

Amenorrhoea, Oligomenorrhoea		
Evaluation	Management	Referral Guidelines
Serum b-HCG * Sex hormone profile (estrogen, FSH, LH) Prolactin PCOS assessment if indicated (e.g. hirsutism)	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 3) <ul style="list-style-type: none"> Amenorrhoea – primary and secondary
Dyspareunia		
Evaluation	Management	Referral Guidelines
If superficial dyspareunia, then exclude infection with high vaginal swab MC&S and STI screen (endocervical swab chlamydia and gonorrhoea PCR, others as indicated) * If deep dyspareunia, arrange pelvic ultrasound. *	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 2)
Fibroids		
Evaluation	Management	Referral Guidelines
Pelvic ultrasound (before Day 7 of cycle) * FBE (if heavy bleeding) Iron studies (if heavy bleeding)	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 2)



Heavy Menstrual Bleeding		
Evaluation	Management	Referral Guidelines
Pelvic Ultrasound * FBE * Iron Studies *	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 2) <ul style="list-style-type: none"> Menorrhagia Menorrhagia with Anaemia Menorrhagia & Dysmenorrhoea >40 years Polymenorrhoea <i>Refer to Safer Care Victoria Guideline</i>
Incontinence, Prolapse		
Evaluation	Management	Referral Guidelines
Urine MC&S * Pelvic ultrasound (to exclude pelvic mass) * UEC and renal tract ultrasound if severe prolapse (check post-void residual)	Refer to Women's Clinic, Gynaecology Clinic Consider: Pelvic floor physio, Urodynamics & continence clinic	Urgent (Cat 1) <ul style="list-style-type: none"> Prolapse –with urinary retention (treat in ED) Routine (Cat 2) <ul style="list-style-type: none"> Incontinence Routine (Cat 3) <ul style="list-style-type: none"> Urinary Frequency Vaginal Prolapse Cystocele Rectocele

Infertility		
Evaluation	Management	Referral Guidelines
Male: - Partner semen analysis (ONCE or repeated twice over 3 months if abnormal) * Female: - Serum b-HCG * - Sex hormone profile Day 3 of menses (estrogen, FSH, LH) * - TSH * - Prolactin * - Day 21 progesterone (or after progesterone-induced withdrawal bleed if amenorrhea/oligomenorrhoea) * - Pelvic ultrasound *	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 2) <ul style="list-style-type: none"> • Infertility >35 years Routine (Cat 3) <ul style="list-style-type: none"> • Infertility <35 years – primary & secondary
Menopause		
Evaluation	Management	Referral Guidelines
Fasting lipid profile FBE TSH Mammogram Pap smear Consider DEXA scan	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 2 or 3) <ul style="list-style-type: none"> • Triage according to investigation findings.

Ovarian Cyst		
Evaluation	Management	Referral Guidelines
<p>Pelvic ultrasound (Day 7-14, transvaginal and transabdominal) *</p> <p>- NB: If simple cyst <5cm then need 2 consecutive scans (8 weeks apart) showing persistence. *</p> <p>- BHcG and alpha fetal protein</p> <p>Ovarian tumour markers *</p> <p>- Age <35: b-HCG, LDH, AFP, CA125, CA 19.9, CEA</p> <p>- Age >35: CA 125, CA 19.9, CEA, FBE, UEC, LFT</p> <p>Pap smear *</p>	<p>Refer to Women’s Clinic, Gynaecology Clinic</p>	<p>Urgent (Cat 1)</p> <ul style="list-style-type: none"> Asymptomatic ovarian cyst in women >40 years (specified cyst >8cm) Ovarian cyst with pain (>8cm) Unilocular cyst >50 years (>5cm) <p>Routine (Cat 2)</p> <ul style="list-style-type: none"> Dermoid Cyst Ovarian cyst no pain
Poly Cystic Ovarian Syndrome		
Evaluation	Management	Referral Guidelines
<p>Pelvic ultrasound (with real time follicle count) *</p> <p>Sex hormone profile (estrogen, FSH, LH) *</p> <p>Androgen studies (testosterone, free androgen index, SHBG, DHEA) *</p> <p>17-hydroprogesterone</p> <p>75g OGTT with serum insulin levels</p> <p>Fasting lipid profile</p>	<p>Refer to Women’s Clinic, Gynaecology Clinic</p>	<p>Routine (Cat 2)</p> <ul style="list-style-type: none"> Polycystic ovarian syndrome with infertility <p>Routine (Cat 3)</p> <ul style="list-style-type: none"> Polycystic ovarian syndrome - not symptomatic

Pelvic Pain		
Evaluation	Management	Referral Guidelines
Serum b-HCG * Pelvic ultrasound * High vaginal swab MC&S * STI screen (endocervical swab chlamydia and gonorrhoea PCR, others as indicated) * Urine MC&S *	Refer to Women's Clinic, Gynaecology Clinic	Urgent (Cat 1) <ul style="list-style-type: none"> Severe Pelvic Pain (treat in ED) Routine (Cat 2) <ul style="list-style-type: none"> Adenomyosis with pain Dysmenorrhoea Endometriosis with pain Pelvic pain (not severe) Pelvic Inflammatory Disease Routine (Cat 3) <ul style="list-style-type: none"> Adenomyosis with no pain
Premature or Surgical Menopause		
Evaluation	Management	Referral Guidelines
Two FSH/E2 levels at least 1 month apart *	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 2)
Post-Menopausal Bleeding		
Evaluation	Management	Referral Guidelines
Pelvic ultrasound (transvaginal) * Pap smear * High vaginal swab MC&S	Refer to Women's Clinic, Gynaecology Clinic	Urgent (Cat 1) Routine (Cat 2) <ul style="list-style-type: none"> Mirena requested >40 years with bleeding Mirena requested or change > 50 years of age, with or without bleeding

Recurrent Urinary Tract Infections		
Evaluation	Management	Referral Guidelines
Urine MC&S results and treatment prescribed * Renal tract ultrasound *	Consider referral to Urology	
Vaginal Discharge		
Evaluation	Management	Referral Guidelines
High vaginal swab MC&S * STI screen (endocervical chlamydia and gonorrhoea PCR, others as indicated) *	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 2 or 3) <ul style="list-style-type: none"> • Triaged according to investigation findings.
Vulval Itch, Pain or Infection		
Evaluation	Management	Referral Guidelines
High vaginal swab MC&S *	Refer to Women's Clinic, Gynaecology Clinic	Urgent (Cat 1) <ul style="list-style-type: none"> • Bartholin's abscess – send to ED for review Routine (Cat 2) <ul style="list-style-type: none"> • Bartholin's abscess –recurring • Lichen sclerosis • Vulval inflammation and pain Routine (Cat 3) <ul style="list-style-type: none"> • Bartholin's cyst • Vulval folliculitis
Vulval Ulcers		
Evaluation	Management	Referral Guidelines
MC&S of ulcer * HSV PCR of ulcer * Syphilis serology HSV serology	Refer to Women's Clinic, Gynaecology Clinic	Routine (Cat 2)