

# Common referrals to surgery

Dinesh Ratnapala

BHB MB ChB FRACS FACS

Clinical Director of Surgery

Caboolture Hospital

# General surgical service

- Boris Strekozov FRACS
- Daniel Mehanna FRACS
- Rasika Hendaheva FRACS
- Sujith Ratnayake FRACS
- Vinay Gounder FRACS
- Dinesh Ratnapala FRACS
  
- Fellow – Ryo Mizumoto FRACS
  
- 2 RACS appointed trainee registrars
- 8 non-training registrars
  
- 5 interns/residents.
  
- UQ Medical students



**Dr Rasika Hendaheva**

A/Medical lead surgical services and Director of Surgery  
MBBS.MS, Dip (Lap surgery) FRACS, MRCS, FICS

*General, Breast, Endocrine, Colorectal, Anti-reflux, Complex Hernia, Paediatric Hernia, Diagnostic and Therapeutic Endo Colonoscopy*



**Dr Sujith Ratnayake**

MBBS.MD, FRACS

*General Surgery, Breast, Endocrine, Colorectal, Varicose Veins, Complex Hernia, Diagnostic and Therapeutic Endo Colonoscopy*



**Dr Vinay Gounder**

MBBS.FRACS

*General, Breast, Endocrine and Oncoplastic*



**Dr Daniel Mehanna**

MBBS, BSc(med), FRACS, Diploma  
Laparoscopic Surgery

*General and Laparoscopic surgery, Thyroid, Colorectal, Diagnostic and Therapeutic Endo Colonoscopy*



**Dr Boris Strekozov**

MD, FRACS

*General surgery, Laparoscopic surgery, Breast surgery and Colorectal Diagnostic and Therapeutic Endo Colonoscopy*



**Dr Dinesh Ratnapala**

Joining the team in May 2021

*General surgery, Laparoscopic surgery, Breast surgery and Colorectal Diagnostic and Therapeutic Endo Colonoscopy*

- experienced general surgeons
- Sub-specialty training/interests
- *Very different to when Caboolture Hospital commenced 17/10/1993....*

# Case mix

- Gastrointestinal surgery for benign and malignant disease
  - Including laparoscopic fundoplication
  - Laparoscopic colorectal cancer work (low rectal work).
  - proctology
- Breast surgery for benign and malignant disease/ oncoplastic surgery.
- Cholecystectomy, bile duct exploration.
- Melanoma surgery
- Parathyroid and thyroid surgery
- Submandibular gland surgery
- tracheostomy
- All other standard general surgery (including laparoscopic splenectomy, laparoscopic inguinal and major ventral hernia repair, carpal tunnel release).
- Emergency surgery (including thoracotomy, initial and sometimes definitive mx of major neck, abdominal trauma, scrotal exploration, selected paediatric emergency surgery)
- Standard Interventional gastroscopy and colonoscopy, PEGs.

# Teaching and governance

- Weekday whole team handover at 0700
  - Oncology MDT on Wednesday's 12-1pm.
  - Surgical radiology meeting
  - Registrar Teaching, journal club, external presentations.
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- Weekly audit
  - Monthly m and m
  - joint TPCH and Redcliffe and CabH audit second monthly.

# Infrastructure

## Currently

- 4 theatres
- 2 endoscopy suites
- Paediatric ENT, dental
- 7 bed ICU (4 ventilated)



## New CSB July 2023.

- 6 theatres
- Adult ENT
- Orthopaedics
- 10 bed ICU (5-6 ventilated eventually).

## Caboolture Hospital Redevelopment

Over the next three years, Caboolture Hospital will undergo a major expansion and redevelopment to build a bigger and better hospital with more health services and improved parking for the community.

By 2023, the \$399.5 million project will deliver a new five storey Clinical Services Building, a new Multi-Storey Carpark, an expansion and refurbishment program that will enhance and modernise spaces within a number of areas of the existing hospital and the relocation of Building Engineering and Maintenance Services (BEMS) into a new facility.

The Caboolture Hospital Redevelopment provides the community with access to a modern health facility and new specialist healthcare services, meaning patients can be treated closer to home, rather than always having to travel to larger facilities for treatment.

Metro North Health is delivering the Caboolture Hospital Redevelopment and has appointed Lendlease Building as the Managing Contractor. This exciting project will make sure Caboolture Hospital continues to meet the health needs of the local community as the population grows over the coming years.



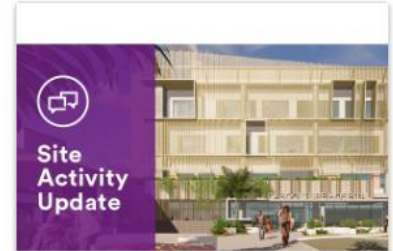
### Project Overview

Caboolture Hospital is undergoing a major expansion and redevelopment to build a bigger and better hospital with more health services and carparking for the community by 2023.



### Development timeline

The Caboolture Hospital Redevelopment commenced in November 2019 and is due to be completed in 2024.



Site Activity Update

### Site Activity Updates

Sign up to the Site Activity Update and stay up to date with the Caboolture Hospital Redevelopment Project.



### Clinical design

Clinical design is a key part of the Caboolture Hospital Redevelopment Project, where designers, builders and users work together to make sure the functional needs of the hospital seamlessly blend with the needs of all hospital users.



### Other projects

Three important projects have already been delivered in preparation for the Caboolture Hospital Redevelopment Project.

# Recent review....

- 2<sup>nd</sup> in nation on health round table for similar sized hospitals.
- Recommendations that could apply to any facility secondary or tertiary.
- High complexity work
- Excellent outcomes
- Co-morbid population
- Poorer Health literacy

# Top tips...?

- Appreciate the challenges in primary care.



# Surgical referrals

- Centralised referrals (*CPI*, GP smart referrals) – “Referrals to us”
- “Named referrals” if possible (Medicare funding). – **default -> Director**
- Patients get excellent care locally.
- Pre-covid...
- Post covid recovery.
  - Tier 0 now
  - Bed issues.
- Allows our service to grow
- Retains high quality staff.
- **24/7 Call on call registrar/consultant/director for advice.**



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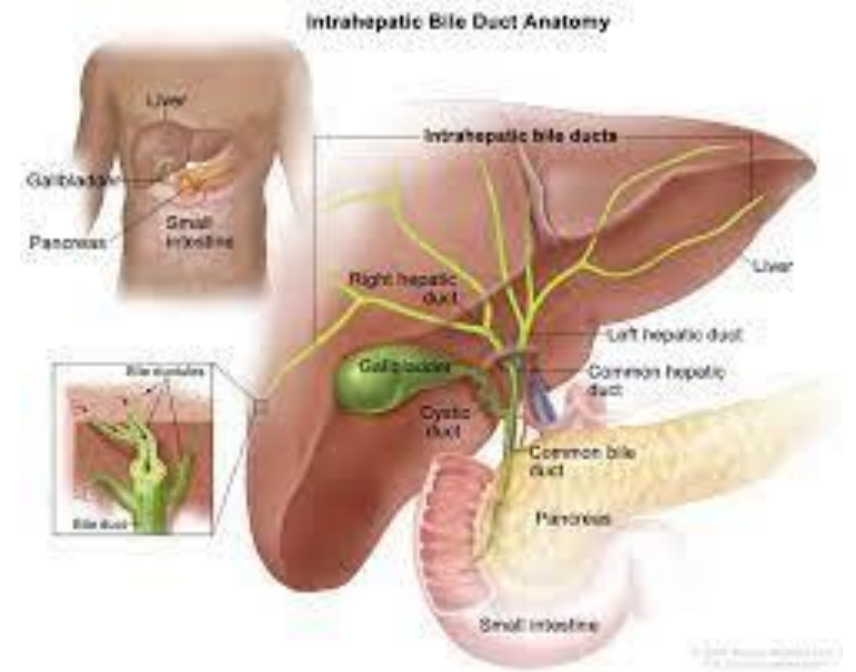
# TOP TIPS



Elective referrals...

# Upper abdominal pains

- LFTs
- USS (gallbladder, bile duct size, other organs..)
- OGD
  
- CT (older patient, other red flags...)
  
- MRCP



# Breast pathology

- MMG/tomogram
  - USS
  - ?MRI
  - Biopsy
- 
- Staging (>5cm, node involvement, symptoms of metastatic disease, triple –ve...).

# PR bleeding/ FOBT

- Cat 1
- *Pan CT if symptoms of weight loss or abdo/pelvis for pain.*
- Don't recommend tumour markers up front.
- Often worth doing an OGD for

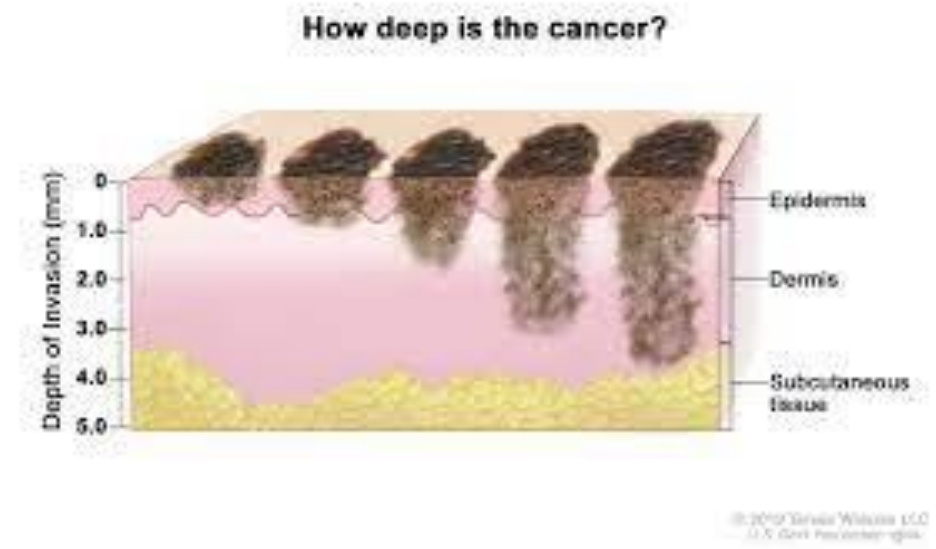


# Referrals to gastroenterology/hepatology

- Currently diverted till approx. January 2023.
- Extra 3 gastroenterologists expected then (in addition to existing 3).
- **“Surgical” scopes still happening**
  - **FOBT, PR bleeding, Fe def anaemia, weight loss, abdominal pain and symptoms.**

# Melanoma

- Excision biopsy is best or punch biopsy if





# Hernia (inguinal, epigastric, periumbilical, ventral, incisional, femoral...)

- symptoms
- ?Bowel in it
- “Smaller neck” ( femoral...)
- Re-do, recurrent, complex...
  
- *Co-management of Comorbidities*
  - Pre-habilitation
    - Optimising diabetes, weight loss, stopping smoking...

Emergent..



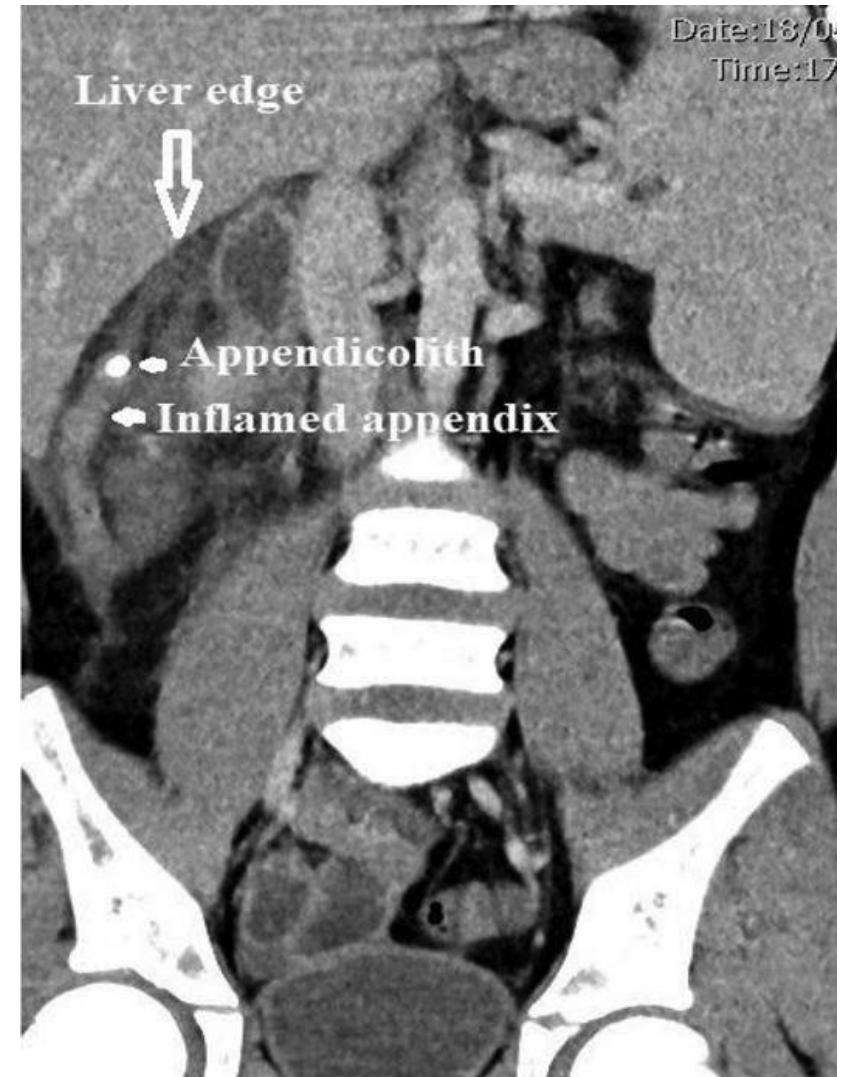
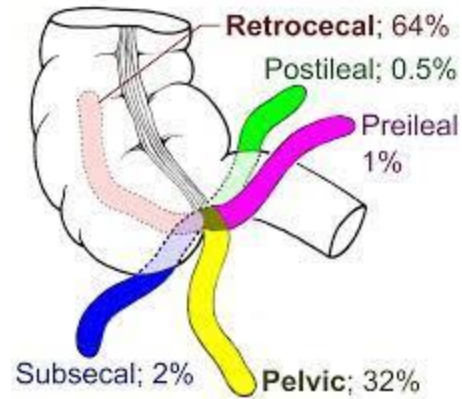
# Acute presentations

- History, examination
- Cross sectional imaging!



# “Appendicitis”

- Pelvic
- Retrocaecal
- Retroileal
- Malrotated colon
- Ddx sigmoid diverticulitis
- antibiotics



# “Diverticulitis”

- Complicated (abscess, perforation).
- Ddx (torted appendix epiploica)

# Messages...

- Clinical suspicion
- Low index of suspicion.



Thank you.

Questions?

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