



**11.3 CARDIOVASCULAR/THORACIC SURGERY REFERRAL GUIDELINES**

**Contracted Groups**

Group Name	Location	Phone/Fax Numbers
<b>Las Vegas Medical Group</b>	<b>5380 S Rainbow Blvd, #110 Las Vegas, NV 89118</b>	<b>Phone: (725) 333-8465 Fax: (725) 333-8466</b>
<b>St Rose Specialty Clinic</b>	<b>7190 S Cimarron Rd, Las Vegas, NV 89113</b>	<b>Phone: (702) 675-3240 Fax: (702) 982-6347</b>
<b>Sunrise Mountainview Multispecialty Clinics</b>	<b>3006 S Maryland Pkwy, #320 Las Vegas, NV 89109</b>	<b>Phone: (702) 962-0000 Fax: (702) 962-0010</b>
	<b>3150 N Tenaya Way, #260 Las Vegas, NV 89128</b>	<b>Phone: (702) 962-5920 Fax: (702) 240-9984</b>
<b>ACV-Las Vegas</b> <small>*Specializing in limb salvage, amputation prevention, PAD, and CLI</small>	<b>4275 S Burnham Ave, #102 Las Vegas, NV 89119</b>	<b>Phone: (702) 878-8346 Fax: (702) 259-0205</b>

All referrals and patient medical records (pertaining to the specified condition) are to be faxed or attached to online referral. Physician notes are required for any diagnosis indicated on the referral.

Patients are to bring required CD's and other diagnostic test reporting (if applicable) to their appointments. The following diagnostics are needed prior to cardiovascular consultations:

**Abdominal Aortic Aneurysm:**

- CT Angiogram of the abdomen/pelvis (report & CD's required) showing aneurysm 5 cm or larger.

**CAD/Valve Disease:**

\*\*\* Must be referred by Cardiology.

- Cardiac Cath (report & CD required)
- Echocardiogram (Report and CD Required)/Stress Test
- PFT Screening (report required) if done
- Carotid Ultrasound (report required) if done

**Carotid Stenosis:**

- CT Angiogram of neck (report & CD required)  
OR
- Carotid Angiogram (report & CD required)

\*Symptomatic: If ultrasound shows stenosis >70% obtain angiogram; if stenosis is <70% refer to Neurology. Asymptomatic: If ultrasound shows stenosis >70% obtain angiogram; if stenosis is <70% ultrasound every year.

**Chronic Venous Insufficiency:**

Must have documentation of failure of conservative therapy (i.e., compression stockings, elevation, and diuretics) or actual beginning of ulceration formation.

- Bilateral Venous Ultrasound

**Esophageal Cancer/Stricture:**

\*\*\*Must be referred by GI

- Endoscopy (EGD) (report required)
- CT Scan of the chest/abdomen/ (report & CD required)
- Esophageal ultrasound is required (report required)
- Pathology report (report required)
- PET scan (report & CD required) required
- PFT (report required)

**Heller Myopathy:**

\*\*\*Must be referred by GI

- EGD (report required)
- Esophagram (report and CD required)
- Esophageal Manometry
- Pathology report from EGD (pathology report required)

**Hyperhidrosis:**

- Chest x-ray (report & CD required)

**Lung Cancer/Mass/Nodule:**

- CT scan of the chest (report & CD required)
- Pathology report if needle biopsy (FNA) or bronchoscopy has been done (report required)
- PFT/DLCO full set with room air ABG's (reports required)
- PET Scan (report & CD required) if done

**Peripheral Vascular Disease:**

- Aortogram with run-off (report & CD required) & ABI's (report required)

**Renal Artery Stenosis:**

\*\*\*Must be referred by Nephrologist

- Aortogram with bilateral renal angiogram (report & CD required)

**Thoracic Aortic Aneurysm:**

Ascending Thoracic Aortic Aneurysm:

- Echocardiogram and CTA chest which must measure > 5cm (CD required) size could be less if referred by Cardiologist

Descending Thoracic Aortic Aneurysm:

- CTA chest, abdomen, and pelvis which must measure > 5.5cm (CD required) size could be less if referred by Cardiologist
- Echo (report and CD required)

**Varicose Veins:**

- Bilateral Venous reflux ultrasound (required prior to scheduling consult) must be done standing.