

# GREENWICH VASCULAR REFERRALS to QEH

## TREAT IN COMMUNITY

**Not requiring a vascular referral**  
Manage in the community

- Varicose veins not meeting criteria for intervention
- Asymptomatic peripheral vascular disease

Vascular Consultants:  
Mr Hany Zayed  
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Specialist Nurse:  
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## OUTPATIENT REFERRALS

**Systemically well**  
Refer to your local outpatient clinics at Queen Elizabeth Hospital

- Symptomatic varicose veins
- Asymptomatic carotid stenosis
- Claudication
- Leg ulcers (non-arterial/ non-diabetic)
- Post-thrombotic syndrome (>28days from iliofemoral DVT)



**Refer as routine on ERS**

## URGENT REFERRALS

**Stable, yet require an urgent opinion**  
Refer urgently to clinic at Queen Elizabeth Hospital

- Chronic limb ischaemia (rest pain, night pain)
- Incidental findings of abdominal aortic aneurysm



**Refer as urgent on ERS**

The QE vascular medical secretary can be contacted on **0208 836 5489**

**\*For diabetic foot referrals please also see the footcare pathway\***

# GREENWICH VASCULAR REFERRALS TO ST THOMAS' HOSPITAL

## URGENT REFERRALS

**Stable, yet require an urgent opinion**

Refer to the St Thomas' Hospital emergency vascular clinic

- Acute iliofemoral DVT
- Critical limb ischaemia (gangrene, no systemic sepsis)
- Digital ischaemia



**07717 513348**

You will also be asked to complete the urgent vascular referral form - <https://tinyurl.com/gstt-evc>

## EMERGENCY REFERRALS

**Presenting with life or limb threatening emergencies**

Require immediate transfer to St Thomas' Hospital emergency department

- Acute limb ischaemia
- Aortic dissection
- Gas gangrene/gas in tissue
- Ruptured or symptomatic aortic aneurysm
- Severe signs of sepsis relate to critical limb ischaemia
- Severe diabetic foot infection
- Critically unwell patient



**07717 513348**

**\*For diabetic foot referrals please also see the footcare pathway\***

# WHICH PATIENTS TO REFER?

## Abdominal Aortic Aneurysm (AAA)

Refer **acute symptomatic AAA or suspected rupture** (any size AAA) as a surgical emergency to on-call vascular registrar at St. Thomas'; admit via 999. Symptoms of AAA rupture/leakage include unexplained abdominal and/or back pain, pulsating pain/sensation in abdomen, or distal embolization. Symptoms of expanding/leaking AAA may be mistaken for renal colic.

Refer all patients to a vascular clinic at initial detection of asymptomatic abdominal aortic aneurysm (AAA – aortic diameter 3cm or greater) unless they meet the exclusion criteria. The vascular team will arrange further surveillance scanning and follow-up as appropriate.

### Exclusion criteria:

- If the aorta is 2.5-2.9cm at the initial ultrasound scan there is no need for follow up (except in first degree male relatives)
- If the patient is under palliative/end of life care.
- If the patient's AAA has been detected by the link National AAA Screening Programme . They will follow up the patient and refer to vascular when the AAA reaches 5.5cm. However if GP has concerns AAA is becoming symptomatic then refer to vascular.

If your male patient has a first degree male relative with AAA, refer for an abdominal ultrasound scan (not to vascular) when he is 50, and then every 5 years until he enters the screening programme at 65y. Initiate secondary prevention (antiplatelet and a statin), manage hypertension and strongly encourage smoking cessation.

# WHICH PATIENTS TO REFER?

## Peripheral Arterial Disease

**Acute ischaemia:** Any patient with acute onset of limb ischaemia should be referred urgently as a surgical emergency to on-call vascular registrar at St. Thomas'; admit via 999.

Assess patients with diabetes for peripheral vascular disease if they have non-healing wounds on the legs they should be urgently referred to the diabetic foot team at Queen Elizabeth Hospital via ERS. If systemically unwell these patients should be considered as a surgical emergency and referred to on-call vascular registrar at St. Thomas.

**Critical ischaemia:** Rest pain, marked deterioration with acute onset rest pain, ulceration or gangrene, refer to on-call vascular at St. Thomas' to arrange urgent appointment or admission.

Consider a routine referral to local vascular clinic if:

- Claudication distance worsening despite best medical therapy, smoking cessation and supervised exercise
- Unclear diagnosis of peripheral vascular disease
- Symptoms limit lifestyle and conservative management has failed

Please do not refer asymptomatic patients with incidental findings of arterial disease or calcification.

# WHICH PATIENTS TO REFER?

## Varicose Veins and Chronic Venous Insufficiency

Refer people with persistent bleeding varicose veins to the vascular service at St Thomas' Hospital as an urgent referral.

Consider a routine referral of patients with varicose veins who meet the criteria below:

- Superficial vein thrombosis (characterised by the appearance of hard, painful veins)
- Symptomatic varicose veins in the presence of arterial insufficiency (absent pedal pulses)
- Recurrent or ascending superficial phlebitis
- Pitting oedema
- Marked lower-limb skin varicose eczema, that has not responded to conservative measures
- Lipodermatosclerosis
- Post-thrombotic syndrome (severe pain, swelling, venous claudication)
- Venous ulcer

Do not refer for NHS surgical treatment:

- Patients whose concerns are cosmetic only
- Patients with pain or ache only, itch, mild swelling, minor skin changes

These patients should have conservative management, i.e. exercise, weight loss and compression hosiery.

# WHICH PATIENTS TO REFER?

## Carotid disease

Refer:

- From TIA clinic if suspected TIA
- Incidental finding of >50% stenosis routine referral to Vascular Surgery
- Urgent referral if narrowing >70% stenosis

## Less Common Vascular Conditions

The vascular team are happy to see any patient with vascular disease who you think needs a referral, including:

- Vascular malformations/anomalies
- Mesenteric Ischaemia
- Peripheral artery aneurysms
- Hyperhidrosis
- Lymphoedema
- Thoracic outlet syndrome
- Vasospastic disorders
- Hyperhidrosis
- Renovascular disease