

Referral Guidelines Snapshot

A Primary Care Provider Must Refer the Patient

The conditions and procedures listed below are not exhaustive. Operation Access provides a range of outpatient surgical procedures and specialty care and guidelines may differ on a county basis. Please contact the county case manager if you require additional information.

REFERRAL TYPE	CRITERIA FOR ELIGIBILITY
Breast	
Any Breast Case	<ul style="list-style-type: none"> • Must be under 40 years old • If the patient is over 40, then the case should be referred to the program Every Woman Counts (Call 1-800-511-2300)
General Surgery	
Cholecystectomy	<ul style="list-style-type: none"> • Must include radiology confirming cholelithiasis
Cyst	<ul style="list-style-type: none"> • Must be symptomatic if <2cm • Identify in referral the cyst size and location
Hemorrhoidectomy	<p>Please ensure the patient has taken the following preventive measures:</p> <ul style="list-style-type: none"> • Constipation treatment • Increased water and fiber consumption • Decreasing time on toilet (toilet readers) • OTC hemorrhoidal creams <p>Surgical referrals should be reserved for cases in which symptoms are severe and persist despite attempted preventive measures.</p>
Ophthalmology	
Chalazion or Sty	<p>Appropriate for ophthalmology referral IF:</p> <ul style="list-style-type: none"> • No improvement in symptoms despite ONE MONTH of conventional treatment (e.g. warm compresses qid, eye drops/ointments, etc.) • Surgical drainage is the last resort
Pterygium	<p>Appropriate for ophthalmology referral if any of the following are true:</p> <ul style="list-style-type: none"> • Continued debilitating irritation/redness despite regular use of precautionary measures and artificial tears. • It has grown so large that it is starting to block the pupil – NOT just the cornea. • An optometrist confirms that it has caused a vision change.
Cataract	<ul style="list-style-type: none"> • Include optometrist's notes.
Diabetic Retinopathy	<ul style="list-style-type: none"> • Not accepting referrals for treatment or screening. • All cases should be referred to Lion's Eye Foundation. www.lioneseyefoundation.com Phone (415) 600-3950

REFERRAL TYPE	CRITERIA FOR ELIGIBILITY
Gastroenterology	
EGD	<p>At least ONE of the following:</p> <ul style="list-style-type: none"> • Bleeding • Dysphagia • Continued upper abdominal pain despite negative stool test for H. pylori • Patients with GERD: <ul style="list-style-type: none"> ○ Marin, Napa, Sonoma only self-referrals from doctors that intend to perform the procedure. ○ SF, SM, AL, CC accepted when capacity allows.
Diagnostic Colonoscopy	<p>At least ONE of the following:</p> <ul style="list-style-type: none"> • FOBT+ or FIT+ • Unexplained blood in stool (not from hemorrhoids) • Unexplained change in bowel habits • Unexplained weight loss/gain • Iron deficiency anemia • Personal history of adenomatous polyps or CRC • 1st degree relative with CRC • NO routine screenings through OA
Orthopedics	
Eligible Cases	<ul style="list-style-type: none"> • Hand, shoulder, and knee cases that are likely outpatient and accompanied by all available and relevant radiology • Knee arthroscopy and meniscal repair are typically eligible • ACL repair (only for Marin and Sonoma residents) • Clinic MUST guarantee post-operative physical therapy
Ineligible Cases	<ul style="list-style-type: none"> • Hip cases and urgent fractures • Partial or full knee replacement • Knee arthroscopy for patients with severe arthritis • Physical therapy referrals
Urology	
Cystoscopy	<ul style="list-style-type: none"> • Microscopic hematuria insufficient – must be symptomatic
Vascular	
Varicose Vein Treatment	<ul style="list-style-type: none"> • Must be symptomatic (presence of pain, gross edema, ulcerations) • Priority given to patients with (in this order): <ol style="list-style-type: none"> 1) An open venous ulcer 2) Hemorrhage of one of the varices 3) Progressive disease, limiting ability to function