Gynaecology Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of gynaecological conditions. Referrals are triaged by Consultant Gynaecologists into management pathways according to specific clinical requirements.

- **General Gynaecology** – providing care for women presenting with a wide range of gynaecological conditions including abnormal uterine bleeding, pelvic pain disorders, adnexal pathology, contraception, vulval disease, peri-menopausal conditions and disorders of sexual function.
- **EPAS – Early Pregnancy Assessment Service** – currently operating 0830 – 1700 hrs Monday to Friday, this service manages all early pregnancy (< 16 weeks) presentations with integrated medical, nursing and imaging clinicians.
- **Endometriosis assessment and management** - in collaboration with Minimally Invasive Surgery specialist, COGU imaging and Colorectal Unit.
- **Urogynaecology**– a multidisciplinary subspecialist service providing care for women pelvic floor disorders including pelvic organ prolapse and continence issues. Review of birth-related pelvic trauma (OASIS) is managed in by this team.
- **Adolescent Gynaecology –** gynaecologist with specific training and experience in disorders of young women (under age 18 years)
- **Colposcopy service** – management of all screen detected cervical abnormalities, postcoital bleeding and other conditions referred as per the 2017 Cervical Screening Guidelines.
- **Reproductive medicine** – a subspecialist caring for women and their partners with reproductive, endocrine and fertility disorders.
- **Gynaecological Oncology** – a subspecialist service providing multidisciplinary medical and surgical care for women with gynaecological cancers.

Conditions not seen by Western Health Gynaecology Service:

- Referrals for cosmetic gynaecology are not accepted.
- Reversal of sterilization procedures.
- Transgender and gender reassignment surgery (referred on to specialist service at Monash Medical Centre)

Access & Referral Priority Gynaecology:

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.

URGENT **Appointment timeframe 30 days.**	URGENT **Appointment within 60 days**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**
• Post-menopausal bleeding. • EPAS (Early Pregnancy). • Abnormal uterine bleeding with Hb < 100g/DL or severe quality of life impairment. • Adnexal (ovary/tube) abnormality assessed as at risk of malignancy, torsion or other significant complication. • Other pelvic mass/tumour assessed as significant risk of malignancy or with severe symptoms. (e.g. fibroids with recent increase in size or pain) • Pelvic organ prolapse with urinary retention or Quality Of Life change assessed as severe and disabling. • Urinary retention or Voiding dysfunction emptying ≤50% of bladder volume. • Undiagnosed pelvic pain requiring hospital management. • Vulval conditions with suspected malignancy. • Persistent or recurring post-coital bleeding	• All colposcopy referrals are managed as urgent to be seen within 8 weeks as per National Cervical Screening Guidelines. **Note**: current capacity does not allow this to be achieved – all colposcopy referrals are assessed and prioritised according to risk) • All OASIS (complex perineal and anal sphincter injuries 3B or more) are seen within 6-12 weeks of postnatal discharge. • Pelvic floor symptoms or complications following incontinence or pelvic organ prolapse mesh surgery See: http://tiny.cc/whmms	• Fertility referrals • Contraception – reversible or permanent • Menopause management • Abnormal uterine bleeding not meeting criteria for 'URGENT' referral. • Adnexal abnormalities with low risk of malignancy or other complication, particularly incidental findings on imaging. • Uterine fibroids with minimal or no symptoms. • Vulval conditions without risk of malignancy • Persistent or chronic pelvic pain • Pelvic organ prolapse not meeting 'URGENT' criteria. • Lower urinary tract symptoms including urgency, frequency, incontinence (will be triaged for physiotherapy assessment prior to appointment), recurrent UTIs or bladder pain • Voiding dysfunction not meeting 'URGENT' criteria • Isolated haematuria (refer to Urology) • Sexual dysfunction • Labial surgery for medical indications.

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to outpatients, creating more capacity for care. If key information is missing, your referral may be returned for re-submission with additional information.

Primary Condition:	Key Information Points:	Clinical Investigations:
EPAS – Early pregnancy assessment service • *Patient with pregnancy <16 weeks gestation with pregnancy complication (bleeding/pain/US confirmed failed pregnancy)* • *N.B. Please advise patients that if there is ANY change in condition (pain, heavy PV bleeding etc.) they should present to ED at Sunshine and not wait for EPAS appointment.* • *Referrals of EPAS patients via the standard GYNAECOLOGY referral pathway may not be triaged for up to 7 days – this is not an appropriate way to refer patients to the service.*	• If unstable (e.g. intrauterine pregnancy with significant bleeding or ectopic suspected or confirmed): refer patient to Emergency Department for assessment • If stable: suitable for EPAS. Clinics: Booked appointments available 0830 – 1200 Monday to Friday. A walk-in service is available 1230 – 1700 for women presenting to the Sunshine Hospital Emergency Department.. • For direct GP referral, mark URGENT EPAS and fax details to the Women's Specialist Clinics or telephone the EPAS RN. Fax: 9055 2125 Ph: 9055 2437	
Abnormal Uterine Bleeding – heavy/prolonged/irregular periods (includes PCOS)	• History of presenting problem • Examination findings • Relevant current and past treatment	**Essential:** • Cervical screening co test (HPV and LBC) within the last 12 months • Ultrasound including transvaginal US • Full Blood Examination (FBE) • Iron studies
Uterine Fibroids **Practice 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.*	• History of presenting problem • Reason for referral of fibroid(s)	**Essential:** • Full Blood Examination • Ultrasound

Primary Condition:	Key Information Points:	Clinical Investigations:
Abnormal Uterine Bleeding – absent periods – primary or secondary amenorrhoea.	• History of presenting problem • Examination findings	**Essential:** • Serum BHCG (exclude pregnancy) • Transvaginal ultrasound (TV) if appropriate (Transabdominal scan if primary amenorrhea and not/never sexually active) • Full Blood Examination (FBE) • Thyroid Stimulating Hormone (TSH)
Pelvic Pain – including painful periods, chronic pelvic pain or pain with intercourse.	• Detailed history of pain, including any relevant psychosexual history • Quality of life issues related to pain • Examination findings • Details of previous operations and treatment	**Essential:** • Past cervical screening test result • STD screen • Ultrasound imaging • Ca125 only if adnexal pathology identified on US
Ovarian Cyst or Adnexal Mass **Practice 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 tumour markers.*	• History of presenting problem • Examination findings	**Essential:** • Transvaginal ultrasound (TV) - preferably with accredited gynaecology sonologist (COGU). • Ca125
Abnormal Cervical Screening	• Previous screening and treatment history • Relevant symptoms and examination findings	• Referral (index) screening result • Other investigations (eg. Pelvic US) if relevant to referral.
Postcoital Bleeding	• History of presenting problem • Examination findings • All relevant history of colposcopy +/- treatment	**Essential:** • Results of 'cervical Co-test' ('HPV and LBC') • Recent (<3/12) STD screen.

Primary Condition:	Key Information Points:	Clinical Investigations:
Infertility/Subfertility	• Detailed history including all pregnancies • Previous and current fertility treatments • Relevant examination findings	**Essential:** • Past cervical screening (CST or PAP) and STD screen. • Ultrasound pelvis (TV preferable)
Menopause & Sexual Dysfunction	• Detailed history presenting problem and any current therapy • Examination findings • Previous treatment	**Nil**
Vulval Disorders -including chronic vulvitis all causes. **Practice note:** *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)*	• History of presenting problem • Examination findings • Current and past therapies	**Essential:** • Relevant microbiology • Previous biopsy results
Female Bladder Symptoms: • **Urinary incontinence (UI),** • **Voiding difficulties,** • **Recurrent UTI (≥3 in last 12 months)** • **Bladder pain.** **Practice note:** *all referrals with urinary incontinence will be booked for Advanced Practice Pelvic Floor Physiotherapy +/- continence clinic prior to appointment with gynaecologist/urogynaecologist.* **While awaiting care:** If Urgency UI, trial topical vaginal estrogen, anticholinergic or beta-3 agonist medication subject to contraindications. If UI, consider referral to private pelvic floor physiotherapy.	• History (including obstetric history) • Incontinence type - Urgency, activity related, mixed, continuous. • Incomplete emptying • Recurrent UTIs • Examination – pelvic exam and description of prolapse if present. • Current and previous treatment • Surgical history	**Essential:** • Midstream Urine Sample (MSU), all results with organism and sensitivity if recurrent UTIs. • Renal ultrasound including post-void residual (If symptoms of voiding dysfunction) • Urea, electrolytes and creatinine (if elevated post-void residual)

Primary Condition:	Key Information Points:	Clinical Investigations:
Pelvic Organ Prolapse (including referral for pessary management) **Practice note:** *for uncomplicated prolapse 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.* **While awaiting care:** Can trial ring pessary and consider referral to private pelvic floor physiotherapist	• Prolapse symptoms • Urinary symptoms as above • Gynaecological history – Bleeding pain • Obstetric/Medical/Surgical History • Examination – pelvic exam and description of prolapse if present (protrusion beyond hymen in cm) • Current and previous treatment	• Pelvic ultrasound if has uterus and bleeding • Renal ultrasound including post-void residual (If symptoms of voiding dysfunction) • Cervical screening test
Prior pelvic mesh surgery with complications: - Vaginal bleeding or discharge - Vaginal/Pelvic/Groin pain - Pain with intercourse - Palpable/Exposed mesh - Vaginal scarring - Asymptomatic but patient concerns	History • Symptoms and duration • Mesh surgery date, type with operation notes if available • Current and previous treatment Examination • Vaginal examination: Palpable mesh or pain • Speculum – Bleeding, discharge, mesh exposure	• Use transvaginal mesh management service referral form at: http://tiny.cc/whmms • Pelvic ultrasound if has uterus and bleeding