

Far West Local Health District

Broken Hill Urology Service

Referral framework description

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| **All referrals will be assessed by a visiting Urology Physician at their next scheduled visit. Please contact the Urologist directly for urgent reviews.**  **During normal working hours, our visiting urology physician is happy to discuss any referrals.** | **Send referral to…**  **Broken Hill Outpatient Service**  [FWLHD-OutpatientServices@health.nsw.gov.au](mailto:FWLHD-OutpatientServices@health.nsw.gov.au)  **Fax referral** to 08 8087 3689 |

**Name of clinical department**

* Urology Outpatients Clinic

**Indications for specialist referral**

* Testicular lesions

**Referral information required**

* Name and patient demographic
* Diagnosis
* History and Physical Examination
* Pertinent Past illness, surgery and FH of Malignancy
* Pertinent investigation results
* Medication list & allergies

**Investigations required**

* Scrotal US
* If malignancy suspected: BHCG, AFP, LDH
* If tumour markers positive: abdominal /pelvic CT scan

**Initial management**

* Acute pain management

 **‘Red Flag’ items**

* If malignancy with positive tumour markers call Dr Hossack directly

**How to access care in the event of a ‘red flag’**

* Direct Number:0400 559 440
* Email: tania.hossack@health.nsw.gov.au

**Please fax or email referral to**

* BHBH Outpatients Clinic 08 8087 3689

**Other Information**