

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

[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
Most recent cervical screening test results

Management

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

Triaging Guidelines

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

Urinary Incontinence

Required information

[Referral Guidelines](#)

Management

Triaging Guidelines

<p>Midstream urine microscopy culture sensitivities</p> <p>Urinary tract ultrasound</p> <p>Urea and electrolytes</p> <p>Patient completed Bladder diary</p> <p>(Continence Foundation of Australia)</p>	<p>Refer to Urology if sole complaint</p> <p>If associated gynaecological symptoms e.g. prolapse then</p> <p>Refer to Women's Clinic, Gynaecology Clinic</p>	<p>Decline</p> <p>If associated gynaecological symptoms e.g. prolapse then</p> <p>Routine</p>
<h2>Pelvic Organ Prolapse</h2>		
Required information	Management	Triaging Guidelines
<p>Community managed condition.</p> <p>Details of previous surgical and medical management including the course of treatment, and outcome of treatment, over the past 6 months</p> <p>Functional impact of symptoms on daily activities including impact on work, study, school or carer role</p> <p>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.)</p> <p>UEC and renal tract ultrasound if severe prolapse (check post-void residual)</p> <p>Patient completed Australian Pelvic Floor Questionnaire (https://www.mypelvicfloor.com)</p> <p>If urinary symptoms:</p> <p>Urine MC&S</p> <p>Patient completed Bladder diary</p> <p>(Continence Foundation of Australia)</p>	<p>Community Management for non-surgical management</p> <p>Refer to pelvic floor physiotherapist.</p> <p>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</p> <p>Refer to Women's Clinic, Gynaecology Clinic</p>	<p>Urgent</p> <ul style="list-style-type: none"> Prolapse –with urinary retention (treat in ED) <p>Routine</p> <ul style="list-style-type: none"> Urinary Frequency Vaginal Prolapse Cystocoele Rectocoele Incontinence

Infertility		
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. Consider referral for complex groups: <ul style="list-style-type: none"> • Breast cancer (hormonally sensitive) • Thrombophilia/past venous thrombo-embolic event (VTE) • Undiagnosed vaginal bleeding • Active liver disease • Uncontrolled hypertension • CVD risk or disease 	<u>Community Management</u> and <u>here</u> Refer to Women's Clinic, Gynaecology Clinic	Decline Unless premature/surgical menopause (see below) or complex group then Routine

Ovarian Cyst

Required information Referral Guidelines	Management	Triaging Guidelines
<p>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.) NB: If simple cyst <5cm then need 2 consecutive scans (12 weeks apart) showing persistence.</p> <p>Ovarian tumour markers</p> <ul style="list-style-type: none"> Age <35: b-HCG, LDH, AFP, CA125, CA 19.9, CEA Age >35: CA 125, CA 19.9, CEA, FBE, UEC, LFT <p>Most recent cervical screening test results</p> <p>Past medical history including pain and other symptoms</p> <p>Family history of breast and ovarian cancer</p>	<p>Refer to Women's Clinic, Gynaecology Clinic</p>	<p>Urgent</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</p> <ul style="list-style-type: none"> Dermoid Cyst Ovarian cyst no pain

Poly Cystic Ovarian Syndrome

Required information	Management	Triaging Guidelines
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<p>Community managed condition.</p> <p>Consider referral for concerning features:</p> <ul style="list-style-type: none"> • abnormal bleeding • possible gynaecological malignancy <p>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</p>	<p>Community Management</p> <p>Refer to Women's Clinic, Gynaecology Clinic if concerning features</p>	<p>Decline if no concerning features</p> <p>Urgent Concerning features</p> <p>Routine Polycystic ovarian syndrome with infertility</p>
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Pelvic Pain		
Required information Referral Guidelines	Management	Triaging Guidelines

<p>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</p>	<p>Community Management</p> <p>Refer to Women's Clinic, Gynaecology Clinic</p>	<p>Urgent</p> <ul style="list-style-type: none"> Severe Pelvic Pain – refer to ED <p>Routine</p> <ul style="list-style-type: none"> Adenomyosis Dysmenorrhoea Endometriosis with pain Pelvic pain (not severe) Pelvic Inflammatory Disease
<p>Premature or Surgical Menopause</p>		
<p>Required information</p>	<p>Management</p>	<p>Triaging Guidelines</p>

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

Required information Referral guidelines	Management	Triaging 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 Renal tract ultrasound	Refer to Urology if sole complaint If associated gynaecological symptoms e.g. prolapse then Refer to Women's Clinic, Gynaecology Clinic	Decline 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 gonorrhoea PCR, others as indicated)	Treat infection as per sensitivities. 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 High vaginal swab MC&S	Community Management of Vulvodynia Refer to Women's Clinic, Gynaecology Clinic	Routine
Vulval Ulcers & Suspicious vulval lesions		
Required information	Management	Triaging Guidelines
Findings from physical examination. Past medical history MC&S of ulcer HSV PCR of ulcer Syphilis serology HSV serology	Refer to Women's Clinic, Gynaecology Clinic	Urgent Vulvoscopy clinic

Persistent or unexplained intermenstrual bleeding

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

Endometriosis

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

Description of symptoms <ul style="list-style-type: none"> dysmenorrhoea deep dyspareunia dyschezia history of sub-fertility 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, and outcome of treatment, over the past 12 months 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)	Community Management Refer to Women's Clinic, Gynaecology Clinic	Routine

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 <ul style="list-style-type: none"> • 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 Otherwise: Routine
Post Coital Bleeding		
Required information	Management	Triaging Guidelines
Referral Guidelines Findings from physical examination Transvaginal pelvic ultrasound results. (Transabdominal pelvic ultrasound results can be provided for women who are a survivor of sexual assault or have declined a transvaginal pelvic ultrasound.)	Community Management Note, it is commonly accepted that a single episode of PCB with a negative cervical screening co-test (HPV and	Decline single episode of PCB with a negative cervical screening co-test (HPV and LBC) and normal cervical appearance

<p>Past medical history (e.g. diabetes, polycystic ovary syndrome)</p> <p>Most recent cervical screening test results</p> <p>Sexually transmitted infections test results</p>	<p>LBC) and normal cervical appearance does not warrant acute referral.</p> <p>However if:</p> <ul style="list-style-type: none"> • unexplained or persistent postcoital bleeding. • suspicion of malignancy from history or examination. • concern regarding appearance of cervix, vagina, or vulva. • abnormal ultrasound then <p>Refer to Women's Clinic, Gynaecology Clinic</p> <p>NB – if abnormal cervical smear/co-test result then refer for Colposcopy</p>	<p>Routine Persistent PCB</p> <p>Urgent Suspicion of malignancy Abnormal appearance of cervix, vagina, or vulva Abnormal USS</p>
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