

## UVM HEALTH VASCULAR SURGERY REFERRALS/CONSULT

*All referrals must include the most recent visit note and imaging reports. Be sure imaging done outside UVMH is sent to UVMHC Film Library with reports.*

*We do not accept referrals for the following conditions: Raynaud's/Chilblains; Median Arcuate Ligament Syndrome (refer to General Surgery); ASCENDING aortic aneurysms (refer to Cardiothoracic surgery).*

<p><b>Aneurysms:</b></p> <p><u>Aorto-Iliac</u></p> <ul style="list-style-type: none"> <li>Order a US Abdominal Aorta-Iliac Duplex</li> <li>Descending thoracic aortic aneurysms <b>do not</b> require an ultrasound order.</li> <li>Ascending aortic aneurysm referrals: refer to CT Surgery, not Vascular.</li> </ul> <p><u>Lower Extremity</u></p> <ul style="list-style-type: none"> <li>Order a US Lower Arterial Duplex</li> </ul> <p><u>Visceral (Renal, Mesenteric, Celiac)</u></p> <ul style="list-style-type: none"> <li>Order a US Renal Artery Duplex or US Mesenteric Artery Duplex</li> </ul> <p>If other imaging has been completed in the last year these ultrasounds may not be needed.</p>	<p><b>Carotid Disease:</b></p> <p><u>Carotid stenosis</u></p> <ul style="list-style-type: none"> <li>If patient has had a TIA, stroke, or amaurosis fugax in the last 6 months please mark the referral as URGENT.</li> </ul> <p>If the results show 1-49% stenosis and the patient is asymptomatic a vascular referral is not indicated.</p> <p><u>Carotid bruit, Carotid body tumor or Carotid aneurysm, Fibromuscular Dysplasia</u></p> <ul style="list-style-type: none"> <li>Please do not refer until a US Carotid-Vertebral Duplex has been completed and shows abnormal results.</li> </ul>
<p><b>Dialysis Access Fistula:</b></p> <p><u>Creation of AVF/AVG</u></p> <ul style="list-style-type: none"> <li>Order a US Vein Mapping</li> </ul> <p><u>Problems with an established AVF/AVG</u></p> <ul style="list-style-type: none"> <li>Order a US Hemodialysis Access Duplex</li> </ul>	<p><b>PAD/PVD/Claudication:</b></p> <ul style="list-style-type: none"> <li>If not already completed, please order US Lower Arterial to help establish baseline. Do not order referral until abnormal study results are shown.</li> <li>Be sure imaging is available for viewing at UVMHN</li> </ul>
<p><b>Rest Pain/Gangrene/Arterial Foot Wound:</b></p> <ul style="list-style-type: none"> <li>If not already completed, order a US Lower Arterial and mark referral as URGENT.</li> </ul>	<p><b>Thoracic Outlet Syndrome:</b></p> <ul style="list-style-type: none"> <li>If one has not already been completed, please order a C-Spine X-Ray 4-5 Views (AP, Lateral, both Obliques)</li> </ul>
<p><b>Uncomplicated Varicose Veins:</b></p> <ul style="list-style-type: none"> <li>Refer <b>after</b> an inadequate response to 3 months of compression AND if they have a desire to discuss surgical intervention.</li> </ul> <p>Order a US Varicose Vein Duplex (not a US Lower Venous).</p>	<p><b>Chronic Venous Disease:</b></p> <ul style="list-style-type: none"> <li>H/o superficial thrombophlebitis (chronic)</li> <li>Venous stasis changes</li> <li>Venous ulcers</li> <li>Post-thrombotic syndrome</li> <li>Chronic lower extremity edema</li> </ul> <p>Order a US Varicose Vein Duplex to be completed prior to referring.</p>