

Monash Children's Hospital

Referral Guidelines

PAEDIATRIC GENERAL SURGERY

EXCLUSIONS

Services not offered by Monash Children's Hospital

Patients over 18 years of age: Please refer to relevant adult [Monash Health Surgical specialty](#)

CONDITIONS

FORESKIN

[Phimosis \(tight foreskin\)](#)
[Recurrent balanitis](#)
[Balanitis xerotica obliterans](#)

HERNIAS

[Inguinal hernia](#)
[Umbilical hernia](#)
[Epigastric hernia](#)
[Femoral hernia](#)

INTESTINAL CONDITIONS

[Appendicitis](#)
[Pyloric Stenosis](#)
[Intussusception](#)
[Gastro-oesophageal Reflux Disease \(GORD\)](#)
[Malrotation](#)

NEONATAL SURGERY

[Necrotizing Enterocolitis](#)
[Gastroschisis](#)
[Omphalocele/Exomphalos](#)
[Diaphragmatic hernia](#)
[Intestinal/oesophageal atresia](#)
[Anorectal malformations](#)
[Hirschprung's disease](#)

SKIN/SUBCUTANEOUS CONDITIONS

[Vascular malformations](#)
[Skin lesions / cysts](#)
[Lymphadenopathy](#)

TESTIS

[Undescended testis](#)
[Retractile testis](#)
[Ectopic testis](#)
[Acute testicular pain](#)

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November 2024



Monash Children's Hospital Referral Guidelines PAEDIATRIC GENERAL SURGERY

PRIORITY

All referrals received are triaged by **Monash Children's Hospital clinicians** to determine **urgency of referral**.

EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. For urgent inquiries outside office hours, please call switch on (03) 9594 6666 and page the on-call paediatric surgical registrar.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

REFERRAL

How to refer to Monash Children's Hospital

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Reason for referral
Examination findings
Duration of symptoms
Management to date and response to treatment
Past medical history
Current medications and medication history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines

CONTACT US

Medical practitioners

To discuss complex & urgent referrals contact: On-call Paediatric Surgery Registrar via switch: (03) 9594 6666

General enquiries

Phone: 8572 3004

Submit a referral

Refer via electronic referral using HealthLink. Details available at <https://monashchildrenshospital.org/for-health-professionals/gp-ereferrals/>



FORESKIN

PHIMOSIS

Initial GP Work Up

Clinical history and physical examination

- Pathological phimosis - tight foreskin opening

Management Options for GP

- Pathological phimosis - consider topical creams e.g. 1/2 strength betnovate for 2 weeks

WHEN TO REFER?

Emergency

Urinary retention secondary to phimosis requires immediate referral to emergency department and contact on-call Paediatric Surgery Registrar via main switchboard: **(03) 9594 6666**

Urgent

- Pin hole prepuce orifice with poor urinary stream

Routine

Pathological phimosis

- Clinical indication for circumcision and failed conservative treatment of creams
- Inability to retract foreskin in boys older than 7 years of age

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RECURRENT BALANITIS

Initial GP Work Up

Clinical history and physical examination

- Condition affects boys older than 3 years of age
- Foreskin may have a white scarred appearance and or be swollen or oedematous

Management Options for GP

Infection requires treatment with oral antibiotics and surgery if recurrent

WHEN TO REFER?

Routine

- Recurrent infective balanitis
- Clinical indication for circumcision

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HERNIAS

INGUINAL HERNIA

WHEN TO REFER?

Initial GP Work Up

Clinical history and physical examination

Irreducible inguinal hernia

- Appears as a tender lump in inguinal region
- Lump may extend to the scrotum area in boys
- Possible complications:
 - Irreducible hernias testicular or ovarian ischaemia,
 - Bowel obstruction
 - Bowel ischaemia
 - Testicular atrophy

Indirect inguinal hernia

- Extending into the scrotum or the groin
- Can reduce
- Not transilluminable
- Cannot get above it
- Diagnostic imaging has no role in the management of these conditions

Management Options for GP

- Principles of reduction include:
 - Apply firm continuous pressure with one hand to the mass and with the other hand direct the hernial contents through the deep ring.
 - Your second hand should be placed just lateral to the midpoint of the inguinal ligament and push posteriorly

Indirect inguinal hernia

- Keep fasted and give paracetamol prior to transfer to emergency

Indirect inguinal hernia

- Reassurance
- This is an elective surgical condition

Emergency

- Irreducible inguinal hernia
- Immediate referral to emergency department and contact on-call Paediatric Surgery Registrar via main switchboard: **(03) 9594 6666**

Urgent

Indirect inguinal hernia

- Refer less than 6 months of age

Routine

Indirect inguinal hernia

- Refer older than 6 months of age

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UMBILICAL HERNIA

WHEN TO REFER?

Initial GP Work Up

Clinical history and physical examination

Infants

- Large and increase in size in first 6 months

Management Options for GP

- This is an elective surgical condition
- No treatment required provide reassurance
- Common condition and more than 95% will self-resolve by 2-3 years

Routine

Refer if still present after 2 years

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HERNIAS (cont'd)

EPIGASTRIC HERNIA

WHEN TO REFER?

Initial GP Work Up

Clinical history and physical examination

- Midline swelling between umbilicus and xiphisternum
- Lump is pre-peritoneal fat protruding through a defect
- Usually asymptomatic and infrequently get infected
- Pain on exercise

Routine

When there are symptoms or cosmetic concerns

Management Options for GP

- This is an elective surgical condition

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INTESTINAL CONDITIONS

PYLORIC STENOSIS



WHEN TO REFER?

Initial GP Work Up

Clinical history

- 2-8 week old infants:
 - Non bile vomiting
 - Old milk vomit
 - Frequent forceful vomiting with variable timing after feeds
 - Infant is hungry for next feed
 - Reduced stool frequency
 - Dehydration
 - Weight-loss

Emergency

- This is a surgical condition requiring immediate specialist attention
- Immediate referral to emergency department and contact on-call Paediatric Surgery Registrar via main switchboard: **(03) 9594 6666**

Management Options for GP

Keep fasted

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INTESTINAL CONDITIONS (cont'd)

INTUSSUSCEPTION

WHEN TO REFER?

Initial GP Work Up

- Episodes of colicky abdominal pain
- Drawing legs up with associated pallor
- History of recent URTI or gastroenteritis
- Blood in stool

Management Options for GP

- Differential diagnosis from viral colic or gastro may be difficult
- Do not rely on the presence of a mass
- Keep fasted

Emergency

Immediate referral to emergency department and contact on-call Paediatric Surgery Registrar via main switchboard: **(03) 9594 6666**

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GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD)

WHEN TO REFER?

Initial GP Work Up

Clinical history

- Presence of:
 - Weight loss
 - Anaemia
 - Anorexia
 - Persistent vomiting
 - Dysphagia
 - Gastrointestinal bleeding
 - Epigastric mass
- Symptom duration
- Treatment prescribed

Management Options for GP

Lifestyle management options:

- Wight loss
- Avoid dietary triggers
- Avoid lying down after eating

Emergency

Urgent

Routine

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TESTIS

UNDESCENDED TESTES

WHEN TO REFER?

Initial GP Work Up

Clinical history and physical examination

- Diagnostic imaging has no role in the management of undescended testes
- Cannot be manipulated into the bottom of the scrotum by the age of 3 months

Management Options for GP

Risk of infertility if orchidopexy is delayed

Routine

- Refer at 6 months of age if the testes are not fully descended by 3 months – will most likely require surgery
- Orchidopexy is performed from 9 months of age

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RETRACTILE TESTES

WHEN TO REFER?

Initial GP Work Up

- Testis normal in size that reach the bottom of the scrotum without tension

Management Options for GP

- diagnostic imaging has very limited role in the management of retractile testes.
- Diagnosis is made by clinical examination.

Routine

Retractile testes require a routine referral as a small percentage may become truly undescended overtime

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