

# Provincial Adult Vascular Surgery Referral Pathway

## EMERGENCY CONSULTATION

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

Call **RAAPID** or send to **Emergency Department via 911** as appropriate. *If stroke symptoms in evolution call local stroke service via RAAPID.*

Includes:

- Abdominal Aortic Aneurysm- Symptomatic
- Peripheral Aneurysm- Symptomatic
- Thoracic Aortic Aneurysm- Descending Thoracic Symptomatic or > 6.5cm
- Visceral/Renal Aneurysm- Symptomatic
- Acute Limb Ischemia
- Acute Mesenteric Ischemia

## 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

(If available)

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

### Provincial

- [Provincial Lower Limb Ischemia Primary Care Pathway](#)
- [Diabetes Foot Care Clinical Pathway Toolkit](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available reach out and seek advice.

## NON-URGENT ADVICE

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

### Tele- Advice

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

**Calgary Zone** (calls returned within one hour): Visit [www.specialistlink.ca](http://www.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)

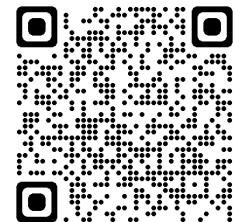
- Complete the FAST Adult Vascular Surgery Referral Form (note; check in your EMR as it may already be built in) [www.ahs.ca/frm-22113.pdf](http://www.ahs.ca/frm-22113.pdf)
- Attach all required information as outlined under **Mandatory Info (Essential investigations & timeframes)**.
- See QuRE Referral/Consult Checklist ([ahs.ca/QuRE](http://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                                |
| <b>Urgent Tele-Advice</b>         |  |                |   |
| RAAPID North                      | 1-800-282-9911   |                |   |
| RAAPID South                      | 1-800-661-1700   |                |   |
| <b>Non- Urgent Tele-Advice</b>    |  |                |   |
| Specialist Link                   | <a href="http://www.specialistlink.ca">www.specialistlink.ca</a>                 |                | For patients in Calgary Zone            |
| Connect MD                        | 1-844-633-2263<br><a href="http://www.pcnconnectmd.com">www.pcnconnectmd.com</a> |                | For patients in North and Edmonton Zone |
| <b>FAST Offices</b>               |  |                |   |
| North Zone FAST <sup>1</sup> Team | 1-833-553-3278<br>Ext. 1   | 1-833-627-7025 |   |
| Edmonton Zone FAST Team           | 1-833-553-3278<br>Ext. 2   | 780-409-0607   |   |
| Central Zone FAST Team            | 1-833-553-3278<br>Ext. 3   | 1-833-627-7022 |   |
| Calgary Zone FAST Team            | 1-833-553-3278<br>Ext. 4   | 1-833-627-7023 |   |
| South Zone FAST Team              | 1-833-553-3278<br>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.



<sup>1</sup> Facilitated Access to Specialized Treatment (FAST)

| ANEURYSM  |                        |             |  |  |  |
|---|------------------------|-------------|--|--|--|
| Reason for Referral   | Access Target          |             | Process  | Mandatory Information  |  |
| <p><b>Imaging is not routinely required and need not delay referral- please see specific referral requirements prior to ordering testing. CT Angio not routinely required unless indicated in mandatory information</b></p> |                        |             |  |  |  |
| <p><b>ABDOMINAL AORTIC ANEURYSM (AAA)- SYMPTOMATIC</b></p> <p>Symptomatic: Abdominal or back pain, tender to palpation, back or flank pain.</p>   |                        |             | <p><b>EMERGENCY CONSULTATION</b></p> <ul style="list-style-type: none"> <li>Call surgeon on call through RAAPID</li> </ul> |  |  |
| <p><b>ABDOMINAL AORTIC ANEURYSM (AAA)- ASYMPTOMATIC AP OR TRANSVERSE DIAMETER</b><br/> <b>FEMALE: ≥ 6.0 CM</b><br/> <b>MALE ≥6.5CM</b></p>  | <b>Sex<sup>2</sup></b> | <b>Size</b> | <b>Target</b>  | <p>To arrange an urgent referral:</p> <ul style="list-style-type: none"> <li><b>North/Edmonton:</b> Call <a href="#">Connect MD</a></li> <li><b>Calgary:</b> Call <a href="#">Specialist Link</a></li> <li><b>Central/South:</b> Call <b>RAAPID</b></li> </ul> | <ul style="list-style-type: none"> <li>Any relevant diagnostic imaging already completed with measurement (if available).</li> </ul>                                   |
|   | Female                 | ≥6.0cm      |  |  |  |
|   | Male                   | ≥ 6.5cm     |  |  |  |
| <p><b>ABDOMINAL AORTIC ANEURYSM (AAA) - ASYMPTOMATIC AP OR TRANSVERSE DIAMETER</b><br/> <b>FEMALE 5.0-5.9CM</b><br/> <b>MALE: 5.5-6.4CM</b></p>   | <b>Sex</b>             | <b>Size</b> | <b>Target</b>  | <ul style="list-style-type: none"> <li>Send referral to <b>Zone FAST Team.</b></li> </ul>  | <ul style="list-style-type: none"> <li>DI imaging with measurement (ultrasound or CT scan, both are not required)</li> <li>Serum Creatinine within 3 months</li> </ul> |
|   | Female                 | 5.0-5.9cm   | 6 weeks  |  |  |
|   | Male                   | 5.5-6.4cm   | 6 weeks  |  |  |
| <p><b>ABDOMINAL AORTIC ANEURYSM (AAA) ASYMPTOMATIC AP OR TRANSVERSE DIAMETER</b><br/> <b>FEMALE:4.0-4.9 CM</b><br/> <b>MALE 4.0-5.4 CM</b></p>  | <b>Sex</b>             | <b>Size</b> | <b>Target</b>  | <ul style="list-style-type: none"> <li>Send referral to <b>Zone FAST Team.</b></li> </ul>  | <ul style="list-style-type: none"> <li>DI imaging with measurement (ultrasound or CT scan, both are not required)</li> <li>Serum Creatinine within 3 months</li> </ul> |
|   | Female                 | 4.0-4.9cm   | 24 weeks   |  |  |
|   | Male                   | 4.0-5.4cm   | 24 weeks   |  |  |

<sup>2</sup> Sex refers to Sex assigned at birth.

| ANEURYSM  |               |  |  |
|---|---------------|--|--|
| Reason for Referral   | Access Target | Process  | Mandatory Information  |
| <p><b>Imaging is not routinely required and need not delay referral- please see specific referral requirements prior to ordering testing. CT Angio not routinely required unless indicated in mandatory information</b></p> |               |  |  |
| <p><b>ABDOMINAL AORTIC ANEURYSM (AAA) MILD: ASYMPTOMATIC AP OR TRANSVERSE DIAMETER &lt;4.0 CM</b></p>   |               | <p><b>NON-URGENT ADVICE</b></p> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Call <a href="#">Connect MD</a></li> <li>• <b>Calgary:</b> Call <a href="#">Specialist Link</a></li> <li>• <b>Central/South:</b> Call Non-Urgent via RAAPID</li> </ul> |  |
| <p><b>PERIPHERAL ANEURYSM-SYMPOMATIC</b></p> <p>Symptomatic: tender to palpation, evidence of distal clot embolization (signs of ischemia to distal tissue beds)</p>  |               | <p><b>EMERGENCY CONSULTATION</b></p> <ul style="list-style-type: none"> <li>• Call surgeon on call through RAAPID</li> </ul>   | <ul style="list-style-type: none"> <li>• Ultrasound or CT scan, both are not required.</li> </ul>  |
| <p><b>PERIPHERAL ANEURYSM-ASYMPTOMATIC</b></p>  | 12 weeks      | <ul style="list-style-type: none"> <li>• Send referral to <b>Zone FAST Team.</b></li> </ul>  | <ul style="list-style-type: none"> <li>• Ultrasound or CT scan, both are not required.</li> </ul>  |
| <p><b>THORACIC AORTIC ANEURYSM (TAA)-DESCENDING THORACIC, SYMPTOMATIC OR AP OR TRANSVERSE DIAMETER ≥6.5CM</b></p> <p>Symptomatic: Chest and Back Pain</p>   |               | <p><b>EMERGENCY CONSULTATION</b></p> <ul style="list-style-type: none"> <li>• Call surgeon on call through RAAPID</li> </ul> <p><i>If ascending aorta call Cardiac Surgery on Call through RAAPID</i></p>  | <ul style="list-style-type: none"> <li>• Any relevant diagnostic imaging already completed.</li> </ul>   |
| <p><b>THORACIC AORTIC ANEURYSM (TAA)- ASYMPTOMATIC AP OR TRANSVERSE DIAMETER ≤6.4CM</b></p>   | 12 weeks      | <ul style="list-style-type: none"> <li>• Send referral to <b>Zone FAST Team.</b></li> </ul> <p><i>If ascending aorta call Cardiac Surgery</i></p>  | <ul style="list-style-type: none"> <li>• DI imaging with measurement (ultrasound or CT scan, both are not required)</li> <li>• Serum Creatinine within 3 months</li> </ul> |
| <p><b>VISCERAL/RENAL ANEURYSM-SYMPOMATIC</b></p> <p>Symptomatic: Abdominal pain</p>   |               | <p><b>EMERGENCY CONSULTATION</b></p> <ul style="list-style-type: none"> <li>• Call surgeon on call through RAAPID</li> </ul>   |  |

| ANEURYSM  |                                       |  |  |
|---|---------------------------------------|--|--|
| Reason for Referral   | Access Target                         | Process  | Mandatory Information  |
| Imaging is not routinely required and need not delay referral- please see specific referral requirements prior to ordering testing. CT Angio not routinely required unless indicated in mandatory information |                                       |  |  |
| <b>VISCERAL /RENAL ANEURYSM-ASYMPTOMATIC</b>  | Variable 2-12 weeks depending on size | <p><b>NON-URGENT ADVICE</b></p> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Call <a href="#">Connect MD</a></li> <li>• <b>Calgary:</b> Call <a href="#">Specialist Link</a></li> <li>• <b>Central/South:</b> Call Non-Urgent via RAAPID</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Send referral to <b>Zone FAST Team.</b></li> </ul> | <ul style="list-style-type: none"> <li>• Any relevant diagnostic imaging already completed (ultrasound or CT scan, but both not required)</li> <li>• Serum Creatinine within 3 months</li> </ul> |
| CAROTID   |                                       |  |  |
| <b>SYMPTOMATIC CAROTID ARTERY DISEASE</b>   |                                       | <p>To arrange an urgent referral:</p> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Call <b>Connect MD</b></li> <li>• <b>Calgary:</b> Call <b>Specialist Link</b></li> <li>• <b>Central/South:</b> Call <b>RAAPID</b></li> </ul> <p><i>If patient has stroke or stroke like symptoms call neurologist via RAAPID.</i></p>                                  |  |
| <b>ASYMPTOMATIC CAROTID STENOSIS &gt;50%</b>  | 12 weeks-26 weeks variable            | <ul style="list-style-type: none"> <li>• Send referral to <b>Zone FAST Team.</b></li> </ul>  | <ul style="list-style-type: none"> <li>• Any relevant diagnostic imaging already completed.</li> <li>• Serum Creatinine within 3 months</li> </ul>   |
| <b>ASYMPTOMATIC CAROTID STENOSIS &lt;50%</b>  |                                       | <ul style="list-style-type: none"> <li>• Medical management of cardiovascular risk</li> </ul>  |  |

| PERIPHERAL ARTERY DISEASE   |               |  |  |
|---|---------------|--|--|
| Reason for Referral   | Access Target | Process  | Mandatory Information  |
| Imaging is not routinely required and need not delay referral- please see specific referral requirements prior to ordering testing. CT Angio not routinely required unless indicated in mandatory information |               |  |  |
| <p><b>ACUTE LIMB ISCHEMIA</b></p> <p>Symptomatic: Abrupt sensory/motor loss to limb.</p>  |               | <p><b>EMERGENCY CONSULTATION</b></p> <ul style="list-style-type: none"> <li>• Call surgeon on call through RAAPID</li> </ul>   |  |
| <p><b>CHRONIC LIMB THREATENING ISCHEMIA</b></p> <p>Symptomatic: Rest pain or tissue loss.</p>   | < 4weeks      | <ul style="list-style-type: none"> <li>• Refer to <b>CLINICAL PATHWAY: LOWER LIMB ISCHEMIA</b></li> <li>• For diabetic foot concerns, refer to <b>CLINICAL PATHWAY: DIABETES FOOT CARE</b></li> <li>• Send referral to <b>Zone FAST Team</b>.</li> </ul>                                 | <ul style="list-style-type: none"> <li>• Any relevant diagnostic imaging already completed.</li> <li>• Lower Limb Vascular non-invasive studies (segmental bp measure and or arterial u/s) if available.</li> <li>• Upper limb vascular non-invasive studies (segmental bp measure and or arterial u/s) if available.</li> </ul> |
| <p><b>ASYMPTOMATIC PERIPHERAL ARTERY DISEASE OR INTERMITTENT CLAUDICATION</b></p>   |               | <ul style="list-style-type: none"> <li>• Refer to <b>CLINICAL PATHWAY: LOWER LIMB ISCHEMIA</b></li> <li>• For diabetic foot concerns refer to <b>CLINICAL PATHWAY: DIABETES FOOT CARE</b></li> <li>• Risk factor reduction</li> <li>• Send referral to <b>Zone FAST Team</b>.</li> </ul> | <ul style="list-style-type: none"> <li>• Any relevant diagnostic imaging already completed.</li> <li>• Lower Limb Vascular non-invasive studies (segmental bp measure and or arterial u/s) if available.</li> <li>• Upper limb vascular non-invasive studies (segmental bp measure and or arterial u/s) if available</li> </ul>  |

| <b>OTHER</b>   |               |  |  |
|--|---------------|--|--|
| Reason for Referral  | Access Target | Process  | Mandatory Information  |
| <b>Imaging is not routinely required and need not delay referral- please see specific referral requirements prior to ordering testing. CT Angio not routinely required unless indicated in mandatory information</b> |               |  |  |
| <b>VENOUS DISEASE UNCOMPLICATED (VARICOSE VEINS WITHOUT COMPLICATIONS)</b>   | 52 weeks      | <ul style="list-style-type: none"> <li>Send referral to <b>Zone FAST Team</b></li> </ul>   | <ul style="list-style-type: none"> <li>Any relevant diagnostic imaging already completed.</li> </ul>   |
| <b>VENOUS DISEASE COMPLICATED (ULCERATION OR BLEEDING)</b><br><br>Includes: Bleeding varix, venous ulcer, recurrent episodes of phlebitis.   | 6 weeks       | <ul style="list-style-type: none"> <li>Send referral to <b>Zone FAST Team</b>.</li> </ul>  | <ul style="list-style-type: none"> <li>Any relevant diagnostic imaging already completed.</li> </ul>   |
| <b>ACUTE MESENTERIC ISCHEMIA</b>   |               | <b>EMERGENCY CONSULTATION</b> <ul style="list-style-type: none"> <li>Call surgeon on call through RAAPID</li> </ul>  |  |
| <b>MESENTERIC OCCLUSIVE DISEASE</b>  |               | <ul style="list-style-type: none"> <li>Send referral to <b>Zone FAST Team</b>.</li> </ul>  | <ul style="list-style-type: none"> <li>Any relevant diagnostic imaging already completed.</li> <li>Serum Creatinine within 3 months</li> </ul>                                     |
| <b>RENAL VASCULAR OCCLUSIVE DISEASE</b>  |               |  |  |
| <b>VASCULAR THORACIC OUTLET SYNDROME</b>   |               |  | <ul style="list-style-type: none"> <li>CTA Chest</li> <li>Chest X-ray confirming cervical rib.<br/><b>or</b><br/>Diagnostic imaging suggesting thoracic outlet syndrome</li> </ul> |
| <b>NEUROGENIC THORACIC OUTLET SYNDROME</b>   |               | <ul style="list-style-type: none"> <li>Refer to <b>Thoracic Surgery</b>. See <a href="#">Alberta Referral Directory</a> for zone processes.</li> </ul>   |  |
| <b>OTHER AORTIC PATHOLOGY</b>  |               | <b>ASK FOR ADVICE</b> <ul style="list-style-type: none"> <li><b>North/Edmonton:</b> Call <a href="#">Connect MD</a></li> <li><b>Calgary:</b> Call <a href="#">Specialist Link</a></li> <li><b>Central/South:</b> Call Non-Urgent via RAAPID</li> </ul> |  |



| OTHER  |               |   |                       |
|--|---------------|---|-----------------------|
| Reason for Referral  | Access Target | Process   | Mandatory Information |
| <b>Imaging is not routinely required and need not delay referral- please see specific referral requirements prior to ordering testing. CT Angio not routinely required unless indicated in mandatory information</b> |               |   |                       |
| <b>OTHER REFERRAL FOR VASCULAR SURGERY</b>   |               | <b>ASK FOR ADVICE</b> <ul style="list-style-type: none"> <li>• <b>North/Edmonton:</b> Call <a href="#">Connect MD</a></li> <li>• <b>Calgary:</b> Call <a href="#">Specialist Link</a></li> <li>• <b>Central/South:</b> Call Non-Urgent via RAAPID</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Send referral to <b>Zone FAST Team.</b></li> </ul> |                       |

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