Gynaecology referral guidelines

The WCHN Gynaecology Unit provides a general gynaecological service for women, but has a focus on advanced endoscopic procedures. Broad Areas of service provision include;

Contents

Mandatory referral content

Demographic

- Patient's full name
- Date of Birth
- Next of kin
- Postal Address
- Phone number
- Medicare Number
- Referring GP details
- Interpreter requirements

Clinical

- Reason for referral
- Clinical urgency
- Duration of symptoms
- Management to date and response to treatment
- Past medical history, including Obstetric
- Current medications
- Functional status
- Family history
- Relevant pathology and imaging reports as per referral guidelines

HEAD OF UNIT

Dr Prabhath Wagaarachchi

Government of South Australia
SA Health
Women's & Children's Hospital

Services Not Provided at WCHN

- Gynae-Oncology, Refer to **RAH or FMC**
- Reproductive technology services such as IVF are accessed through **Fertility SA** and **Repromed**
- Tubal Reversal is not offered publically
- Direct GP referrals to Physio not accepted, patients must be receiving care from the Gynae team to access this service at WCHN

Priority

Priority will be based upon the information provided in this referral and will be triaged according to the clinic process: ***This is a guideline only and does not replace clinical judgement***

*Note: All women referred for threatened miscarriage or suspected ectopic pregnancy **must have pregnancy confirmed** (urine or BHCG) – in the event of a negative pregnancy test consider referring the patient to a **General Hospital Emergency Department***

Priority	Action/Allocation	Examples
Emergency:	Proceed to the Women's Assessment Service If concerned about a patient please contact the Gynaecology Registrar via switchboard on 81617000 for urgent clinical concerns prior to the woman presenting with referral in hand	➢ Ectopic Pregnancy ➢ Threatened Miscarriage ➢ Hyperstimulation Syndrome ➢ Bartholin's Abscess ➢ DUB with haemorrhage ➢ Ovarian torsion ➢ Post Gynae Surgery (at WCH) complications
Urgent:	We aim to see these patients as soon as possible	> Post Menopause Bleeding > Severe bleeding with anaemia > Pap Smear uncertain Malignancy
Semi-Urgent	Next available appointment.	> Heavy PV bleeding with mild anaemia > Large complex cysts > High grade pap smear > Infertile Greater than 35yrs
Routine	Waiting periods for routine referrals may be dependent on the demand on the service	> Menorrhagia without anaemia > Chronic pain > Fertility issues in younger person > Painful periods

Public referrals

For a **public appointment**, the referral needs to be posted or faxed to the WCH Administration Hub (08) 8161 6246, where an appointment will be made and an appointment letter posted.

Private referrals

For a **private appointment**, please fax through your named referral to (08) 8161 7654. The practice is open to patients who have **Private Health Insurance** and **Medicare**. The Group Practice may charge up to the full Medicare schedule fee, but currently bulk bill. Please click on this link to see Staff Specialist Profiles. Any enquiries regarding costs should be directed to the Private Practice Patient Liaison Coordinator on telephone (08) 8161 6753

Please note this is a guideline for referral only. If concerned about a patient please contact the Gynaecology Registrar via switchboard on 8161 7000.

To help us best triage your referral it may be returned for further investigations if the following process has not been adhered to. WCHN have an Electronic Referral Form to assist this process.

Adolescent Gynaecology

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral may Include > Problems with periods, primary or secondary amenorrhea, dysmenorrhea, menorrhagia. > Ovarian cysts > Weight history > Dietary history > Exercise history > Physical / secondary sexual development > Family history > Evidence of any congenital gynaecological abnormality / abdominal mass > Sexual history **Investigations** Dependant on presentation > Ultrasound of pelvis > Bloods LH, FSH, TFTs, BHCG, E2 > If menorrhagia: FBE, iron studies > Prolactin x 3 (only 1 is necessary if initial test is normal) > If signs of increased androgen then: DHEAS, FAI, SHBG, Testosterone > Chromosomal studies may be requested in consultation with the specialist service	Counselling > Bleeding Consider OCP > Simple Ovarian cyst repeat U/S 6 to 12 weeks if resolved no referral required If 5cm +/- size. Repeat scan after menstrual period when applicable (can exclude corpus luteal cysts)	**Urgent** > Any abnormality on tests > Significant menorrhagia with drop in Hb<100 **Routine** > Management of troublesome periods, especially when fewer than 6 periods a year > Primary amenorrhea > Secondary amenorrhea

CONTRACEPTIVE SERVICES

Implanon

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral **Investigations** > Pap Smear > STD screen	Counselling	**Consider** referring to **SHINE** if woman is less than 35 years old. **Routine** Refer for insertion

Intra Uterine Device

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral **Investigations** > Pap Smear > STD screen	Counselling	**Consider** referring to **SHINE** if woman is less than 35 years old. **Routine** Refer for insertion

Sterilisation

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral **Investigations** > Pap Smear > STD screen	Counselling	**Routine** Refer for procedure

DYSPLASIA

Abnormal Pap Smear

https://www.nhmrc.gov.au/guidelines-publications/wh39

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > History of previous abnormal pap smear > Sexual history/recent change of partner > HPV vaccination history > History of IMB, PCB, PMB or watery discharge **Investigations** > An up to date Pap Smear > STD screen and vaginal/cervical swabs where appropriate	> Repeat pap smear as per Guidelines for the Management of Asymptomatic women and screen detected abnormalities Link > Ultrasound in cases of PMB, IMB > Exclude and treat STD's	In cases of frank malignancy refer to **RAH or FMC** **Urgent** > Pregnant patients > Suspicious cervix **Semi Urgent** > High grade abnormalities > Abnormal glandular cells on Pap Smear > PCB in older woman i.e. 40 yrs

Genital Warts

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > History of appearance > Sexual history, change of partner > Pap Smear history > History of smoking /immunosuppression **Investigations** > Pap Smear > STD screen	> Counselling	**Consider** referring to **Clinic 275** **Cryotherapy Not Available at WCH** **Semi urgent** > For extensive genital warts or warts unresponsive to a short course of local treatment > Warts present in vagina or on Cervix

Vulval disorders

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > History of condition > Symptoms of discharge, systemic illness or chronic disease > Extensive leukoplakia > Current treatment to date **Investigations** > Swabs > FBC	> Use of mild topical steroid ointment for a short period may be appropriate i.e. 1% Hydrocortisone Ointment > Treat candida-vaginally and topically or orally > Avoid soap and shower gels	**Emergency** > Bartholin's abscess **Semi Urgent** > Bartholin's cyst > If debilitating symptoms persist despite conservative measures > Older patients, localised lesion of the vulva

Vulval Ulcers

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > History of itching and onset > Sexual history > History of drug use or recent change of medication > History of chronic conditions such as Chrohns Disease **Investigations** > Swab STD screen > Swab infective cause > Serology PRN i.e. syphilis	> Treat systemic symptoms such as fever, dysuria and pain > Exclude UTI > Treat Herpes Simplex with appropriate anti-viral > Treat Infective Cause if found on swab	**Urgent** > Ulcers non infective and cause not known > Ulcers not responding to short course of treatment

ENDOMETRIOSIS

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral **Investigations** > Transvaginal Pelvic Ultrasound	**Reassurance** > Consider OCP > Adequate simple analgesia	**Routine** > Refer for diagnosis and management

FAMILY ADVISORY SERVICES

Termination of Pregnancy

Initial pre-referral workup	GP management	Guidelines for specialist referral
Detailed history and clinical examination for referral > Contraceptive History > Previous Obstetric history including previous TOP **Investigations** > Confirmed pregnancy test > If dates uncertain pelvic ultrasound > Blood Group if available > Rubella > STI (Urine)	Counselling and refer Patient can Self Refer	Woman to phone 81617580 to book appointment

GYNAECOLOGY ENDOSCOPY

Fibroids

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > Symptomatic/Asymptomatic > Pain > Heavy Vaginal bleeding > Dyspareunia > Gastrointestinal **Investigations** > Ultrasound > HB Iron studies	> Counselling > Pain management	**Routine** > Normal Hb **Semi Urgent** > Pain > Anaemia

Ovarian Cysts

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > Symptomatic/Asymptomatic > Pain > Dyspareunia > Gastrointestinal > Previous ovarian pathology (torsion, carcinoma) **Investigations** > Examination of size, consistency and contour > Ultrasound abdominal / transvaginal > Selected patients - Tumour Markers (CA 125, Ca 19.9, CEA)	> Ultrasound should comment if the cyst has any malignant features such as: Septae, solid areas, papillary projections, ascites or abnormal blood flow > If 5cm +/- size. Repeat scan after menstrual period when applicable (can exclude corpus luteal cysts)	In cases of frank malignancy refer to **RAH or FMC** **Semi Urgent** > Pain - consistent or colicky > weight loss > anaemia > irregularly contoured mass on abdominal or pelvic exam

Pelvic inflammatory disease

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > Pain, discharge, pyrexia > Out of phase bleeding > Presence of IUCD **Investigations** > FBC/ESR > Prefer - HVS Endocervical swab/Chlamydia or > Urine – Chlamydia > HCG > Pap smear > Ultrasound for Chronic complaints	> Antibiotics for PIDs > Liaise with STI Clinic where appropriate	**Emergency** Acutely unwell, pelvic mass, unresponsive to treatment (12-16 hours). Positive pregnancy test with acute pelvic pain **Urgent** Chronic PID unresponsive to treatment

MENOPAUSE MANAGEMENT – COMPLICATED

http://www.menopause.org.au/health-professionals/management/treatment-options

http://www.menopause.org.au/for-women/information-sheets

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > Cardiovascular risk evaluation > Past gynaecological history with any reference to fibroids, endometriosis and breast disease **Investigations** > Recent Pap smear > Mammogram if >45 > Fasting lipids, BSL, FBC, TFT > Pelvic US if abnormal bleeding or bloating Prior to HRT > Consider bone density > Vitamin D	> Counselling > Lifestyle changes Weight Management Reduce Alcohol, caffeine and smoking **Link to** Jean Hailes GP Tool	**Routine** > In transition from paediatric to Adult i.e Turners Syndrome > Prior to risk reduction surgery > Women less than 45 yrs of age > Complex medical or surgical issues impact on management of menopause symptoms

MENSTRUAL MANAGEMENT

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > Past gynaecological history, evidence of any genital tract abnormalities/ abdominal mass > Drug history > Family/ personal history of haematological disorders > Sexual history /PID > Ability to cope with bleeding **Investigations** > Recent Pap smear > FBE/ iron studies > TFT > Pelvic U/S > Pregnancy Test Urine or BHCG > HVS > STI – High Vaginal	> Hormone control, OCP / HRT > Non steroidals > Treat anaemia > Dietary advice > Manage other abnormal investigations eg hypo / hyper thyroidism	**Routine** > Not responsive to treatment > Abnormal pap smear > Pelvic Mass **Semi Urgent** > Anaemia Hb <100g/l **Urgent** > Post-menopausal bleeding > Anaemia Hb <80g/l

PELVIC FLOOR / UROGYNAECOLOGY

Incontinence / Recurrent UTI

http://www.continence.org.au/pages/women.html

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > Symptomology – difficulty with defecation, micturition, dyspareunia, voiding difficulty, urinary incontinence > Recurrent UTI's **Investigations** > MSU > FBC > Biochem > Renal U/S (check post void residual) > Pelvic U/S	> Pelvic floor muscle training **Link to** Incontinence Foundation of Australia > Vaginal estrogen > Cranberry > Hiprex and vit C > Lifestyle changes Weight Management Reduce Alcohol, caffeine and smoking	**Routine** Symptomatic/bothersome > Urinary or anal incontinence > Urine frequency or nocturia > Voiding difficulty, bladder pain > Recurrent UTI's, haematuria

Vaginal Prolapse

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral > Symptomology – difficulty with defecation, micturition, dyspareunia, voiding difficulty, urinary incontinence > Pelvic Examination **Investigations** > MSU > FBC > Biochemistry > Renal U/S (check post void residual) > Pelvic U/S	> Vaginal oestrogen in post-menopausal > Pelvic floor muscle training link > Lifestyle changes Weight Management Reduce Alcohol, caffeine and smoking	**Routine** > Symptomatic prolapse

REPRODUCTIVE MEDICINE

Infertility- trying for pregnancy for greater than 12 months regular unprotected intercourse

Initial pre-referral workup	GP management	Guidelines for specialist referral
Infertility **Clinical history** Detailed history and clinical examination for referral > Contraceptive history > Obstetric history > Drug history, eg psychtrophic > Galactorrhea > Signs of masculinisation > Hirsutism > Significant stress and anxiety > Environmental factory > Past gynaecological history / surgery **Investigations** > Blood group and Antibodies > CBP, TFT > Syphilis, Rubella, Hep B+C, HIV > Vit D for at risk women > MSSU > HCG > FSH, LH, E2 (Day 2-6) > Prolactin x 3 (only 1 is necessary if initial test is normal) > Testosterone, SHBG, DHEA (if hirsute) + FAI > Progesterone (Day 21) > Pelvic U/S (Day 2-6) > Pap smear > Partner -Semen analysis **Secondary Amenorrhoea (3 cycles or >6months)** > Contraceptive history > Drug history, eg psychtrophic > Galactorrhea > Signs of masculinisation > Hirsutism > Significant stress and anxiety > Environmental factory > Past gynaecological history / surgery **Investigations** > HCG > FSH, LH, E2 > Prolactin x 3 (only 1 is necessary if initial test is normal) > Testosterone, SHBG, DHEA (if hirsute) + FAI > TFT > Pelvic U/S > Pap smear	> Counselling and support > Lifestyle changes Weight Management Reduce Alcohol, caffeine and smoking > Preconception Folate and Iron Consider Anti-Mullerian AMH (**BUT this has a patient cost)**	**Routine** > Where there are abnormal results or significant patient stress / anxiety

Endocrine problems (Polycystic Ovarian Syndrome)

https://jeanhailes.org.au/contents/documents/Resources/

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral **Investigations** > TVUS > OGTT > FSH, LH, Prolactin, TSH > Day 21 progesterone > Testosterone, SHBG, Free androgen index	> Lifestyle changes Weight Management Reduce Alcohol, caffeine and smoking > OCP if not desiring pregnancy **Link to** Jean Hailes GP PCOS Tool	**Routine** > Management of irregular periods > Infertility

Recurrent miscarriage

Initial pre-referral workup	GP management	Guidelines for specialist referral
Clinical history Detailed history and clinical examination for referral **Investigations** > TFT, thyroid antibodies > Prolactin > Anticardiolipin antibodies ACA > Lupus anticoagulant LA > ANA > Pap smear > Fasting tests and 3D scan will be arranged at visit	> Counselling > Lifestyle changes Weight Management Reduce Alcohol, caffeine and smoking > Pre Pregnancy Folate and iron	**Routine** > Two consecutive miscarriages less than 10 weeks, or one documented miscarriage after 10 weeks > Age less than 43 years

For more information

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