

**Colposcopy service** – management of all screen detected cervical abnormalities, postcoital bleeding and other conditions referred as per the [Cervical Cancer Screening Guidelines | Cancer Council](#)

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**Abnormal Cervical Screening**

- Previous screening and treatment history
- Relevant symptoms and examination findings

**Essential**

- Referral (index) screening result
- Other investigations (e.g. Pelvic US) if relevant to referral.

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**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.

# Access and 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.

<b>URGENT</b>  <b>Appointment timeframe 30 days.</b>	<b>URGENT</b>  <b>Appointment within 60 days</b>	<b>ROUTINE</b>  <b>Appointment timeframe greater than 30 days, depending on clinical need.</b>
<ul style="list-style-type: none"> <li>• Post-menopausal bleeding, including any pre malignant conditions including VIN/VAIN/ complex endometrial hyperplasia</li> <li>• EPAS (Early Pregnancy).</li> <li>• Abnormal uterine bleeding with Hb &lt; 100g/DL or severe quality of life impairment.</li> <li>• Adnexal (ovary/tube) abnormality assessed as at risk of malignancy, torsion or other significant complication.</li> <li>• Other pelvic mass/tumour assessed as significant risk of malignancy or with severe symptoms. (e.g. fibroids with recent increase in size or pain)</li> <li>• Pelvic organ prolapse with urinary retention or Quality Of Life change assessed as severe and disabling.</li> <li>• Urinary retention or Voiding dysfunction emptying ≤50% of bladder volume.</li> <li>• Undiagnosed pelvic pain requiring hospital management.</li> <li>• Vulval conditions with suspected malignancy.</li> <li>• Persistent or recurring post-coital bleeding</li> <li>• Disadvantaged Women requesting Surgical Termination of Pregnancy 7-13+6 weeks gestation)</li> </ul>	<ul style="list-style-type: none"> <li>• All colposcopy referrals are managed as urgent to be seen within 8 weeks as per National Cervical Screening Guidelines.</li> </ul> <p><b>Note:</b> current capacity does not allow this to be achieved – all colposcopy referrals are assessed and prioritised according to risk)</p> <ul style="list-style-type: none"> <li>• All OASIS (complex perineal and anal sphincter injuries 3B or more) are seen within 6-12 weeks of postnatal discharge.</li> <li>• Pelvic floor symptoms or complications following incontinence or pelvic organ prolapse mesh surgery See: <a href="http://tiny.cc/whmms">http://tiny.cc/whmms</a></li> </ul>	<ul style="list-style-type: none"> <li>• Fertility referrals</li> <li>• Contraception – reversible or permanent</li> <li>• Menopause management</li> <li>• Abnormal uterine bleeding not meeting criteria for 'URGENT' referral.</li> <li>• Adnexal abnormalities with low risk of malignancy or other complication, particularly incidental findings on imaging.</li> <li>• Uterine fibroids with minimal or no symptoms.</li> <li>• Vulval conditions without risk of malignancy</li> <li>• Persistent or chronic pelvic pain</li> <li>• Pelvic organ prolapse not meeting 'URGENT' criteria.</li> <li>• Lower urinary tract symptoms including urgency, frequency, incontinence (will be triaged for physiotherapy assessment prior to appointment), recurrent UTIs or bladder pain</li> <li>• Voiding dysfunction not meeting 'URGENT' criteria</li> <li>• Isolated haematuria (refer to Urology)</li> <li>• Sexual dysfunction</li> <li>• Labial surgery for medical indications.</li> </ul>