

PAEDIATRIC SURGICAL REFERRAL GUIDELINES

Urgent and elective referrals can be seen in public or private according to families' preferences. For Starship, ring paediatric surgical registrar on call & send to the Children's Emergency Department (CED) for urgent cases, and fax to ADHB referrals for elective cases. For private, phone the rooms or mobile number for urgent and phone or fax to the rooms for elective referrals – contact numbers below.

Condition	Notes	Referral guideline
Acute scrotum	Surgical exploration for virtually all	Urgent referral – immediate surgical assessment
Appendicitis	Varied presentation. Other causes of RIF pain common	Urgent referral
Bilious vomiting	Always think malrotation	Urgent referral – phone surgeon / surgical registrar
Circumcision	Only for medical indications in public	Elective referral except for paraphimosis → urgent
Dermoid cyst	External angular (near eyebrow) common site	Referral for elective removal
Epigastric hernia	Occasionally cause pain. Tend not to resolve	Elective referral
Hydrocele	>90% resolve Occasional other diagnosis	Refer at 2 years if still present Refer if diagnostic uncertainty
Hyperhidrosis	Try topical aluminium, oral anticholinergics	Refer for severe palmar sweating, failure medical mx.
Hypospadias	Ideal to operate at 6-24 months of age	Refer at diagnosis for early surgical planning
Inguinal hernia, <6 months	Strangulation & obstruction more common in infants	Urgent referral
Inguinal hernia, >6 months	Require elective surgery	Elective
Inguinal hernia, complicated	Irreducible, obstructed or strangulated	Attempt reduction Emergency referral
Intussusception	Varied clinical presentation. Most 3 months – 2 years	Urgent referral if suspected for clinical assessment +/- US
Jaundice - persistent	Think biliary atresia Early surgery important	Jaundice persisting >3 weeks. Conjugated hyperbilirubinaemia
Labial fusion	Can cause vulvovaginitis Often asymptomatic	Elective Can treat conservatively
Phimosis	Topical steroid BD 1-3 months	Elective referral after failure of medical treatment
Pyloric stenosis	Projectile vomiting (Age 1-12 weeks; M:F 4:1)	Urgent referral if suspected for clinical assessment +/- US
Skin / Subcutaneous lesions	Multiple diagnoses – many require removal	Elective referral if any suspicion / concern
Tongue tie	May affect speech. Occasionally affects feeding	Elective referral at diagnosis
Umbilical hernia	90% resolve by age 3 years	Refer at 3 years if still present
Undescended testis	No more spontaneous descent after 3 months	Refer at 3 months