

Condition	Tests/information required for referral
<p>Abnormal uterine bleeding – heavy/prolonged/irregular periods (includes PCOS)</p>	<p>Required:</p> <ul style="list-style-type: none"> • History presenting problem, examination. • Cervical screening co test (HPV and LBC) within the last 12 months • Ultrasound including transvaginal US • FBE, Fe • Relevant current and past treatment <p><u>Not</u> required prior to referral</p> <ul style="list-style-type: none"> • CT or MRI • Ca125 or other tumour markers • FSH, LH or other hormone assays <p>Reference:</p> <p>Melbourne Healthpathway – Heavy or Irregular Menses https://melbourne.healthpathways.org.au/index.htm</p> <p>https://pathways.nice.org.uk/pathways/heavy-menstrual-bleeding</p>
<p>Abnormal uterine bleeding – absent periods – primary or secondary amenorrhoea.</p>	<p>Required:</p> <ul style="list-style-type: none"> • History and examination • Pregnancy excluded with serum BHCG • Transvaginal ultrasound if appropriate (TA scan if primary amenorrhoea and not/never sexually active) • FBE , TSH <p><u>Not</u> required prior to referral</p> <ul style="list-style-type: none"> • Hormone assays • Anti Mullerian Hormone (AMH) • Karyotyping

<p>EPAS – Early pregnancy assessment service</p>	<p>Patient with pregnancy <16 weeks gestation with pregnancy complication (bleeding/pain/US confirmed failed pregnancy):</p> <p>If <u>unstable</u> (e.g. intrauterine pregnancy with significant bleeding or ectopic suspected or confirmed): refer patient to Emergency Department for assessment</p> <p>If <u>stable</u>: suitable for EPAS. Clinics: Mon/Tues/Thurs/Fri 9am – 12noon Service: 24/7 EPAS RN and Gynae Registrar</p> <p>For direct GP referral, fax details to Women’s clinic or telephone EPAS RN. Fax: 9055 2125 Ph: 9055 2437</p> <p>N.B. Please advise patients that if there is <u>ANY</u> change in condition (pain, heavy PV bleeding etc.) they should present to ED at Sunshine and not wait for EPAS appointment.</p> <p>Referrals of EPAS patients via the standard GYNAECOLOGY referral pathway <u>may not be triaged for up to 7 days</u> – this is <u>not</u> an appropriate way to refer patients to the service.</p>
<p>Uterine fibroids</p>	<p>Practice note: <i>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.</i></p> <p>Required:</p> <ul style="list-style-type: none"> • History and examination • Ultrasound • FBE • Reason for referral of fibroid(s) <p><u>Not</u> required prior to referral</p> <ul style="list-style-type: none"> • CT or MRI • Any tumour markers
<p>Pelvic pain, including painful periods, chronic pelvic pain or pain with intercourse.</p>	<p>Required:</p> <ul style="list-style-type: none"> • Detailed history of pain, including any relevant psychosexual history • QOL issues related to pain (e.g. work absences etc.) • Examination findings • Past cervical screening test result • STD screen if appropriate • Details of previous operations and treatment • Ultrasound imaging, preferably at specialist gynaecology US service (COGU) • Ca125 <u>only if adnexal pathology identified on US</u>

<p>Ovarian cyst or adnexal mass</p>	<p>Practice note: <i>ovarian cysts < 5cm that are simple (i.e. no features suggestive of pathology) in women between menarche and menopause do <u>NOT</u> require immediate referral or tumour markers.</i></p> <p>Required:</p> <ul style="list-style-type: none"> • History and examination findings • Transvaginal ultrasound - preferably with accredited gynaecology sonologist (COGU). • Ca125 <p><u>Not</u> required for referral:</p> <ul style="list-style-type: none"> • CT or MRI if ultrasound shows pathology • Other tumour markers <p>Reference: Melbourne Healthpathway – Ovarian cyst https://melbourne.healthpathways.org.au/index.htm</p>
<p>Abnormal cervical screening</p>	<p>Abnormal cervical screening test to be managed as per the National Cervical Screening Program. http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/healthcare-providers Also refer to the Cancer guidelines Wiki: https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening</p>
<p>Postcoital bleeding</p>	<p>Required:</p> <ul style="list-style-type: none"> • History and examination • Results of ‘cervical Co-test’ (‘HPV and LBC’) • All relevant history of colposcopy +/- treatment • Recent (<3/12) STD screen.
<p>Infertility/subfertility</p>	<p>Required:</p> <ul style="list-style-type: none"> • Detailed history including all pregnancies • Previous and current fertility treatments • Relevant examination findings • Past cervical screening or PAP and STD screen. • Ultrasound pelvis (TV preferable) <p>Not required for referral</p> <ul style="list-style-type: none"> • Hormone studies (eg. FSH, LH, Estradiol, Testosterone, DHEAS)

<p>Menopause, sexual dysfunction</p>	<p>Required:</p> <ul style="list-style-type: none"> • Detailed history presenting problem and any current therapy • Relevant examination • Previous treatment • Assessment of patient expectation from referral
<p>Vulval disorders including chronic vulvitis all causes.</p>	<p>Practice note: <i>any vulval lesion with suspicion of malignancy (ulceration, non-healing inflammation, raised lesion etc.) must be referred urgently and will be triaged to <30 days)</i></p> <p>Required: (for benign/chronic conditions)</p> <ul style="list-style-type: none"> • History and examination • Relevant microbiology • Current and past therapies • Previous biopsy results if obtained.
<p>Female Bladder symptoms: Urinary incontinence, voiding difficulties, recurrent UTI and bladder pain.</p>	<p>Practice note: <i>all referrals with urinary incontinence as part of primary problem will be triaged to the Advanced Practice Pelvic Floor Physiotherapy clinic prior to appointment with gynaecologist/urogynaecologist. A referral may also be sent to the WH continence clinic.</i></p> <p>Required:</p> <ul style="list-style-type: none"> • History (including obstetric history) – specify incontinence type - Urgency, activity related, mixed, continuous. • Examination – pelvic exam and description of prolapse if present. • Current and previous treatment • Surgical history • MSU and renal function

<p>Pelvic organ prolapse (including referral for change of pessary)</p>	<p>Practice note: <i>for patients with uncomplicated prolapse managed long term with a pessary change each 6 months, an annual specialist review is appropriate if the GP is able to replace the pessary at 6 months. If so, the clinic can provide the correct size pessary free of charge.</i></p> <p>Required:</p> <ul style="list-style-type: none"> • History, examination and reason for referral at this time (ie. QOL, incontinence) • Detailed history including previous pelvic surgery re any co-morbidities relevant to potential surgical treatment to be undertaken. • MSU • Ultrasound if performed – not required for referral unless PV bleeding (TV scan for Endometrial assessment) or voiding difficulties (order Renal tract USS with post-void residual)
<p>Postmenopausal bleeding</p>	<p>Practice note: <i>the incidental finding of increased Endometrial Thickness (ET) on transvaginal ultrasound between 4 and 11mm in the absence of post-menopausal bleeding or treatment with Estrogen-receptor modulators (Tamoxifen or equivalent) <u>does not</u> require referral.</i></p> <p>Required:</p> <ul style="list-style-type: none"> • History and examination • Details any HRT or other drug treatment • Cervical screening 'co-test' (HPV and LBC) • Transvaginal ultrasound, preferably by gynaecological US specialist (COGU) <p>Reference Healthpathway – Post menopausal bleeding</p> <p>http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/The-Role-of-Transvaginal-Ultrasonography-in-the-Evaluation-of-Postmenopausal-Bleeding</p>
<p>Contraception</p>	<p>Referrals for contraception advice/IUCD/Implanon™/tubal ligation will be triaged to "ROUTINE" ie. may wait up to 365 days unless exceptional circumstances exist. Note: Proximity to the expiry date of the contraceptive (Mirena 5 years, Implanon 3 years etc.) is NOT an indicator for urgent triage.</p>

<p>Cervical polyp</p>	<p>Practice note: <i>An incidental finding of an asymptomatic cervical polyp with a normal pap smear/HPV does not require specialist review. Any suspicious appearance of the cervix at the time of screening/HPV should be referred independent of cervical screening result.</i></p> <p>Required for referral:</p> <ul style="list-style-type: none"> • History and examination • Current cervical screening results • Transvaginal ultrasound
<p>Termination of Pregnancy</p>	<p>At this time the Sunshine Hospital Gynaecology Service does not offer a TOP option. GPs are requested to direct referrals to the Royal Women’s Hospital or private providers.</p>