

Provincial Adult General Surgery Referral Pathway

About this Pathway

Referral pathways help referring providers know where to send referrals and what information to include. These guidelines were created, updated, and co-designed with primary care, specialty care and patients.



We value all feedback to improve referral pathway. Please share your comments via [Online Survey](#) or scan the QR code.

Request Urgent Advice

(Patient may need to be seen immediately. Patients with conditions that require same day intervention and/or diagnostics but not hospitalization; not life threatening)

Call **RAAPID** urgent tele-advice:
RAAPID North: 1-800-282-9911.
RAAPID South: 1-800-661-1700.

Request Emergency Consultation

(patient NEEDS to be seen immediately)

Call **RAAPID** or send to **Emergency Department via 911** as appropriate.

Review Clinical Pathway

(for guidance on referral process, if available)

A **clinical pathway** may be available to guide care options for your patient's condition:

Provincial

- [Chronic Abdominal Pain Primary Care Pathway](#)
- [Chronic Constipation Primary Care Pathway](#)
- [Chronic Diarrhea Primary Care Pathway](#)
- [Dyspepsia Primary Care Pathway](#)
- [GERD Primary Care Pathway](#)
- [High Risk Rectal Bleeding Pathway for Colorectal Cancer \(CRC\) Diagnosis](#)
- [Irritable Bowel Syndrome \(IBS\) Primary Care Pathway](#)
- [Endocrinology Thyroid Nodule Pathway](#)
- [Provincial Perianal Disease Primary Care Pathway](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available, please request non-urgent advice.

Request Non-Urgent Advice

(when uncertain whether to submit a referral)

Access **non-urgent specialist advice** online or by telephone:

By electronic advice (**Response within 5 calendar days**): All zones use **Alberta Netcare eReferral** and submit **eConsult** request .

For more information, visit:
albertanetcare.ca/learningcentre/eReferral.htm

North and Edmonton Zones: **Connect MD**

- Advice available Monday to Friday (except statutory holidays). Request advice:
- Online at pcnconnectmd.com/non-urgent-advice-request.
- By phone at 1-844-633-2263.
- For more information, visit www.pcnconnectmd.com.

Calgary Zone: **Specialist Link**

- Tele-advice available Monday to Friday (except statutory holidays).
- Request call-back at 1-844-962-5465.
- For more information, visit www.specialistlink.ca.

Request Non-Urgent Referral

(when patient requires non-urgent referral)

Submit a referral as per the process below:

1. Complete a referral letter including the reason for referral. Tip: review the [QuRE Referral/Consult Checklist](#) for high-quality referral guidelines. A form is also available: **Facilitated Access to Specialized Treatment (FAST) Adult General Surgery Referral Form**.
2. Attach all mandatory information to the referral.
3. Fax the completed referral to the FAST (Facilitated Access to Specialized Treatment) central access and intake program as listed in the Program Contacts section.

If you have questions about a previously submitted but unassigned referral, call the FAST office at 1-833-553-3278. If you have questions about an assigned referral, please contact the specialist office directly.

TABLE OF CONTENTS				
Gastrointestinal	Colorectal	Colorectal Cancer Screening / Surveillance	Hernia	Mass or Cancers
Disorder of the Lower GI Tract (Includes: chronic constipation, chronic diarrhea, IBS) Disorder of the Upper GI Tract (Includes: dyspepsia, GERD, dysphagia) Chronic Abdominal Pain	Rectal Bleeding Diverticulitis Fecal Incontinence Disorder of the Anal Region (Includes: fissures, fistulas, hemorrhoids) Pilonidal Disease Rectal Prolapse Abnormal Imaging of GI Tract	FIT: Positive Finding Family History of Colorectal Cancer Personal History of Colorectal Neoplasia	Inguinal Hernia Incisional Hernia Umbilical Hernia Other Abdominal Hernia	LSIL HSIL Esophageal Mass Rectal Cancer Anal Cancer Suspected Colon Cancer Colon Cancer Suspected Stomach Cancer Stomach Cancer Suspected Soft Tissue Cancer Soft Tissue Cancer Neck Mass
Hepatobiliary	Endocrine	Minor Procedures	Venous Disorders	Breast Health
Symptomatic Gallstones Gallbladder Polyps Gallbladder Mass Pancreatic Mass	Adrenal Mass Suspected Neuroendocrine Tumor Suspected Parathyroid Disease Thyroid Mass	Symptomatic Lipoma Excision Sebaceous Cyst Excision Temporal Artery Biopsy Sural Nerve Biopsy Muscle Biopsy Lymph Node Biopsy	Venous Disease Uncomplicated Venous Disease Complicated	Suspected Breast Cancer Breast Cancer Benign Breast Disease
Other				
Bariatric Surgery Consult for General Surgery Other				

Program Contacts

	North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
Urgent Advice or Emergency Consultation	RAAPID North Tel 1-800-282-9911	RAAPID North Tel 1-800-282-9911	RAAPID North Tel 1-800-282-9911 RAAPID South Tel 1-800-661-1700	RAAPID South Tel 1-800-661-1700	RAAPID South Tel 1-800-661-1700
Non-Urgent Advice	Connect MD Online request Tel 1-844-633-2263 pcnconnectmd.com	Connect MD Online request Tel 1-844-633-2263 pcnconnectmd.com	Coming Soon	Specialist Link Tel 1-844-962-5465 specialistlink.ca	Coming Soon
Zone FAST* Team and other non-urgent referral contacts	North Zone FAST Team Tel 1-833-553-3278 ext. 1 Fax 1-833-627-7025	Edmonton Zone FAST Team Tel 1-833-553-3278 ext. 2 Fax 1-780-670-3224	Central Zone FAST Team Tel 1-833-553-3278 ext. 3 Fax 1-833-627-7022	Calgary Zone FAST Team Tel 1-833-553-3278 ext. 4 Fax 1-833-627-7023	South Zone FAST Team Tel 1-833-553-3278 ext. 5 Fax 1-833-627-7024

*FAST (Facilitated Access to Specialized Treatment) central access and intake program.

GASTROINTESTINAL			
Reason for Referral	Process	Mandatory Information (Essential investigations & timeframes)	Extra Info (If available)
DISORDER OF THE LOWER GI TRACT: <ul style="list-style-type: none">Chronic ConstipationChronic DiarrheaIrritable Bowel Syndrome (IBS)	Note: Diagnosing most functional GI complaints does not require endoscopy. Please refer to the corresponding Clinical Pathway prior to referral. Process for all zones: If symptoms persist after completing the associated Clinical Pathway, send referral to: <ul style="list-style-type: none">South and North: Zone FAST Team.Calgary: GI CATCentral: Send to Zone FAST Team or GI CATEdmonton: GI CAT		
	CHRONIC CONSTIPATION: <ul style="list-style-type: none">Refer to the CLINICAL PATHWAY: CHRONIC CONSTIPATION to help guide the care of your patient prior to referral.All Zones: If symptoms persist after completing the Chronic Constipation Clinical Pathway, see process above.	During the time frame of current illness: <ul style="list-style-type: none">CBCFamily history of colorectal cancerHistory of screening for colorectal cancer	<ul style="list-style-type: none">Include detailed documentation or medical summary of completed Chronic Constipation Primary Care Pathway including treatments triedAbdominal x-ray
	CHRONIC DIARRHEA: <ul style="list-style-type: none">Refer to the CLINICAL PATHWAY: CHRONIC DIARRHEA to help guide the care of your patient prior to referral. Note: Chronic diarrhea is defined as: 3 or more loose/watery stools per day, Onset at least 4 weeks ago <ul style="list-style-type: none">All Zones: If symptoms persist after completing the Chronic Diarrhea Clinical Pathway, see process above.	During the time frame of current illness: <ul style="list-style-type: none">CBC, electrolytes, ferritin, C-reactive protein (CRP)Fecal calprotectin test	<ul style="list-style-type: none">Include detailed documentation or medical summary of completed Chronic Diarrhea Primary Care Pathway including treatments triedThyroid stimulating hormone (TSH)
	IRRITABLE BOWEL SYNDROME: <ul style="list-style-type: none">Refer to the CLINICAL PATHWAY: IRRITABLE BOWEL SYNDROME to help guide the care of your patient prior to referral.All Zones: If symptoms persist after completing the IBS Pathway, see process above.	During the time frame of current illness: <ul style="list-style-type: none">CBCCeliac serologyIf applicable: for Irritable Bowel Syndrome-Diarrhea (IBS-D):<ul style="list-style-type: none">Fecal calprotectin (>200mcg/g), C-reactive protein (CRP)	<ul style="list-style-type: none">Include detailed documentation or medical summary of completed Irritable Bowel Syndrome Primary Care Pathway including treatments tried

GASTROINTESTINAL			
Reason for Referral	Process	Mandatory Information (Essential investigations & timeframes)	Extra Info (If available)
DISORDER OF THE UPPER GI TRACT: <ul style="list-style-type: none">DyspepsiaGastroesophageal Reflux Disease (GERD)Dysphagia	Note: Diagnosing most functional GI complaints does not require endoscopy. Please refer to the corresponding Clinical Pathway prior to referral. Process for all zones: If symptoms persist after completing the associated Clinical Pathway, send referral to: <ul style="list-style-type: none">South and North: Zone FAST Team.Calgary: GI CATCentral: Send to Zone FAST Team or GI CATEdmonton: GI CAT		
	Dyspepsia: <ul style="list-style-type: none">Refer to the CLINICAL PATHWAY: DYSPEPSIA to help guide the care of your patient prior to referral. If symptoms persist after completing the Dyspepsia Clinical Pathway, see process above .	During the time frame of current illness: <ul style="list-style-type: none">CBCH. pylori test (HpSAT [H. pylori Stool Antigen Test])	<ul style="list-style-type: none">Include documentation or medical summary of completed Dyspepsia Primary Care Pathway including treatments triedAny related motility and diagnostic testing as appropriateCeliac serology results
	GERD: <ul style="list-style-type: none">Refer to the CLINICAL PATHWAY: GERD to help guide the care of your patient prior to referral.If symptoms persist after completing the GERD Clinical Pathway, see process above.		<ul style="list-style-type: none">Include documentation or medical summary of completed GERD Primary Care Pathway including treatments tried
	DYSPHAGIA: <ul style="list-style-type: none">See process above.		<ul style="list-style-type: none">Include description of disease progressionImaging results if available
	CHRONIC ABDOMINAL PAIN <ul style="list-style-type: none">Refer to the CLINICAL PATHWAY: CHRONIC ABDOMINAL PAIN to help guide the care of your patient prior to referral.If symptoms persist after completing the Chronic Abdominal Pain Clinical Pathway, see process above.		<ul style="list-style-type: none">Include detailed documentation or medical summary of completed Chronic Abdominal Pain Primary Care Pathway including treatments tried

COLORECTAL			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
RECTAL BLEEDING (BRIGHT RED BLOOD)	<ul style="list-style-type: none">Refer to CLINICAL PATHWAY: HIGH RISK RECTAL BLEEDING FOR COLORECTAL CANCER (CRC) DIAGNOSIS to help guide the care of your patient prior to referral.If symptoms persist after completing the High Risk Rectal Bleeding Pathway for CRC Diagnosis:<ul style="list-style-type: none">South and North Zones: send referral to Zone FAST Team.Calgary Zone: Send referral to Zone FAST Team or GI CATCentral Zone: Send to Zone FAST Team or refer to GI CATEdmonton Zone: Send referral to Zone FAST Team or GI CAT	<ul style="list-style-type: none">DRE findings or explanation of why unable to complete a DRECompleted High Risk Rectal Bleeding Checklist or contents of checklist in referral letter <p>During the time frame of current illness:</p> <ul style="list-style-type: none">CBC, creatinine, serum iron, TIBC, and serum ferritin	<ul style="list-style-type: none">Include documentation or medical summary of completed High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis
DIVERTICULITIS	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.		<ul style="list-style-type: none">Relevant Imaging
FECAL INCONTINENCE	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	<ul style="list-style-type: none">DRE findings or explanation of why unable to complete a DRE	
DISORDER OF THE ANAL REGION <ul style="list-style-type: none">FissuresFistulasHemorrhoids	<ul style="list-style-type: none">All Zones: If symptoms persist after completing the CLINICAL PATHWAY: PERIANAL DISEASE, send referral to Zone FAST Team.	<ul style="list-style-type: none">DRE findings or explanation of why unable to complete a DRE	<ul style="list-style-type: none">Include documentation or medical summary of completed Peri-Anal Disease Primary Care Pathway
PILONIDAL DISEASE	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.		
RECTAL PROLAPSE	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	<ul style="list-style-type: none">DRE findings or explanation of why unable to complete a DRE	
ABNORMAL IMAGING OF GI TRACT	<p>Refer to:</p> <ul style="list-style-type: none">South and North Zones: send referral to Zone FAST Team.Calgary Zone: Send referral to Zone FAST Team or GI CATCentral Zone: Send to Zone FAST Team or GI CATEdmonton Zone: Zone FAST Team or GI CAT	<ul style="list-style-type: none">Description of symptoms, i.e., unintended weight loss, and reason for requesting imagingCopy of abnormal imaging report	

*Central Alberta Digestive Disease Specialists or Dr. Amanullah's office

COLORECTAL CANCER SCREENING/SURVEILLANCE			
Refer To Toward Optimized Practice (TOP) Guidelines for Colorectal Cancer Screening Guidelines prior to referring.			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
FECAL IMMUNOCHEMICAL TEST (FIT): POSITIVE FINDING	<p>Patients 50-74 years of age with positive FIT should be referred to:</p> <ul style="list-style-type: none">• South Zone:<ul style="list-style-type: none">○ Medicine Hat: Medicine Hat Colorectal Cancer Screening Clinic or Zone FAST Team○ Lethbridge: Coaldale Health Center Colorectal Cancer Screening Program (Lethbridge and area)• Calgary Zone: Colon Cancer Screening Centre• Central Zone: GI CAT• Edmonton Zone: GI CAT• North Zone: Zone FAST Team <p>If your patient does not meet your Zone Colorectal Cancer Screening Program criteria but you feel they are still eligible for colonoscopy, please send referral to:</p> <ul style="list-style-type: none">• South Zone:<ul style="list-style-type: none">○ Medicine Hat: Zone FAST Team○ Lethbridge: Coaldale Health Center Colorectal Cancer Screening Program (Lethbridge and area)• Calgary Zone: GI CAT• Central Zone: GI CAT• Edmonton Zone: GI CAT• North Zone: Zone FAST Team	<ul style="list-style-type: none">• Include detailed documentation or medical summary, i.e., Medication, anticoagulants usage, diabetes, family history of cancer and polyps <p>Within 1 year of referral:</p> <ul style="list-style-type: none">• Body Mass Index (BMI)	<ul style="list-style-type: none">• CBC, electrolytes, creatinine/GFR

COLORECTAL CANCER SCREENING/SURVEILLANCE			
Refer To Toward Optimized Practice (TOP) Guidelines for Colorectal Cancer Screening Guidelines prior to referring.			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
FAMILY HISTORY OF COLORECTAL CANCER Includes: <ul style="list-style-type: none">High Risk Adenomatous Polyps	<p>Based on the age of affected first degree family members: Family history of colorectal cancer or advanced adenoma in one first degree relative less than or equal to 60 years or 2 or more affected first-degree relatives, any age.</p> <p>For asymptomatic patients aged 74 and younger, refer to:</p> <ul style="list-style-type: none">South Zone:<ul style="list-style-type: none">Medicine Hat: Medicine Hat Colorectal Cancer Screening Clinic or Zone FAST TeamLethbridge: Coaldale Health Center Colorectal Cancer Screening Program (Lethbridge and area)Calgary Zone: Colon Cancer Screening CentreCentral Zone: GI CATEdmonton Zone: GI CATNorth Zone: Zone FAST Team <p>If your patient does not meet your Zone Colorectal Cancer Screening Program criteria but you feel they are still eligible for colon cancer screening, please send referral to:</p> <ul style="list-style-type: none">South Zone:<ul style="list-style-type: none">Medicine Hat: Zone FAST TeamLethbridge: Coaldale Health Center Colorectal Cancer Screening Program (Lethbridge and area)Calgary Zone: GI CATCentral Zone: GI CATEdmonton Zone: GI CATNorth Zone: Zone FAST Team	<ul style="list-style-type: none">Include detailed documentation or medical summary, i.e., Medication, anticoagulants usage, diabetes, etc. <p>Within 1 year of referral:</p> <ul style="list-style-type: none">Body Mass Index (BMI)	<p>If applicable:</p> <ul style="list-style-type: none">Copy of previous colonoscopy and pathology report <p>For more information on surveillance guidelines: Screening for life guidelines</p>

COLORECTAL CANCER SCREENING/SURVEILLANCE			
Refer To Toward Optimized Practice (TOP) Guidelines for Colorectal Cancer Screening Guidelines prior to referring.			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
<p>PERSONAL HISTORY OF COLORECTAL NEOPLASIA</p> <p>Includes:</p> <ul style="list-style-type: none">Colonic adenomas	<p>Refer if patient is 40-74 years of age to:</p> <ul style="list-style-type: none">South Zone:<ul style="list-style-type: none">Medicine Hat: Medicine Hat Colorectal Cancer Screening Clinic or Zone FAST TeamLethbridge: Coaldale Health Center Colorectal Cancer Screening Program (Lethbridge and area)Calgary Zone: Colon Cancer Screening CentreCentral Zone: GI CATEdmonton Zone: GI CATNorth Zone: Zone FAST Team <p>Any patient outside of this range, or if your patient does not meet your Zone Colorectal Cancer Screening Program criteria but you feel they are still eligible for colon cancer screening, please send referral to:</p> <ul style="list-style-type: none">South Zone:<ul style="list-style-type: none">Medicine Hat: Zone FAST TeamLethbridge: Coaldale Health Center Colorectal Cancer Screening Program (Lethbridge and area)Calgary Zone: GI CATCentral Zone: GI CATEdmonton Zone: GI CATNorth Zone: Zone FAST Team	<ul style="list-style-type: none">Include detailed documentation or medical summary, i.e., Medication, anticoagulants usage, diabetes, etc. <p>Within 1 year of referral:</p> <ul style="list-style-type: none">Body Mass Index (BMI)	<p>If applicable:</p> <ul style="list-style-type: none">Copy of previous colonoscopy, pathology report and operative report <p>For more information on surveillance guidelines: Screening for life guidelines</p>

HERNIA			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
INGUINAL HERNIA	Refer for SYMPTOMATIC findings only <ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.		
INCISIONAL HERNIA	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	<ul style="list-style-type: none">Clinical estimate of size	
UMBILICAL HERNIA	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.		
OTHER ABDOMINAL HERNIA			

MASS OR CANCERS			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
ANAL LOW-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS (LSIL)	<ul style="list-style-type: none">• All Zones: Send referral to Zone FAST Team.	<ul style="list-style-type: none">• DRE findings or explanation of why unable to complete a DRE	
ANAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS (HSIL)			
ESOPHAGEAL MASS	<ul style="list-style-type: none">• South, Central, Edmonton and North Zones: Send referral to Zone FAST Team.• Calgary Zone: Send referral to GI CAT.		
RECTAL CANCER	<ul style="list-style-type: none">• All Zones: Send referral to Zone FAST Team.		
ANAL CANCER			
SUSPECTED COLON CANCER			
COLON CANCER			
SUSPECTED STOMACH CANCER			
STOMACH CANCER			
SUSPECTED SOFT TISSUE CANCER	<ul style="list-style-type: none">• All Zones: Send referral to Zone FAST Team.		
SOFT TISSUE CANCER	Consider non-urgent advice prior to referral.		
NECK MASS	<ul style="list-style-type: none">• All Zones: Send referral to Zone FAST Team. <p>For Lipomas refer to Lipoma Reason for Referral below.</p>	<ul style="list-style-type: none">• Imaging results	

HEPATOBIILIARY			
Reason for Referral	Process	Mandatory Information (Essential Investigations & Timeframes)	Extra Information if available
SYMPTOMATIC GALLSTONES	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	<ul style="list-style-type: none">Gallbladder imaging <p>Within 4 months of referral:</p> <ul style="list-style-type: none">Bilirubin, ALT, ALP	
GALLBLADDER POLYPS			
GALLBLADDER MASS			
PANCREATIC MASS	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	<ul style="list-style-type: none">Relevant Imaging	

ENDOCRINE			
Reason for Referral	Process	Mandatory Information (Essential Investigations & Timeframes)	Extra Information if available
ADRENAL MASS	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	Within 3 months of referral: <ul style="list-style-type: none">Electrolytes, creatinine, random glucose, AM cortisol, 24-hour urine metanephrinesCT or MRI abdomen	
SUSPECTED NEUROENDOCRINE TUMOR (MESENTERIC MASS, CARCINOID, OTHER)	For stable patients: <ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	Within 12 months of referral: <ul style="list-style-type: none">CT Abdomen/pelvis	
SUSPECTED PARATHYROID DISEASE (HYPERCALCEMIA OR ELEVATED PTH OR INCIDENTAL IMAGING FINDING)	For stable patients: <ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	Within 6 months of referral: <ul style="list-style-type: none">Serum calcium, PTH	<ul style="list-style-type: none">Phosphate, albumin, creatinine, ALP (all completed on the same day)Vitamin D level (choose calcium reason, can be done on a separate day)24-hour urine calcium and creatinine <p>Within 1 year of referral:</p> <ul style="list-style-type: none">Ultrasound neck ordered <p>Within 2 years of referral:</p> <p>If age > 50: bone density testing ordered</p> <p>Note: Serum calcium >3 should be seen urgently by Endocrine</p>
THYROID MASS	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	Within 1 year of referral: <ul style="list-style-type: none">TSHThyroid ultrasound	<ul style="list-style-type: none">Thyroid scan if hyperthyroidismFine needle aspiration* if indicated based on imaging and availability

MINOR PROCEDURES			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
TEMPORAL ARTERY BIOPSY	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.		
SURAL NERVE BIOPSY			
MUSCLE BIOPSY			
LYMPH NODE BIOPSY	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	<ul style="list-style-type: none">LocationFine Needle Aspiration Results*	
SYMPTOMATIC LIPOMA EXCISION	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.	<ul style="list-style-type: none">Size and Location	
SEBACEOUS CYST EXCISION			
*Fine Needle Aspiration can be done through Alberta Precision Laboratories Fine Needle Aspirate Clinics & Requests Alberta Precision Laboratories			

VENOUS DISORDERS			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
VENOUS DISEASE UNCOMPLICATED (VARICOSE VEINS WITHOUT COMPLICATION)	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.		<ul style="list-style-type: none">Any relevant diagnostic imaging already completed
VENOUS DISEASE COMPLICATED (ULCERATION OR BLEEDING) Includes: Bleeding varix, venous ulcer, recurrent episodes of phlebitis	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.		<ul style="list-style-type: none">Any relevant diagnostic imaging already completed

OTHER			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
BARIATRIC SURGERY	<ul style="list-style-type: none">All Zones: Refer to Bariatric Surgery. See Alberta Referral Directory for zone processes.		
CONSULT FOR GENERAL SURGERY OTHER	<ul style="list-style-type: none">All Zones: Send referral to Zone FAST Team.		

BREAST HEALTH			
Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
SUSPECTED BREAST CANCER	<ul style="list-style-type: none">South:<ul style="list-style-type: none">Medicine Hat: Send referral to Zone FAST Team.Lethbridge: Breast Health ProgramCalgary: Breast Health Outpatient ClinicsCentral: Red Deer Clinical Breast Health ProgramEdmonton: Comprehensive Breast Care ProgramNorth: Comprehensive Breast Care Program	Refer to Provincial Breast Health Referral Pathway for mandatory investigations.	
BREAST CANCER			
BENIGN BREAST DISEASE Includes: Mastalgia, nipple discharge, skin changes NYD, benign breast masses NYD	<ul style="list-style-type: none">South:<ul style="list-style-type: none">Medicine Hat: Send referral to Zone FAST Team.Lethbridge: Breast Health ProgramCalgary: Send referral to Zone FAST Team.Central: Red Deer Clinical Breast Health ProgramEdmonton: Comprehensive Breast Care ProgramNorth:<ul style="list-style-type: none">Grande Prairie: Send referral to Zone FAST Team.All other areas: refer to Comprehensive Breast Care Program		

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