

Provincial Adult General Surgery Referral Pathway

EMERGENCY CONSULTATION

(Patient **NEEDS** to be seen immediately)

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

URGENT ADVICE

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

Call **RAAPID**:

- **RAAPID North: 1-800-282-9911.**
- **RAAPID South: 1-800-661-1700.**

REVIEW CLINICAL PATHWAY

A clinical pathway may be available for your patient's condition. Please use the information to help support care decisions:

- [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 reach out and seek advice.

ASK FOR ADVICE

(Specialists provide advice to physicians for non-urgent questions)

If you have been directed to seek Advice or need to connect with a specialist:

By electronic advice (Response within 5 calendar days):

Use **Alberta Netcare eReferral Advice Request**

By telephone advice:

North & Edmonton Zones - (calls returned within 48 hours): Call ConnectMD at 1-844-633-2263 or go online to pcnconnectmd.com for more information.

Calgary Zone – (calls returned within 1 hour): Visit specialistlink.ca to request tele-advice, and for more information. Tele-advice is available Monday to Friday (except statutory holidays).

NON-URGENT CONSULTATION

(Patient does **NOT** need to be seen urgently)

- Complete the FAST Adult General Surgery Referral Form (note: check in your EMR as it may already be built in) **Facilitated Access to Specialized Treatment (FAST) Adult General Surgery Referral Form**. Attach all required information as outlined under **Mandatory Info (Essential investigations & timeframes)**.
- See QuRE Referral/Consult Checklist (ahs.ca/QuRE) for high-quality referral guidelines.
- **Alberta Facilitated Access to Specialized Treatment (FAST)** is accepting referrals via fax. Submit your completed referral to the Zone FAST fax number.
- If you have a question about a previously submitted but unassigned referral, call the FAST office.
- If you have a question about an assigned referral, please contact the specialist office directly.

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PROGRAM CONTACTS			
Program	Phone Number	Fax Number	Location
RAAPID North	1-800-282-9911		
RAAPID South	1-800-661-1700		
Specialist Link	www.specialistlink.ca		For patients in Calgary Zone
Connect MD	1-844-633-2263 www.pcnconnectmd.com		For patients in North and Edmonton Zone
North Zone FAST ¹ Team	1-833-553-3278 Ext. 1	1-833-627-7025	
Edmonton Zone FAST Team	1-833-553-3278 Ext. 2	1-780-670-3224	
Central Zone FAST Team	1-833-553-3278 Ext. 3	1-833-627-7022	
Calgary Zone FAST Team	1-833-553-3278 Ext. 4	1-833-627-7023	
South Zone FAST Team	1-833-553-3278 Ext. 5	1-833-627-7024	

This referral pathway was created and is updated through a co-design process with primary care, specialty care and patients. We value any feedback you have that would assist in improving this referral pathway for the future. Please share your comments [here](#) or use the QR code.



¹ Facilitated Access to Specialized Treatment (FAST)

GASTROINTESTINAL

Reason for Referral	Process	Mandatory Information (Essential investigations & timeframes)	Extra Info (If available)
<p>DISORDER OF THE GI TRACT:</p> <ul style="list-style-type: none"> Chronic Constipation Chronic Diarrhea Irritable Bowel Syndrome (IBS) Dyspepsia Gastroesophageal Reflux Disease (GERD) Dysphagia 	<p>Note: Diagnosing most functional GI complaints does not require endoscopy. Please refer to the corresponding Clinical Pathway prior to referral.</p> <ul style="list-style-type: none"> All Zones: If symptoms persist after completing the associated Clinical Pathway, send referral to Zone FAST Team. 		
	<p>Chronic Constipation:</p> <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, send referral to Zone FAST Team. 	<p>During the time frame of current illness:</p> <ul style="list-style-type: none"> CBC Family history of colorectal cancer History 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 tried Abdominal x-ray
	<p>Chronic Diarrhea:</p> <ul style="list-style-type: none"> Refer to the CLINICAL PATHWAY: CHRONIC DIARRHEA to help guide the care of your patient prior to referral. <p>Note: Chronic diarrhea is defined as: 3 or more loose/watery stools per day, Onset at least 4 weeks ago</p> <ul style="list-style-type: none"> All Zones: If symptoms persist after completing the Chronic Diarrhea Clinical Pathway, send referral to Zone FAST Team. 	<p>During the time frame of current illness:</p> <ul style="list-style-type: none"> CBC, electrolytes, ferritin, C-reactive protein (CPR) Fecal calprotectin test 	<ul style="list-style-type: none"> Include detailed documentation or medical summary of completed Chronic Diarrhea Primary Care Pathway including treatments tried Thyroid stimulating hormone (TSH)
	<ul style="list-style-type: none"> Irritable Bowel Syndrome: 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, send referral to Zone FAST Team. 	<p>During the time frame of current illness:</p> <ul style="list-style-type: none"> CBC Celiac serology If applicable: for Irritable Bowel Syndrome-Diarrhea (IBS-D): <ul style="list-style-type: none"> Fecal calprotectin (>200mcg/g), C-reactive protein (CRP) 	<p>Include detailed documentation or medical summary of completed Irritable Bowel Syndrome Primary Care Pathway including treatments tried</p>

GASTROINTESTINAL

Reason for Referral	Process	Mandatory Information (Essential investigations & timeframes)	Extra Info (If available)
<p>DISORDER OF THE GI TRACT:</p> <ul style="list-style-type: none"> Chronic Constipation Chronic Diarrhea Irritable Bowel Syndrome (IBS) Dyspepsia Gastroesophageal Reflux Disease (GERD) Dysphagia 	<p>Dyspepsia:</p> <ul style="list-style-type: none"> Refer to the CLINICAL PATHWAY: DYSPEPSIA to help guide the care of your patient prior to referral. All Zones: If symptoms persist after completing the Dyspepsia Clinical Pathway, send referral to Zone FAST Team. 	<p>During the time frame of current illness:</p> <ul style="list-style-type: none"> CBC H. 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 tried Any related motility and diagnostic testing as appropriate Celiac serology results
	<p>GERD:</p> <ul style="list-style-type: none"> Refer to the CLINICAL PATHWAY: GERD to help guide the care of your patient prior to referral. All Zones: If symptoms persist after completing the GERD Clinical Pathway, send referral to Zone FAST Team. 		<ul style="list-style-type: none"> Include documentation or medical summary of completed GERD Primary Care Pathway including treatments tried.
	<p>DYSPHAGIA:</p> <ul style="list-style-type: none"> All Zones: Send referral to Zone FAST Team. 		<ul style="list-style-type: none"> Include description of disease progression Imaging results if available
<p>CHRONIC ABDOMINAL PAIN</p>	<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. All Zones: If symptoms persist after completing the Chronic Abdominal Pain Clinical Pathway, send referral to Zone FAST Team. 		<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. All Zones: If symptoms persist after completing the High Risk Rectal Bleeding Pathway for CRC Diagnosis, send referral to Zone FAST Team. 	<ul style="list-style-type: none"> DRE Findings or explanation of why unable to complete a DRE <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"> Fissures Fistulas Hemorrhoids 	<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	<ul style="list-style-type: none"> All Zones: Send referral to Zone FAST Team. 	<ul style="list-style-type: none"> Description of symptoms, i.e., unintended weight loss, and reason for requesting imaging Copy of abnormal imaging report 	

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	<ul style="list-style-type: none"> Patients 50-74 years of age with positive FIT should be referred to your Zone Colorectal Cancer Screening Program (where available) or Zone FAST Team. 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 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
FAMILY HISTORY OF COLORECTAL CANCER Includes: <ul style="list-style-type: none"> High Risk Adenomatous Polyps 	<ul style="list-style-type: none"> 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. For asymptomatic patients aged 74 and younger, refer to your Zone Colorectal Cancer Screening Program (where available) or Zone FAST Team. 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 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>
PERSONAL HISTORY OF COLORECTAL NEOPLASIA Includes: <ul style="list-style-type: none"> Colonic adenomas 	<ul style="list-style-type: none"> Refer if patient is 40-74 years of age to your Zone Colorectal Cancer Screening Program (where available) or Zone FAST Team. Any patient outside of this range should be referred to Zone FAST Team. FIT testing is NOT recommended. 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 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	<p><i>Refer for SYMPTOMATIC findings only</i></p> <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)/ HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS (HSIL)	<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 	
ESOPHAGEAL MASS	<ul style="list-style-type: none"> All Zones: Send referral to Zone FAST Team. 		
RECTAL/ANAL CANCER			
SUSPECTED/KNOWN COLON CANCER			
SUSPECTED/KNOWN STOMACH CANCER			
SUSPECTED/KNOWN SOFT TISSUE CANCER	<ul style="list-style-type: none"> All Zones: Send referral to Zone FAST Team. Consider non-urgent advice prior to referral. 		
NECK MASS	<ul style="list-style-type: none"> All Zones: Send referral to Zone FAST Team. <p><i>For Lipomas refer to Lipoma Reason for Referral below.</i></p>	<ul style="list-style-type: none"> Imaging results 	

HEPATOBILIARY

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 	
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. 	<p>Within 3 months of referral:</p> <ul style="list-style-type: none"> Electrolytes, creatinine, random glucose, AM cortisol, 24-hour urine metanephrines CT or MRI abdomen 	
SUSPECTED NEUROENDOCRINE TUMOR (MESENTERIC MASS, CARCINOID, OTHER)	<p>For stable patients:</p> <ul style="list-style-type: none"> All Zones: Send referral to Zone FAST Team. 	<p>Within 12 months of referral:</p> <ul style="list-style-type: none"> CT Abdomen/pelvis 	
SUSPECTED PARATHYROID DISEASE (HYPERCALCEMIA OR ELEVATED PTH OR INCIDENTAL IMAGING FINDING)	<p>For stable patients:</p> <ul style="list-style-type: none"> All Zones: Send referral to Zone FAST Team. 	<p>Within 6 months of referral:</p> <ul style="list-style-type: none"> Serum calcium, phosphate, PTH, 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> <ul style="list-style-type: none"> If age > 50: bone density testing ordered 	<p>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. 	<p>Within 1 year of referral:</p> <ul style="list-style-type: none"> Progressive TSH Ultrasound neck 	<ul style="list-style-type: none"> Thyroid scan if hyperthyroidism Fine needle aspiration* if indicated based on imaging and availability For more information, refer to CLINICAL PATHWAY: THYROID NODULE

MINOR PROCEDURES

Reason for Referral	Process	Mandatory Information (Essential Investigations & timeframes)	Extra Information If Available
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			
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"> Location Fine Needle Aspiration Results* 	

*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/KNOWN 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 Program Calgary: Calgary Breast Health Program Central: Red Deer Clinical Breast Health Program Edmonton: Comprehensive Breast Care Program North: Comprehensive Breast Care Program 	Refer to Provincial Breast Health Referral Pathway for mandatory investigations.	
BENIGN BREAST DISEASE <ul style="list-style-type: none"> 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 Program Calgary: Send referral to Zone FAST Team Central: Red Deer Clinical Breast Health Program Edmonton: Comprehensive Breast Care Program North: Send referral to Zone FAST Team. 		

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Facilitated Access to Specialized Treatment (FAST)