

Inter-Hospital Referral Form to the Specialist Pancreatic Service



National Surgical Centre for Pancreatic Cancer, St Vincent's University Hospital:
 Fax (01) 2213601 Tel (01) 2213537 and 2213767 or switchboard (01) 2214000 Bleep 705/648



Form completed by: Name (CAPS): _____ Signature: _____ Date: _____
 MCRN (if applicable): _____ Contact number(s): _____

PATIENT DETAILS

Surname: _____ First Name: _____
 Address: _____

 DOB: _____ Hospital No.: _____
 Tel: _____ Mobile: _____
 Male Female Wheelchair assistance: Yes No
 First language: _____ Interpreter required: Yes No

CONSULTANT & GP DETAILS

Referring consultant: _____
 Hospital: _____ Fax: _____
 Telephone: _____ Mobile: _____
 GP Name: _____ Tel No.: _____
 GP Address: _____

CLINICAL DETAILS

Working diagnosis: _____ Has patient been informed of diagnosis? Yes No Date first presented: _____
 Presenting symptoms: Abdominal pain Jaundice Anaemia Nausea/vomiting
 Dyspepsia Dark urine/pale stool Pruritis Abdominal mass Other: _____
 Patient BMI: _____ Height: _____ Current weight: _____ Weight loss: _____
 Relevant conditions: Acute pancreatitis Diabetes Liver disease Chronic pancreatic disease
 Medical co-morbidities: _____
 Surgical history: _____
 Medications: _____
 Anticoagulants: Yes No Allergies: Yes No Details: _____
 Alcohol: Yes No Units per week: _____ Smoker: Yes No Ex smoker

INVESTIGATIONS

Bloods: (tick if results forwarded) FBC U&E LFTs Coag Ca 19.9 IgG4

Radiology/Endoscopy:	Hospital	Date	Tick if reports forwarded/faxed	Tick if CD and slides forwarded (ie if no radiology link)
CT Pancreatic Protocol			<input type="checkbox"/>	<input type="checkbox"/>
CT Thorax			<input type="checkbox"/>	<input type="checkbox"/>
CT Abdomen/Pelvis			<input type="checkbox"/>	<input type="checkbox"/>
MRI Pancreas			<input type="checkbox"/>	<input type="checkbox"/>
EUS (+ FNA <input type="checkbox"/>)			<input type="checkbox"/>	
Cholangiography (ERCP/PTC/MRCP)			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Pathology:	Hospital	Date	Tick if reports forwarded/faxed	Tick if pathology slides forwarded
			<input type="checkbox"/>	<input type="checkbox"/>

Send pathology slides and reports to:

Dr Niall Swan
 Dept of Pathology St Vincent's University Hospital
 Elm Park, Merrion Road, Dublin 4 D04 T6F4
 Fax (01) 2214800 Tel (01) 2214798

Please post or fax completed referral form with radiology/ endoscopy/ lab reports and send imaging to:

National Surgical Centre for Pancreatic Cancer
 St Vincent's University Hospital, Elm Park
 Merrion Road, Dublin 4 D04 T6F4
Fax (01) 2213601

Thank you for forwarding completed forms and results, which will facilitate timely discussion at MDM

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Results/additional comments (free text only, images will not paste in here):

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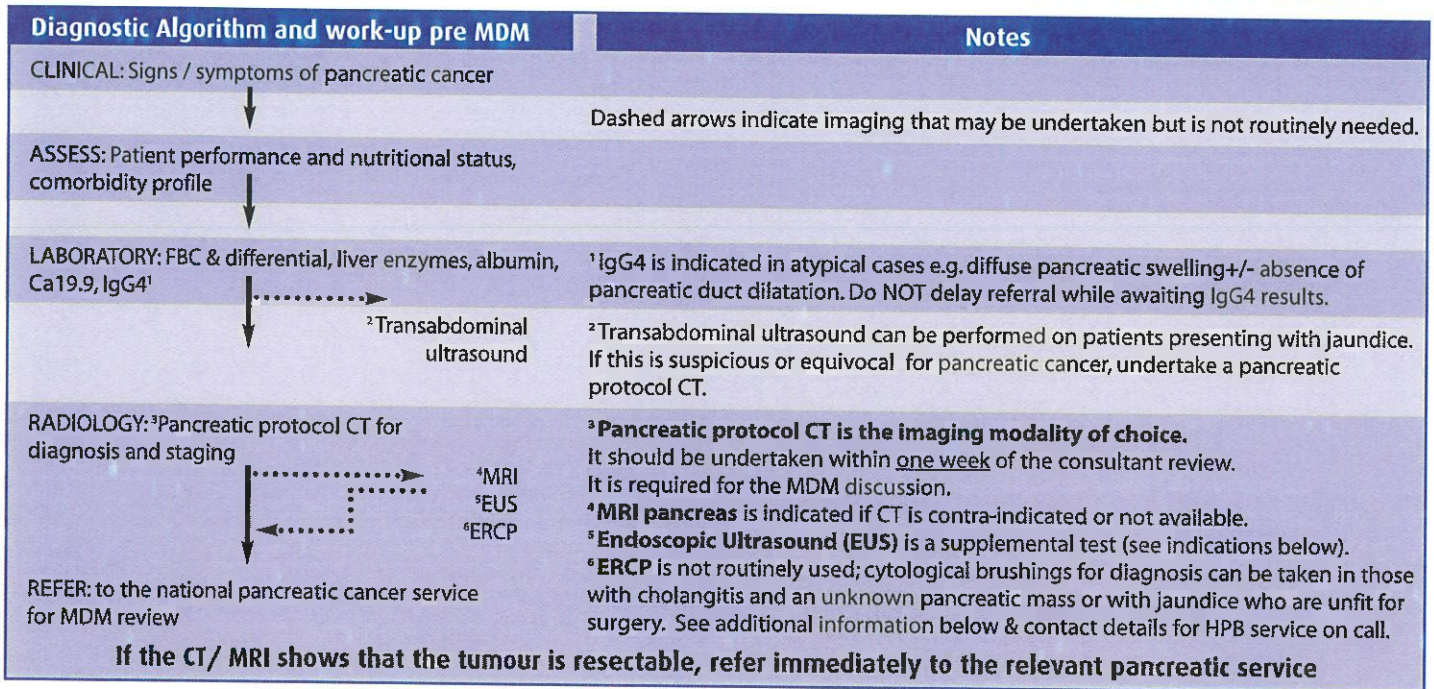
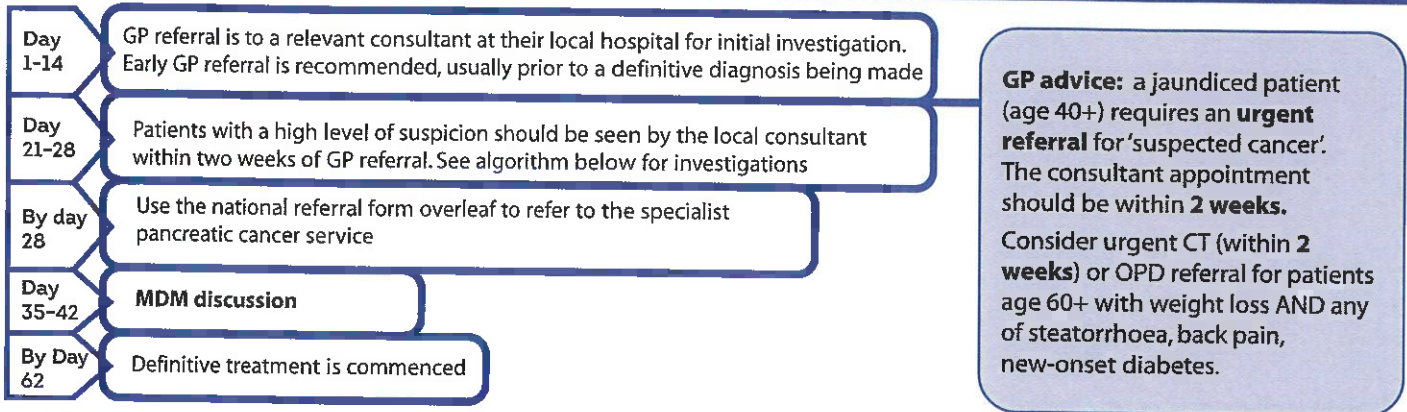
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Results/additional comments (continued):

Inter-Hospital Referral Pathway to the Specialist Pancreatic Service

Patients with suspected pancreatic cancer should be referred urgently, within these timelines or sooner, for specialist MDM opinion



ADDITIONAL INFORMATION

CT pancreatic protocol

Oral contrast: 500-700 cc water PO 20 mins prior.
IV contrast: 150cc 340mg/ml at 4cc/sec

Three Phases:

1. Non-contrast diaphragm to iliac crest.
2. Late arterial phase pancreas.
Timing: bolus tracked 25 sec after aorta reaches 120 HU (preferable), or 35-40 sec after injection.
3. Portal venous phase diaphragm to iliac crest.
Timing: 65-70 sec after injection.

Reconstruction: Non-contrast phase can be reconstructed in 5mm axial slices. Arterial and portal venous phases must be reconstructed in 1mm axial slices to evaluate peripancreatic vascular structures.

If pancreatic cancer is suspected, extend the CT to the chest and pelvis.

Stenting compromises CT staging and histology. It is preferable that potentially resectable patients are NOT stented prior to referral.

The decision to stent should be made in conjunction with the specialist pancreatic centre.

CT should be performed prior to stenting.

To discuss stenting or other clinical queries, please dial the switchboard and ask for the **hepato-pancreato-biliary (HPB) surgical fellow or registrar-on-call**

SVUH Switchboard: (01) 221 4000

Indications for EUS

- When suspicion of pancreatic cancer remains after a negative or inconclusive pancreatic protocol CT or MRI pancreas
- To characterise an ambiguous pancreatic lesion
- To obtain pathological information in locally advanced disease
- Before neoadjuvant treatment of resectable /borderline resectable tumours when obtaining pathological information is essential.

Though EUS+FNA is usually required, this should NOT delay referral.

The need for a repeat biopsy after a negative FNA should be determined by the relevant pancreatic service.

Endoscopic ultrasound

is available in the following hospitals:

- Beaumont (01) 8093194
- Mater University (01) 8032366 / 8032499
- Mercy University, Cork (021) 4935639
- St James's (01) 4103985 / 4103942
- St Vincent's University (01) 2214416
- Tallaght (01) 4144143/4144183