REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Clinical Lead

Dr. Carmen Brown

Clinical Director of Women's Health

Carmen.Brown@basscoasthealth.org.au

How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral.**

All new referrals are processed by the BCH Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within Bass Coast Health can be sent via email (Access@basscoasthealth.org.au)

For further information on new referrals and services provided via the BCH Access Team on (03) 5671 3175 or by email to Access@basscoasthealth.org.au

Relevant referral form

Outpatient specialist clinic referral (MR-309)

Referrer guidance

Clinically recommended guidance for referrers is available through Gippsland Pathways.

Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet;**

- Minimal Referral Criteria
- State-wide Referral Criteria (where applicable),
- Local BCH service eligibility
- Anaesthesia and Surgical Services – Patient Suitability Framework

Please note, the Managing referrals to non-admitted specialist services policy states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local BCH service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will aim to send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening

RED FLAG CONDITIONS

EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Acute, severe or uncontrolled pelvic or abdominal pain
- Acute Pelvic Inflammatory Disease
- Ectopic pregnancy
- Suspected torsion of ovary
- Suspected pelvic sepsis
- Uncontrolled vaginal bleeding or if the woman is haemodynamically unstable
- Known endometriosis with hydronephrosis or bowel obstruction
- Unexplained acute onset urinary incontinence
- Symptoms suggest possible neurological emergency

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Procedures/Conditions seen at Bass Coast Health

- Contraception
- Dysplasia; Colposcopy
- Endometriosis
- Maternity Debrief
- Ovarian and other adnexal pathology
- Pelvic Organ Prolapse
- Persistent heavy menstrual bleeding
- Persistent Pelvic Pain
- Post coital bleeding
- Post-menopausal heavy bleeding
- Pregnancy Choices
- Urinary incontinence

Exclusions

The following conditions / procedures are not routinely seen at Bass Coast Health

- Reversal of tubal ligation
- 2nd trimester termination
- IVF
- Gynaecological Cancers
- Pediatric surgery ≤12 years

Surgical consult only

The following conditions can be considered for consultation; however, surgery is not available at Bass Coast Health

- Paediatric care (consultation only) >2 years and <12 years
- Urinary incontinence procedures

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Contraception

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Missing or lost strings on an intra-uterine device
- Request for tubal ligation
- Where hormonal contraception is contraindicated
- Where contraception is unable to be managed in primary care due to a complex medical condition (e.g., immunosuppression, breast cancer, multiple sclerosis, physical disability)

Additional Information to be included

- Minimum referral criteria
- Past gynaecological history including menstrual health and details of previous experience with contraception.
- Relevant family history

Provide if available:

- Most recent human papillomavirus (HPV) and liquid-based cytology (LBC) co-test result or cervical screening test results
- Sexually transmitted infections test results

ROUTINE

- All referrals for specialist contraception consultation are considered routine

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Dysplasia; Colposcopy

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Pathology recommendation
- Positive Human papillomavirus (HPV), types 16 or 18 or both detected
- Positive HPV detected (but not types 16 or 18) & either:
    - possible or confirmed high-grade squamous intraepithelial lesions or any glandular abnormality
    - gynaecology assessment recommended by cytology service
- HPV, (not 16/18) with negative or possible or confirmed low-grade squamous intraepithelial lesion with either:
    - persistent across two tests (index test with a 12-months repeat) if the patient has any of the following:
        - unscreened or overdue for screening by at least 2 years at the time of the index test
        - identifies as Aboriginal and/ or Torres Strait Islander
        - is 50 years or older
    - persistent across three tests (index test, 12-months repeat, and 24-months repeat)
- Aged between 70 and 74 years of age, a history of immunosuppression or diethylstilbesterol (DES) exposure and human papillomavirus (any type) detected
- Colposcopy assessment recommended by cytology service

Additional Information to be included

- Minimum referral criteria
- Most recent Liquid-Based Cytology (LBC) results
- Most recent HPV results
- History of abnormal bleeding or abnormal change
- If the woman has an immune-deficiency or is immunosuppressed
- If the woman is pregnant.

Provide if available;

- If the person identifies as an Aboriginal and /or Torres Strait Islander.
- History of exposure to diethylstilbesterol (DES)

Exclusion:

- Patients Assigned Male at Birth
- Patients with Prior Hysterectomy -to be seen by Specialist Gynaecologist
- Patients with additional Gynaecologic issues (Abnormal Uterine Bleeding, Heavy Menstrual Bleeding or Postmenopausal Bleeding
- HPV virus not detected
- Possible/confirmed LSIL where high risk HPV not detected

URGENT

- High grade changes in cytology
- Ca diagnosis on Cytology

ROUTINE

- All non-urgent referrals to be seen within 90 days

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Endometriosis

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Those presenting/reporting;

- Suspected endometriosis that has not responded to adequate medical management
- Significant deep dyspareunia
- Dyschezia
- Known endometriosis with associated reproductive issues
- Suspected endometrioma

Additional Information to be included

- Minimum referral criteria
- Details of previous surgical and medical management
- 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

Provide if available;

- Description of symptoms
- Sexually transmitted infections test results

EMERGENCY

- Refer to Safety Risk Screening – Red Flag Conditions: for Acute, severe or uncontrolled pelvic or abdominal pain

URGENT

- Previous diagnosis of Endometriosis
- Under specialist care and experiencing worsening pain
- Progressive symptoms, rapidly deteriorating and causing significant functional impact on daily activities including impact on work, study, school or carer role

ROUTINE

- All other non-urgent referrals

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Maternity Debrief

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Women and families who require post-natal support following a traumatic or unexpected outcome during their pregnancy/birth or postnatal course

Inpatients can be internally referred by midwives or obstetricians at BCH.

Patients who have delivered outside of BCH or who are more than 6 weeks postpartum can also be referred by either GP or another specialist

Those whom report/present with;

- Severe, rare or unexpected outcomes with pregnancy or birth. Including but not limited to:
- Postpartum haemorrhage requiring emergency care/transfusion or surgical management
- Unexpected maternal transfer to higher level of care
- Unexpected neonatal transfer to higher level of care
- Difficult operative delivery
- Emergency Caesarean Section

Additional Information to be included

- Minimum referral criteria
- Birthing history if occurred outside BCH

ROUTINE

- All maternity debriefs to be scheduled 6/52 post birth, unless otherwise specified

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Ovarian and other adnexal pathology

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Those with;

- Suspected malignancy identified on clinical examination or imaging
- Pre-menopausal complex ovarian cyst, suspected endometrioma, or dermoid
- Persistent and enlarging ovarian cyst confirmed with imaging performed at least three months apart
- Symptomatic hydrosalpinx

Additional Information to be included

- Minimum referral criteria
- Past medical history including pain and other symptoms
- Family history of breast and ovarian cancer
- Imaging results
- Cancer antigen 125 (CA 125) results if the woman is being referred for suspected malignancy or post-menopausal ovarian cyst

EMERGENCY

Refer to Safety Risk Screening – Red Flag Conditions: for

- Acute, severe or uncontrolled pelvic or abdominal pain
- Ectopic pregnancy
- Suspected torsion of ovary
- Suspected pelvic sepsis
- if the woman is haemodynamically unstable

URGENT

- Suspected malignancy
- Symptomatic hydrosalpinx

ROUTINE

- All other non-urgent referrals

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Pelvic organ prolapse

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Symptoms of pelvic organ prolapse despite at least three months of treatment that has included targeted conservative management e.g. pelvic floor muscle training, medication management (where appropriate)

Additional Information to be included

- Minimum referral criteria
- History and examination
- Details of previous surgical and medical management
- Course of treatment and outcome of treatment
- Symptomatology – including pain, vaginal laxity, difficulty with defaecation / micturition, dyspareunia, voiding difficulty, urinary incontinence

Investigations

- Midstream urine microscopy culture sensitivities
- Urinary tract ultrasound
- Urea and electrolytes

URGENT

- Those with urinary retention

ROUTINE

- All other non-urgent referrals

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Persistent heavy menstrual bleeding

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Those experiencing persistent, heavy menstrual bleeding that has not responded to adequate trial of medical treatment

Additional Information to be included

- Minimum referral criteria
- 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

Provide if available;

- Thyroid stimulating hormone (TSH)
- Most recent human papillomavirus (HPV) and liquid-based cytology (LBC) co-test result or cervical screening test results

EMERGENCY

- Refer to Safety Risk Screening – Red Flag Conditions: for uncontrolled vaginal bleeding or if the woman is haemodynamically unstable

URGENT

- Anaemia; Hb <90g/L

ROUTINE

- All other non-urgent referrals

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Persistent Pelvic Pain

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Those experiencing persistent pelvic pain that has not responded to adequate medical management

Additional Information to be included

- Minimum referral criteria

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.

Provide if available;

- Most recent human papillomavirus (HPV) and liquid-based cytology (LBC) co-test result or cervical screening test results
- Sexually transmitted infections test results

EMERGENCY

- Refer to Safety Risk Screening – Red Flag Conditions: for Acute, severe or uncontrolled pelvic or abdominal pain

ROUTINE

- All referrals routine

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Post coital bleeding

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Those experiencing unexplained post-coital bleeding

Additional Information to be included

- Minimum referral criteria
- 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.)
- Past medical history (e.g. diabetes, polycystic ovary syndrome)
- Most recent cervical screening test results
- Sexually transmitted infections test results

Provide if available;

- Recent human papillomavirus (HPV) result
- Liquid-based cytology (LBC) co-test result

EMERGENCY

- Refer to Safety Risk Screening – Red Flag Conditions: for uncontrolled vaginal bleeding or if the woman is haemodynamically unstable

ROUTINE

- All referrals considered routine

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Post-menopausal heavy bleeding

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Those experiencing;

- Post-menopausal bleeding with a thickened endometrium (>4mm measured on transvaginal pelvic ultrasound)
- Post-menopausal bleeding with polyp confirmed by imaging
- Post-menopausal bleeding in a woman taking tamoxifen

Exclusions;

- Single episode of bleeding with an endometrium (<4mm measured on transvaginal pelvic ultrasound), with negative cervical screening results

Additional Information to be included

- Minimum referral criteria
- Findings from physical examination
- 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

Provide if available;

- Recent human papillomavirus (HPV) and liquid-based cytology (LBC) co-test result
- Weight
- Body mass index

EMERGENCY

- Refer to Safety Risk Screening – Red Flag Conditions: for uncontrolled vaginal bleeding or if the woman is haemodynamically unstable

URGENT

- All referrals considered urgent

Especially those with;

- Endometrial thickness >10mm on US
- Suspicion Cancer on US

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Pregnancy Choices

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Those seeking

- Surgical termination of pregnancy in 1st trimester
- Surgical termination of pregnancy where medical termination is no longer appropriate and services cannot be accessed outside of a public health service

Additional Information to be included

- Minimum referral criteria

Investigations

- Results of human chorionic gonadotropin (hCG) confirming pregnancy
- Results of pelvic ultrasound confirming pregnancy and weeks of gestation
- Documented rhesus blood group
- STI screening

URGENT

- All eligible referrals for termination are considered urgent

REFERRAL GUIDE

Gynaecology

Gynaecology specialises in the diagnosis, treatment and prevention of infections and diseases of women's reproductive organs

Urinary Incontinence

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

Identified urinary incontinence despite at least three months of treatment that has included targeted conservative management e.g. pelvic floor muscle training, medication management (where appropriate)

Additional Information to be included

- Minimum referral criteria

Investigations

- Midstream urine microscopy culture sensitivities
- Urinary tract ultrasound
- Urea and electrolytes

ROUTINE

- All referrals considered routine