

Gastroenterology Referral Pathway

To prioritize referrals according to clinical need and acuity, complete clinical information is required to allow us to optimize both patient care and outcome. The aim of this referral pathway is to promote consistent and complete information from referring providers.

This referral pathway is not intended to be a directive for clinical practice, rather its goal is to be a guideline or reference that allows for optimal triaging of referral requests.

Achuthan Aruljothy MDCM MSc FRCPC Gastroenterology Hawkesbury and District General Hospital



| REASON FOR REFERRAL | CLINICAL INFORMATION | RECOMMENDED INVESTIGATIONS |
|------------------------|---|---|
| Iron deficiency anemia | GI symptoms Family history of GI malignancy (colorectal cancer, gastric cancer), celiac disease, IBD Response to iron therapy (if applicable) | CBC, INR, creatinine TSH Ferritin Anti-tissue transglutaminase (tTG) and IgA REQUIRED: Previous endoscopy, pathology, or imaging reports |
| Abdominal pain | Duration, frequency and severity Associated symptoms | CBC, INR, electrolytes, calcium, albumin, creatinine TSH |
| Nausea and/or vomiting | Alarm symptoms (weight loss, dysphagia, change in bowel habits, GI | Liver enzymes – ALT, ALP, GGT, Bilirubin Lipase |
| Weight loss | bleeding) Attempted interventions & response to therapy | Anti-tissue transglutaminase (tTG) and IgA Abdominal U/S or consider abdominal CT advanced age with/without alarm symptoms REQUIRED: Previous endoscopy, pathology, or imaging reports |
| Change in bowel habits | Duration and frequency of bowel movements | CBC, INR, electrolytes, calcium, albumin, creatinine TSH |
| Constipation | Nocturnal symptoms | – CRP |
| Diarrhea | Family history of GI malignancy (colorectal cancer, gastric cancer) Attempted interventions and response to therapy | Anti-tissue transglutaminase (tTG) and IgA Stool cultures for: C&S, O&P and C. difficile (if applicable) REQUIRED: Previous endoscopy, pathology, or imaging reports |

| REASON FOR REFERRAL | CLINICAL INFORMATION | RECOMMENDED INVESTIGATIONS |
|---|--|--|
| Inflammatory bowel disease – Active or suspected IBD – Inactive IBD | Duration and frequency of bowel movements Nocturnal symptoms Associated symptoms (weight loss, abdominal pain, rectal bleeding or extraintestinal manifestations) Family history of IBD or GI malignancy Current medical treatment if any, and information on previous treatment | CBC, INR, electrolytes, calcium, albumin, creatinine TSH Fecal calprotectin Liver enzymes – ALT, ALP, GGT, Bilirubin Anti-tissue transglutaminase (tTG) and IgA Ferritin and vitamin B12 Stool cultures for: C&S, O&P and C. difficile (if applicable) REQUIRED: Previous endoscopy, pathology, or imaging reports REQUIRED: CRP |
| Elevated liver enzymes | Medication history (illicit drugs, herbal | CBC, INR, electrolytes, calcium, albumin, creatinine |
| Chronic liver disease | supplementation, over-the-counter drugs, antibiotics) — Symptoms (jaundice, confusion, | Liver enzymes – ALT, ALP, GGT, Bilirubin TSH |
| Cirrhosis of liver | Symptoms (Januice, confusion, abdominal pain, pruritus, edema, ascites, GI bleeding) Comorbidities (DM, dyslipidemia, coronary artery disease, thyroid disease) Alcohol intake | HbA1c and lipid profile Hepatitis B and C serology Ferritin and iron profile Anti-tissue transglutaminase (tTG) and IgA Previous endoscopy, pathology, or imaging reports REQUIRED: Abdominal imaging (U/S with hepatic Doppler, CT or MRI) |
| Pancreatitis | Previous hospitalization – discharge summary and relevant information | CBC, INR, electrolytes, calcium, albumin, creatinine Liver enzymes – ALT, ALP, GGT, Bilirubin |
| Pancreas abnormalities | Alcohol intake History of gallstones or cholecystectomy Previous ERCP | Liper enzymes – ALT, ALP, GGT, Bill doin Lipase Lipid profile REQUIRED: Abdominal imaging (U/S, CT or MRI) |