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Gynaecology Outpatient Referral Guidance

ALL referrals must have the minimum information specified by the Department of Health	Refer to Gynaecology Clinic	**All referrals are triaged by clinical staff according to specific clinical requirements**
Conditions not seen at Bendigo Health • Referrals for cosmetic gynaecology are not accepted • Reversal of sterilization procedures • Transgender and gender reassignment surgery (exception for TAH / BSO following full medical and social transition)	For access to Public Fertility Care Services please refer to The Women's https://www.thewomens.org.au/patients-visitors/clinics-and-services/fertility-genetics/public-fertility-services	

Access and Referral Priority

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment

Condition specific referral guidelines

Key information enable Bendigo Health to triage patients into the correct category and provide treatment as efficiently as possible with fewer visits to outpatients and creates more capacity within our outpatient service. If key information is missing then your referral will be returned to you for resubmission with additional information

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Heavy Menstrual Bleeding

Required information

- History of presenting problem
- Relevant medical history (e.g., PCOS, diabetes)
- Examination findings
- Relevant past and current treatment

Management

Offer medical management in the Community – Heavy or Irregular Menses - Community HealthPathways Murray.

If medical management unsuccessful (review at ~ 3 months of treatment) or declined by patient:-

Refer to Women's Health Clinics

Urgent

if uncontrolled vaginal bleeding, or if the patient is haemodynamically unstable – treat via ED

Routine

- Menorrhagia
- Menorrhagia with Anaemia
- Menorrhagia & Dysmenorrhoea >40 years
- Polymenorrhoea

Essential Investigations

- Transvaginal pelvic ultrasound results. (Transabdominal pelvic ultrasound results can be provided for women who have not become sexually active, are a survivor of sexual assault or have declined a transvaginal pelvic ultrasound)
- Full blood examination
- Iron studies
- Cervical screening co-test (HPV and LBC) within last 12 month

Fibroids

Required information

- History of presenting complaint
- Reason for referral of fibroid(s)
- Findings from physical examination

Note: uterine fibroids that are not associated with any symptoms or signs (i.e., abnormal bleeding, pain, change in size, anaemia, infertility) do not require referral to a specialist

Management

Offer medical management in the community - Fibroids - Community HealthPathways Murray

Refer to Women's Health Clinic

Urgent

- Severe anaemia
- Acute urinary obstruction – refer to ED
- Symptomatic fibroid prolapse through cervix
- Suspicion of malignancy or leiomyosarcoma
- Rapid growth of fibroid
- Urinary obstruction, renal impairment

Routine

Essential investigations

- Transvaginal ultrasound
- Most recent cervical screening test results
- FBE +/- iron studies if heavy bleeding

Post-menopausal bleeding **Required information** • Past medical history (e.g. diabetes, polycystic ovary syndrome) • Findings from physical examination	**Management** Postmenopausal Bleeding - Community HealthPathways Murray Refer to Women's Health Clinics **Urgent**	**Essential investigations** • Transvaginal pelvic ultrasound results • Most recent cervical screening test results • High vaginal swab MC&S
Intermenstrual and post-coital bleeding **Required information** • History of presenting complaint • Examination findings • All relevant history of colposcopy +/- treatment	**Management** Intermenstrual Bleeding - Community HealthPathways Murray Postcoital Bleeding - Community HealthPathways Murray **Refer to Women's Health Clinics** **Urgent** Suspicion of malignancy i.e., abnormal appearance of cervix, vagina, or vulva or abnormal USS **Routine** Persistent PCB	**Essential investigation** • Results of cervical "Co-Test" (HPV and LBC) • Recent (<3/12) STI screen

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Female bladder symptoms

- **Urinary incontinence**
- **Voiding difficulties**
- **Recurrent UTI (>3 in last 12 months)**
- **Bladder Pain**

Required information

- Past medical, surgical and obstetric history
- Incontinence type – urgency, activity related, mixed, continuous
- Examination – pelvic exam and description of prolapse if present
- Current and previous treatment
- If recurrent UTI – previous urine MC&S results and treatment prescribed

Management

Urinary Incontinence Flowchart - Community HealthPathways Murray

While awaiting care: If urge urinary incontinence, trial topical vaginal estrogen, anticholinergic or beta-3 agonist medication subject to contraindications. Consider referral to private pelvic floor physiotherapy.

Refer to Urology if urinary incontinence, voiding difficulties, bladder pain or recurrent urinary tract infection is sole complaint
If associated gynaecological symptoms e.g. prolapse then
Refer to Women's Clinic, Gynaecology Clinic

Routine

Essential investigations

- Midstream Urine Sample (MSU), all results with organism and sensitivity if recurrent UTIs
- Renal ultrasound including post-void residual (if symptoms of voiding dysfunction) or recurrent UTI
- Urea, electrolytes and creatinine (if elevated post void residual)

Recommended investigations

- Patient completed Bladder diary (Continence Foundation of Australia)

Pelvic organ prolapse **Required information** • Prolapse symptoms • Urinary symptoms • Gynaecological symptoms (bleeding, pain) • Details of previous surgical and medical management including the course of treatment, and outcome of treatment, over the past 6 months • Functional impact of symptoms on daily activities including impact on work, study, school or carer role	**Management** Community management for non-surgical management including trial of pessary. Consider referral to pelvic floor physiotherapist. Pelvic Organ Prolapse - Community HealthPathways Murray If surgery is indicated (no response to initial conservative management over 3 months, vaginal pessary has failed, or the patient is unwilling to use a vaginal pessary, there are associated problems, recurrent prolapse after previous surgery, or complications from surgery or vaginal pessary then Refer to Women's Clinic, Gynaecology Clinic **Routine**	**Essential investigations** • Pelvic ultrasound if has uterus and bleeding • Renal ultrasound including post-void residual (If symptoms of voiding dysfunction) • Cervical screening test **Recommended investigations** • Patient completed Australian Pelvic Floor Questionnaire (https://www.mypelvicfloor.com) • If urinary symptoms: Patient completed Bladder diary (Continence Foundation of Australia)
Infertility Investigate as per guidelines	**Refer to RWH Public Fertility Care Service** Reproductive_Services_referral-the_Womens.docx (live.com)	**As per RWH Public Fertility Care Service guidelines**
Amenorrhea / Oligomenorrhea **Required information** • History of presenting complaint • Examination findings	**Management** Refer to Women's Health Clinic **Routine**	**Essential investigation** • Serum b-HCG • Sex hormone profile (estrogen, FSH, LH) • Prolactin • TSH • PCOS assessment if indicated (e.g. hirsutism) Transvaginal ultrasound if appropriate

Menopause **Community managed condition** Consider referral for complex groups: • Breast cancer (hormonally sensitive) • Thrombophilia/past venous thromboembolic event (VTE) • Undiagnosed vaginal bleeding • Active liver disease • Uncontrolled hypertension • CVD risk or disease	**Management** Offer management in the community - Menopause Hormone Therapy (MHT) - Community HealthPathways Murray Refer to Women's Health Clinic if premature / surgical menopause or complex group **Routine**	**Nil investigations**
Premature or surgical menopause **Required information** • Past medical/surgical history	**Management** Refer to Women's Health Clinic	**Essential investigation** • Two FSH/E2 levels at least 1 month apart • Most recent cervical screening test results
Ovarian Cyst **Required information** • History of presenting complaint • Family history of breast or ovarian cancer • Examination findings	**Note:** Ovarian cysts <5cm that are simple (i.e., no features suggestive of pathology) in women between menarche and menopause do NOT require immediate referral or tumor markers Ovarian Cyst (Pelvic Mass) - Community HealthPathways Murray **Urgent** • Asymptomatic ovarian cyst in women >40 years (specified cyst >8cm) • Ovarian cyst with pain (>8cm) • Unilocular cyst >50 years (>5cm)	**Essential Investigations** • Transvaginal ultrasound. NB: If simple cyst <5cm then need 2 consecutive scans (12 weeks apart) showing persistence. • Ovarian tumour markers (Age <35: b-HCG, LDH, AFP, CA125, CA 19.9, CEA; Age >35: CA 125, CA 19.9, CEA, FBE, UEC, LFT) • Most recent cervical screening test results

	Routine • Dermoid Cyst • Ovarian cyst no pain	

Polycystic ovarian syndrome		
Required information	**Note – refer if concerning features – abnormal bleeding, infertility or concern about malignancy** Polycystic Ovarian Syndrome (PCOS) - Community HealthPathways Murray	**Essential investigation**
Refer to concerning features	**Urgent** Concerning features **Routine** Polycystic ovarian syndrome with infertility	• Transvaginal pelvic ultrasound results. • Sex hormone profile (estrogen, FSH, LH) Androgen studies (testosterone, free androgen index, SHBG, DHEA) 17-hydroprogesterone • 75g OGTT with serum insulin levels • Fasting lipid profile Most recent cervical screening test results
Pelvic pain including endometriosis		

Includes referral for dyspareunia **Required information** • Detailed history of pain including any relevant psychosexual history • Description of symptoms – dysmenorrhoea, deep dyspareunia, dyschezia, history of sub-fertility • Sexually transmitted infections test results. • Quality of life issues related to pain • Examination findings • Details of previous operations or treatment • Current and complete medication history (including non-prescription medicines, herbs and supplements)	Trial medical management for >= 3 months Dysmenorrhoea - Community HealthPathways Murray Endometriosis - Community HealthPathways Murray **Urgent** • Severe Pelvic Pain – refer to ED • Multiple ED presentations with pelvic pain (if not laparoscopically diagnosed) or significant impact on work/school, otherwise **Routine** • Adenomyosis • Dysmenorrhoea • Endometriosis with pain • Pelvic pain (not severe) • Pelvic Inflammatory Disease • Planning for pregnancy	**Essential investigation** • Transvaginal pelvic ultrasound results. • High vaginal swab MC&S • STI screen • Most recent cervical screening test results **Recommended investigations** • Urine MC&S • Ca125 only if adnexal pathology identified on ultrasound

Vaginal discharge	**Management** Treat infection as per sensitivities **Refer to Women's Health Clinic** **Routine**	**Essential investigations** • High vaginal swab MC&S • STI screen
Vulval disorders including chornic vulvitis		

	Management Vulvodynia - Community HealthPathways Murray	**Essential investigations**
• History of presenting complaint • Examination findings • Current and past therapies	Any vulval lesion with suspicion of malignancy (ulceration, non-healing inflammation, raised lesion etc) must be referred urgently **Urgent** Lesions suspicious of malignancy – refer to Vulvoscopy Clinic **Routine** Refer to Women's Health Clinic	• Relevant microbiology (including M/C/S and HSV PCR and HSV and syphilis serology if ulcer present) • Previous biopsy results