b>Undescended Testes</b>	<ul style="list-style-type: none"> <li>• Retractable vs undescended</li> <li>• Can be congenital or ascending</li> </ul>	Do not perform an ultrasound
<b>Hernia</b>	<ul style="list-style-type: none"> <li>• Epigastric, umbilical and inguinal hernias are a clinical diagnosis.</li> </ul>	Do not perform an ultrasound
<b>Simple Skin Lesions</b>	<ul style="list-style-type: none"> <li>• History of lesion and clinical findings.</li> </ul>	
<b>Ingrown Toenail</b>	<ul style="list-style-type: none"> <li>• Details of impact and treatment to date.</li> </ul>	
<b>Midline Neck Swelling</b>	<ul style="list-style-type: none"> <li>• History of swelling and clinical findings.</li> </ul>	Pre-referral ultrasound is not required as diagnosis is clinical.
<p><b>Rectal Bleeding</b></p> <p><b>Practice point</b> Almost all rectal bleeding in children is benign and related to a fissure caused by constipation.</p>	<ul style="list-style-type: none"> <li>• History of bleeding and clinical findings</li> <li>• Details of any constipation and management to date.</li> </ul>	
<b>Lymphadenopathy</b>	<ul style="list-style-type: none"> <li>• History and clinical findings</li> <li>• Details of recent illnesses and travel</li> </ul>	<ul style="list-style-type: none"> <li>• An ultrasound may be helpful to measure the size and nature of enlarged nodes but is not necessary prior to referral.</li> <li>• Most external providers will recommend consideration of a fine needle aspiration – this is contraindicated in children.</li> </ul>