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.

<table>
<thead>
<tr>
<th>REFERRAL TYPE</th>
<th>CRITERIA FOR ELIGIBILITY</th>
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<tbody>
<tr>
<td><strong>Breast</strong></td>
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</table>
| Any Breast Case | • 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 | • Must include radiology confirming cholelithiasis |
| Cyst           | • Must be symptomatic if <2cm  
                  • Identify in referral the cyst size and location |
| **Hemorrhoidectomy** | Please ensure the patient has taken the following preventive measures:  
                  • Constipation treatment  
                  • Increased water and fiber consumption  
                  • Decreasing time on toilet (toilet readers)  
                  • OTC hemorrhoidal creams  

Surgical referrals should be reserved for cases in which symptoms are severe and persist despite attempted preventive measures. |
| **Ophthalmology** |                          |
| Chalazion or Stye | Appropriate for ophthalmology referral IF:  
                    • 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        | Appropriate for ophthalmology referral if any of the following are true:  
                    • 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         | • Include optometrist's notes. |
| Diabetic Retinopathy | • Not accepting referrals for treatment or screening.  
                        • All cases should be referred to Lion’s Eye Foundation. [Website](http://www.lioneseyefoundation.com) Phone (415) 600-3950 |

1119 Market St Ste 400 • San Francisco, CA 94103
415.733.0052 (phone) • 415.733.0019 (fax)
email: [info@operationaccess.org](mailto:info@operationaccess.org) / website: [www.operationaccess.org](http://www.operationaccess.org)

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# Referral Criteria

## Gastroenterology

### EGD

At least ONE of the following:
- Bleeding
- Dysphagia
- Continued upper abdominal pain despite negative stool test for H. pylori
- Patients with GERD:
  - Marin, Napa, Sonoma only self-referrals from doctors that intend to perform the procedure.
  - SF, SM, AL, CC accepted when capacity allows.

## Diagnostic Colonoscopy

At least ONE of the following:
- 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

- 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

- Hip cases and urgent fractures
- Partial or full knee replacement
- Knee arthroscopy for patients with severe arthritis
- Physical therapy referrals

## Urology

### Cystoscopy

- Microscopic hematuria insufficient – must be symptomatic

## Vascular

### Varicose Vein Treatment

- Must be symptomatic (presence of pain, gross edema, ulcerations)
- Priority given to patients with (in this order):
  1) An open venous ulcer
  2) Hemorrhage of one of the varices
  3) Progressive disease, limiting ability to function