

**Department of Vascular Surgery  
NHS Lanarkshire  
Hairmyres Hospital**

**Emergency Referrals**

Emergency referrals should always be directed to the on call vascular surgeon by telephone.

Contact can be made *via* Hairmyres switchboard on **01355 585 000**. If there is a registrar on duty they will be the primary contact. In all other cases switchboard will direct your call to the consultant.

Examples of emergency referrals:

1. Ruptured or symptomatic aortic aneurysms
2. Acute limb ischaemia with limb threat (sudden onset + loss sensation/power/compartment syndrome)
3. Vascular trauma with:
  - a. Active bleeding (if not at Hairmyres please also contact local general or orthopaedic surgeon for immediate assistance)
  - b. Acute limb ischaemia
4. Complicated diabetic foot infection: - if daytime hours urgent clinical photography uploaded portal is very helpful in decision making (but should not delay referral).
  - a. Presence of a clinically apparent abscess
  - b. Gas-forming infections (i.e. gas visible on foot x-ray or palpable crepitus in soft tissues)
  - c. Systemic upset/sepsis
5. Acute Type B Thoracic Aortic Dissection with:
  - a. Ischaemia/malperfusion of any organ system (i.e. stroke, mesenteric ischaemia, renal infarction, limb ischaemia)
  - b. Uncontrollable pain
  - c. TBAD without the above features should be referred to cardiology
  - d. Acute Type A Thoracic Aortic Dissections (involving the ascending aorta or aortic arch) are referred to cardiothoracic surgery
6. Femoral false aneurysms (usually in the context of intra-venous drug use)

## Urgent Referrals

There is registrar cover from Monday to Friday 8-5pm. If the registrar is unavailable please ask switchboard to contact the consultant.

Clinic and ward referrals should be written and addressed to the consultant on call on the day of referral (switchboard and the vascular secretaries have a rota). The letter should be marked "Urgent".

The letter should be faxed to the vascular secretaries on **01355 585 607** or hand delivered.

**Important:** a faxed referral needs to be followed up with a phone call to the secretaries to confirm receipt.

Examples of urgent referrals:

1. Symptomatic carotid artery pathology
2. Critical (as opposed to "acute") limb ischaemia (i.e. tissue loss or ischaemic rest pain)
3. Incidental asymptomatic abdominal aortic aneurysm >5.5 cm

Uncomplicated diabetic foot infections should be referred to medicine/endocrinology for assessment and treatment in the first instance.

## **Routine Referrals**

Please send a letter to vascular service marked "Routine". These can be sent *via* SCI gateway, post or fax (01355 585 607) to the vascular secretaries at Hairmyres. As for urgent referrals, if faxing the referral, please confirm receipt by following up the fax with a telephone call.

Examples of routine referrals:

1. Intermittent claudication
2. Varicose veins
3. Asymptomatic abdominal aortic aneurysm <5.5 cm
4. Vascular malformations

Venous leg ulceration and chronic venous insufficiency should normally be managed in primary care by community nurses under the supervision of a GP. For difficult cases, there is a dermatology-led leg ulcer clinic within secondary care where patients should be referred in the first instance. An appropriate referral to Vascular would be if there was suspicion of mixed aetiology leg ulceration (i.e. an arterial component).

In patients with incidental and asymptomatic vascular pathology (e.g. aneurysm, asymptomatic mesenteric arterial stenosis, asymptomatic aortic ulcer, etc) when the referrer can be confident that investigation or intervention is unlikely to ever be in the patients' interest due to very poor prognosis from other co-morbidity (i.e. significant dementia, advanced cancer etc.), it is reasonable not to refer for an opinion. In other words, there is no mandatory audit process for vascular pathology (unlike certain cancers).

**Referrals are not acceptable via answerphone or email. These may not be accessed for a number of days, are unreliable and in the case of email does not conform with NHSL's policy.**

**NB in all cases Duty of Care rests with the referrer until care is formally accepted by the vascular team.**