# Purpose

To provide guidance for telehealth follow up at the Barwon Health General Surgery Nurse Led Clinic. The following document is an outline of the standard consultation at the Nurse Led Clinic, and is not exhaustive. Please consult the Unit Registrar if there are any concerns with any patient.

# Standardised Post Procedure Follow Up Timings

|  |  |  |
| --- | --- | --- |
| **Procedure** | **Follow Up** | **Modality** |
| Inguinal Hernias | 6 weeks | Telephone |
| Laparoscopic Cholecystectomies | 2-4 weeks | Telephone |
| Appendicectomies | 2-4 weeks | Telephone |
| Haemorrhoidectomy | 6 weeks | Telephone |

# Standard Consultation

### Prepare:

* Review the operation note
* Review any relevant histopathology (read the whole report)
* Review any test that have come back since discharge (microbiology / Liver function tests / iron studies), and escalate as appropriate.

### Consult

1. Screen for post operative complications. Start with open questions
   1. General
   2. Specific
   3. Material (risks that are specific to the patient e.g. post cholecystectomy diahorrea in a patient with pre-existing incontinence requires discussion and more aggressive treatment).
2. Check response to treatment – has their problem been fixed?
3. Check histopathology and escalate

### Close

Determine disposition

* Normal post operative course, discharge
* Needs simple script / concern not addressed in this document, call the Unit Registrar
* Clearly needs review, book into next Registrar Clinic face to face. A General Surgery Registrar will be available to discuss all cases which fall outside the routine post operative course.

# Guide to Common General Surgery Procedures in Nurse Led Clinic

| **Procedure** | **Timing of review** | **Specific Complications** | **Infection** | **Response** | **Recurrence** | **Histology Check** | **Action** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendectomy** | 2-4 weeks | NA | Ask: o “how are the incisions looking?” o “have you noticed any pus, discharge, or spreading redness” o “Is the pain improving?” **§ Rx: Any signs of wound infection should be discussed with the Registrar** | NA | NA | Common Histological Findings:  - Lympocytosis - Perforation - Neutrophil infiltration - Ischaemia  Needs escalation (Discuss with Registrar): - Dysplasia - Neuroendocrine tumour - Tumor - Detection of polyp including sessile serrated polyps - Cancer / Malignancy - Pinworms / helminths (needs treatment with mebindazole). | Escalate infection / abnormal histopathology to Unit Registrar |
| **Laparoscopic Cholecystectomy** | 6 weeks | 1. Diahorrea o Some patients experience loose stools after this procedure, it usually improves over time and is worse with fatty foods.  § **Rx: If this is a symptom suggest following up with GP in 3-4 months if non resolving** 2. Jaundice o Have you noticed any yellowing of the eyes? Dark coloured urine? Pale stools? § **Rx: Escalate to Registrar** | As per 'Appendicectomy' | Ask: Have your original symptoms improved? Have you tried foods that were previously triggers? | NA | Common Histological Findings:  - Lympocytosis - Perforation - Neutrophil infiltration - Ischaemia - Acute / Chronic cholecystitis - Cholesterol polyps  Needs escalation (Discuss with Registrar): - Dysplasia / neoplasia - Neuroendocrine tumour - Tumor - Adenomatous polyps.  - Cancer / Malignancy | Escalate infection / abnormal histopathology to Unit Registrar |
| **Inguinal Hernia Repair** | 6 weeks | 1. Pain  o Any significant pain that is ongoing at 6 weeks should be discussed with the unit registrar | Ask: o “how are the incisions looking?” o “have you noticed any pus, discharge, or spreading redness” o Is the pain improving? **§ Rx: Infections post hernia repair with underlying mesh is serious – discuss with registrar.** | Ask: Have your original symptoms improved? | Screen for Early Recurrence o Have you noticed any bludges in the same area? If yes, is there a cough impulse? • Rx: small lumps and bumps are common and reassurance should be given. Cough impulse is a more specific sign and should be escalated | It is not common to take specimens during a hernia repair, however the histology of any specimens taken should be reviewed. Escalate if the specimen taken is not consistent with the histological examination (e.g. cord lipoma sent, finding of lymph node). | Significant pain is rare 6 weeks after hernia repair and should prompt review.  Infection requires same day review |
| **Umbilical / Open Ventral Hernia Repair** | 6 weeks | 1. Pain  o Any significant pain that is ongoing at 6 weeks should be discussed with the unit registrar | Ask: o “how are the incisions looking?” o “have you noticed any pus, discharge, or spreading redness” o Is the pain improving? **§ Rx: Infections post hernia repair with underlying mesh is serious – discuss with registrar.** | Ask: Have your original symptoms improved? | Screen for Early Recurrence o Have you noticed any bludges in the same area? If yes, is there a cough impulse? • Rx: small lumps and bumps are common and reassurance should be given. Cough impulse is a more specific sign and should be escalated | It is not common to take specimens during a hernia repair, however the histology of any specimens taken should be reviewed. Escalate if the specimen taken is not consistent with the histological examination (e.g. cord lipoma sent, finding of lymph node). | Significant pain is rare 6 weeks after hernia repair and should prompt review.  Infection requires same day review |
| **Haemorrhoidectomy** | 6 weeks | Pain  o “do you still have any significant pain?” • Rx: Pain should have resolved by 6 weeks post op, ongoing pain should prompt registrar review. | Ask o “how are the incisions looking?” o “have you noticed any pus, discharge, or spreading redness” o Is the pain improving? § **Rx: Escalate to unit registrar.** | Ask: Has the problem you’ve come in with gone away?  **Rx: If patient still has significant ongoing symptoms discuss with unit registrar** |  | It is not common to take specimens during haemorrhoidectomy, however the histology of any specimens taken should be reviewed. Escalate if the specimen taken is not consistent with the histological examination (e.g. haemorrhoid returns as anal SCC). | If significant pain that is not improving, discuss with unit registrar |