



# **Gynaecology Outpatient Referral Guidance**

ALL referrals must have the minimum information specified by the Department of Health	Refer to Women's Clinic, Gynaecology Clinic	Triaged by admin staff prior to clinical triage.

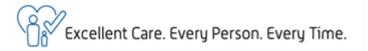
### **Heavy Menstrual Bleeding**

Required information	Management	Triaging Guidelines
Referral guidelines		
Community managed condition.  Findings from physical examination Past medical history (e.g. diabetes, polycystic ovary syndrome) 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 count Iron studies	Offer medical management in the Community – see Community  HealthPathways.  If medical management unsuccessful (review at ~ 3 months of treatment) or declined by the patient:-  Refer to Women's Clinic,  Gynaecology Clinic	Urgent If uncontrolled vaginal bleeding, or if the patient is haemodynamically unstable – treat via ED. Routine  Menorrhagia Menorrhagia with Anaemia Menorrhagia & Dysmenorrhoea >40 years
Most recent cervical screening test results		<ul><li>Menorrhagia &amp; Dysmenorrhoea &gt;40 years</li><li>Polymenorrhoea</li></ul>

### **Urinary Incontinence**

Required information	Management	Triaging Guidelines
Referral Guidelines		





Midstream urine microscopy culture sensitivities	Refer to Urology if sole complaint	Decline
Urinary tract ultrasound		
Urea and electrolytes	If associated gynaecological symptoms e.g.	If associated gynaecological symptoms e.g.
Patient completed Bladder diary	prolapse then	prolapse then
(Continence Foundation of	Refer to Women's Clinic, Gynaecology Clinic	Routine
Australia)		

# Pelvic Organ Prolapse

Required information	Management	Triaging Guidelines
Community managed condition.	Community Management	
, , , , , , , , , , , , , , , , , , , ,	for non-surgical	
Details of previous surgical and medical management	management	
including the course of treatment, and outcome of	Refer to pelvic floor	
treatment, over the past 6 months	physiotherapist.	
Functional impact of symptoms on daily activities		
including impact on work, study, school or carer role	If surgery is indicated (no	
Transvaginal pelvic ultrasound results. (Transabdominal	response to initial	
pelvic ultrasound results can be provided for women	conservative management	
who have not become sexually active, are a survivor of	over 3 months,	
sexual assault or have declined a transvaginal pelvic	vaginal pessary has failed,	
ultrasound.)	or the patient is unwilling	Urgent
UEC and renal tract ultrasound if severe prolapse (check	to use a vaginal pessary,	<ul> <li>Prolapse –with urinary retention (treat in</li> </ul>
post-void residual)	there are associated	ED)
Patient completed Australian	problems,	Routine
Pelvic Floor Questionnaire	recurrent prolapse after	Urinary Frequency
(https://www.mypelvicfloor.com)	previous surgery, or	Vaginal Prolapse
If urinary symptoms:	complications from	Cystocoele
Urine MC&S	surgery or vaginal pessary	Rectocoele
Patient completed Bladder diary	then	Incontinence
(Continence Foundation of	Refer to Women's Clinic,	
<u>Australia</u> )	Gynaecology Clinic	



Infe	rti	lity

Required information	Management	Triaging Guidelines
Investigate as per Community Guidelines	Refer for fertility specialised assessment	Decline

# Menopause

Required information	Management	Triaging Guidelines
Community managed condition.	Community Management and here	Decline
<ul> <li>Consider referral for complex groups:         <ul> <li>Breast cancer (hormonally sensitive)</li> </ul> </li> <li>Thrombophilia/past venous thromboembolic event (VTE)</li> <li>Undiagnosed vaginal bleeding</li> <li>Active liver disease</li> <li>Uncontrolled hypertension</li> <li>CVD risk or disease</li> </ul>	Refer to Women's Clinic, Gynaecology Clinic	Unless premature/surgical menopause (see below) or complex group then  Routine



# **Ovarian Cyst**

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.)	<ul> <li>S Clinic, Gynaecology</li> <li>Asymptomatic ovarian cyst in women &gt;40 years (specified cyst &gt;8cm)</li> </ul>
NB: If simple cyst <5cm then need 2 consecutive scans (12 weeks apart) showing persistence.  Dvarian 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	<ul> <li>Ovarian cyst with pain (&gt;8cm)</li> <li>Unilocular cyst &gt;50 years (&gt;5cm)</li> <li>Routine</li> <li>Dermoid Cyst</li> <li>Ovarian cyst no pain</li> </ul>
Past medical history including pain and other symptoms	

# Poly Cystic Ovarian Syndrome

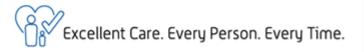
Required information	Management	Triaging Guidelines



Community managed condition.	Community Management	Decline
Consider referral for concerning features:	Refer to Women's Clinic, Gynaecology Clinic if concerning features	if no concerning features  Urgent  Concerning features
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.) 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		Routine Polycystic ovarian syndrome with infertility

Pelvic Pain		
Required information Referral Guidelines	Management	Triaging Guidelines





Past medical history including:
obstetric and gynaecological history
pain severity, duration, any link to menstrual
cycle or dysmenorrhea
how pain is different to any co-existing
gastrointestinal pain
any previous pelvic inflammatory disease
any history of sexual abuse
previous medical and surgical management
Current and complete medication history
(including non-prescription medicines, herbs
and supplements)
Any medicines previously tried, duration of trial
and effect.

Serum b-HCG

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.)

High vaginal swab MC&S

STI screen (endocervical swab chlamydia and gonorrhoea PCR, others as indicated)

Urine MC&S

Most recent cervical screening test results

#### **Community Management**

Refer to Women's Clinic, Gynaecology Clinic

#### Urgent

Severe Pelvic Pain – refer to ED

#### Routine

- Adenomyosis
- Dysmenorrhoea
- Endometriosis with pain
- Pelvic pain (not severe)
   Pelvic Inflammatory Disease

#### **Premature or Surgical Menopause**

Required information	Management	Triaging Guidelines



Past medical/surgical history	Refer to Women's Clinic,	Routine
Two FSH/E2 levels at least 1 month apart	Gynaecology Clinic	
Most recent cervical screening test results		

# Post-Menopausal Bleeding

Required information	Management	Triaging Guidelines	
Referral guidelines			
Findings from physical examination. Past medical history (e.g. diabetes, polycystic ovary syndrome) 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.) Most recent cervical screening test results High vaginal swab MC&S	Refer to Women's Clinic, Gynaecology Clinic	Urgent	

# **Recurrent Urinary Tract Infections**

Required information Referral Guidelines	Management	Triaging Guidelines
Past medical/surgical history Urine MC&S results and treatment prescribed	Refer to Urology if sole complaint	Decline
Renal tract ultrasound	If associated gynaecological symptoms e.g. prolapse then Refer to Women's Clinic, Gynaecology Clinic	If associated gynaecological symptoms e.g. prolapse then Routine

# Vaginal Discharge





Required information	Management	Triaging Guidelines
High vaginal swab MC&S STI screen (endocervical chlamydia and	Treat infection as per sensitivities.	
gonorrhoea PCR, others as indicated)	Refer to Women's Clinic, Gynaecology Clinic	Routine

#### Vulval Itch, Pain or Infection

Required information	Management	Triaging Guidelines	
Findings from physical examination. Past medical history	Community Management of Vulvodynia		
High vaginal swab MC&S	Refer to Women's Clinic, Gynaecology Clinic	Routine	

### **Vulval Ulcers & Suspicious vulval lesions**

Required information	Management	Triaging Guidelines	
Findings from physical examination.	Refer to Women's Clinic, Gynaecology	Urgent	
Past medical history	Clinic	Vulvoscopy clinic	
MC&S of ulcer HSV PCR of ulcer			
Syphilis serology			
HSV serology			





# Persistent or unexplained intermenstrual bleeding

Required information	Management	Triaging Guidelines
Most recent cervical screening results 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.) Past medical history (e.g. diabetes, polycystic ovary syndrome) Sexually transmitted infections test results.	Community Management  Refer to Women's Clinic, Gynaecology Clinic	Urgent If risk factors for malignancy, otherwise Routine

### **Endometriosis**

Required information  Referral Guidelines	Management	Triaging Guidelines
Details of previous surgical and medical management including the course of treatment, and outcome of treatment, over the past 12 months  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.)  Functional impact of symptoms on daily activities including impact on work, study, school or carer role Planning for pregnancy.	Community Management Trial medical management for >= 3 months  Refer to Women's Clinic, Gynaecology Clinic	Urgent  Multiple ED presentations with pelvic pain (if not laparoscopically diagnosed) or significant impact on work/school, otherwise  Routine



Description of symptoms	
<ul> <li>dysmenorrhoea</li> </ul>	
<ul> <li>deep dyspareunia</li> </ul>	
<ul> <li>dyschezia</li> </ul>	
<ul> <li>history of sub-fertility</li> </ul>	

# Sexually transmitted infections test results.

### Amenorrhoea, Oligomenorrhoea

Required information	Management	Triaging 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

# Dyspareunia

Required information	Management	Triaging Guidelines
Details of previous surgical and medical management including the course of treatment,	Community Management	
and outcome of treatment, over the past 12 months	Refer to Women's Clinic, Gynaecology Clinic	Routine
Most recent cervical screening test results		
Sexually transmitted infections test results 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.)	

### **Fibroids**

Required information	Management	Triaging Guidelines
Findings from physical examination Pelvic Ultrasound Most recent cervical screening test results FBE/Iron studies if heavy bleeding Most recent cervical screening test results	Community management  Refer to Women's Clinic, Gynaecology Clinic	Urgent

# **Post Coital Bleeding**

Required information	Management	Triaging Guidelines		
Referral Guidelines				
Findings from physical examination	Community Management	Decline		
Transvaginal pelvic ultrasound results.		single episode of PCB with a negative cervical screening co-		
(Transabdominal pelvic ultrasound results can	Note, it is commonly accepted that a	test (HPV and LBC) and normal cervical appearance		
be provided for women who are a survivor of	single episode of PCB with a negative			
sexual assault or have declined a transvaginal	cervical screening co-test (HPV and			
pelvic ultrasound.)				



Past medical history (e.g. diabetes, polycystic ovary syndrome)  Most recent cervical screening test results  Sexually transmitted infections test results	LBC) and normal cervical appearance does not warrant acute referral.  However if:	
	<ul> <li>unexplained or persistent postcoital bleeding.</li> <li>suspicion of malignancy from history or examination.</li> <li>concern regarding appearance of cervix, vagina, or vulva.</li> <li>abnormal ultrasound then Refer to Women's Clinic, Gynaecology Clinic</li> <li>NB – if abnormal cervical smear/co-</li> </ul>	Routine Persistent PCB  Urgent Suspicion of malignancy
	test result then refer for Colposcopy	Abnormal USS