

All patients referred to specialist clinics are assigned to a priority category based on their clinical need and related psychosocial factors. The examples given are indicative only and the clinician reviewing the referral will use their clinical judgement to determine the best service response for the patient.

## REFERRAL GUIDELINES: GYNAECOLOGY CLINIC

In order for us to be able to accept your patient for Gynaecology review and treatment referring GP's / Medical Specialists are required to provide:

### Essential information

- Full name
- Address and phone numbers
- Date of birth
- Indigenous status
- Referring GP details
- [BMI](#)
- Health insurance details
- Preferred language and interpreter requirements
- Medicare number
- Mobility needs

### Clinical

- Presenting problem and duration of symptoms
- GP diagnosis or provisional diagnosis, if known
- Relevant medical history
- Relevant social history or special needs
- Current medications
- [Investigations required](#)
- Allergies or warnings
- Physical examination results
- List of medication
- Past surgery
- Management to date and response to treatment

### Referrer details

- Name, address and contact information
- Provider number
- Signature

### Referral details

- Date of referral
- Clinic name - Gynaecology



Essential referral content

Please address the referral to **Dr Sujatha Hemrajani, Gynaecology Clinic** and fax to the Outpatient Department on **03 8754 6710**.

## REFERRAL PROCESS: GYNAECOLOGY CLINICS

 **STEP 1**

Essential referral content will be checked. You will be contacted if further information is required.

Acknowledgement of referral receipt will occur within **eight** working days.

 **STEP 2**

The referral will be triaged by the specialist areas according to clinical urgency.

This determines how long the patient will have to wait for an appointment.

 **STEP 3**

Patients with urgent conditions are scheduled to be seen within 30 days.

Patients with non-urgent conditions are given the next available appointment according to clinical need.

Both the referrer and patient are notified.

**Please Note:** The times to assessment may vary depending on size and staffing of the hospital department.

If you have any queries, please contact us:

**Werribee Mercy Hospital Outpatient Clinics: Phone: 03 8754 6700 Fax: 03 8754 6710**

## Exclusions for GYNAECOLOGY CLINICS

- Patients who are being treated for the same conditions at another Victorian Public Hospital
- Patients who require any surgical intervention with a BMI above 40

## REFERRAL PROCESS: GYNAECOLOGY CLINICS

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.

If the condition is urgent and referral to the Emergency Department (ED) is considered appropriate, please contact 03 8754 3000 and refer the patient to the ED for clinical review. Referrals for urgent review in the ED should be addressed to the Emergency Department

Urgent (seen within 30 days of referral receipt)	Non-urgent
<p>The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. Examples include:</p> <ul style="list-style-type: none"> <li>• Post-menopausal bleeding</li> <li>• Complex large ovarian cysts/mass</li> <li>• Pelvic/abdominal mass suggestive of gynaecological origins</li> <li>• HGSIL or adenocarcinoma in situ (ACIS) identified on PAP smear</li> <li>• Suspected malignancy</li> </ul>	<p>The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.</p>

## Immediate assessment or admission criteria (not an exhaustive list)

### Step 1: Check criteria for immediate assessment or admission.

- Severe, prolonged or heavy bleeding and concern for haemodynamic compromise
- Imaging (U/S , CT or MRI) suggesting malignancy
- Severe abdominal pain or pelvic pain with or without bleeding
- Torsion of the ovary (suspected or confirmed)
- Ectopic pregnancy (suspected or confirmed)

### Step 2:

Contact the registrar on call via the switchboard:  
03 8754 3000

### Step 3:

Refer the patient to the Emergency Department. All urgent cases need to be sent via MIA

## SPECIFIC INVESTIGATIONS: GYNAECOLOGICAL CONDITIONS

Possible diagnosis	Investigations
Abnormal cervical cytology	<ul style="list-style-type: none"> <li>• Current Pap Smear</li> <li>• HPV typing</li> </ul>
Adolescent presentations	<ul style="list-style-type: none"> <li>• Consider STI screen</li> <li>• Pelvic ultrasound (if performed)? Trans abdominal</li> <li>• Consider FBE/iron studies</li> </ul>
Cervical polyps	<ul style="list-style-type: none"> <li>• Current Pap Smear</li> </ul>
Endometriosis	<ul style="list-style-type: none"> <li>• Pelvic ultrasound (if performed)</li> <li>• Current Pap Smear</li> </ul>
Fibroid	<ul style="list-style-type: none"> <li>• Recent pelvic ultrasound</li> <li>• FBE</li> </ul>

Possible diagnosis	Investigations
Infertility: primary/secondary or male factor infertility	<ul style="list-style-type: none"> <li>• STI screen</li> </ul>
	<ul style="list-style-type: none"> <li>• Consider antenatal bloods               <ul style="list-style-type: none"> <li>◦ FBC/ Rubella/ Varicella/ Hep C</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Hormone profile               <ul style="list-style-type: none"> <li>◦ FSH/ LH/ Prolactin / TSH</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Semen analysis (if performed)</li> <li>• Consider referral for partner</li> </ul>
IUCD problems	<ul style="list-style-type: none"> <li>• Current Pap Smear</li> </ul>
	<ul style="list-style-type: none"> <li>• Chlamydia/gonorrhoea screen</li> </ul>
	<ul style="list-style-type: none"> <li>• Bacterial vaginosis screen</li> <li>• Consider pelvic ultrasound</li> </ul>
Menopause	<ul style="list-style-type: none"> <li>• Consider hormonal studies</li> </ul>
	<ul style="list-style-type: none"> <li>• Consider pelvic ultrasound</li> </ul>
	<ul style="list-style-type: none"> <li>• Consider FBE</li> <li>• Latest PAP smear</li> </ul>
Menorrhagia	<ul style="list-style-type: none"> <li>• Recent pelvic ultrasound report (if available )</li> </ul>
	<ul style="list-style-type: none"> <li>• FBE; U&amp;Es; Iron studies including HB (essential with referral)</li> </ul>
	<ul style="list-style-type: none"> <li>• Thyroid function test</li> </ul>
	<ul style="list-style-type: none"> <li>• Current Pap Smear (essential with referral)</li> </ul>
	<ul style="list-style-type: none"> <li>• Consider coagulation profile</li> </ul>

Possible diagnosis	Investigations
Ovarian cyst	<ul style="list-style-type: none"> <li>Recent pelvic ultrasound</li> <li>Consider tumour markers</li> </ul>
Pelvic floor dysfunction post-partum (MHW-MBS Clinic)	<ul style="list-style-type: none"> <li>Recent pelvic ultrasound report (if performed)</li> <li>Midstream urine</li> </ul>
Polycystic Ovarian Syndrome (PCOS)	<ul style="list-style-type: none"> <li>Recent pelvic ultrasound</li> <li>Hormone profile               <ul style="list-style-type: none"> <li>FSH/ LH/ Prolactin/ TSH</li> </ul> </li> </ul>
Post-coital bleeding/intermenstrual bleeding	<ul style="list-style-type: none"> <li>Current pap smear including STI screening</li> <li>Pelvic ultrasound</li> <li>Recent FBE; U&amp;Es Iron studies</li> <li>STI screen</li> </ul>
Post-menopausal bleeding	<ul style="list-style-type: none"> <li>Current pelvic ultrasound</li> <li>Current pap smear</li> <li>Recent FBE or Iron Studies</li> </ul>
Urinary incontinence	<ul style="list-style-type: none"> <li>MSU</li> <li>Pelvic ultrasound (if performed)</li> <li>Bladder diary</li> </ul>
Recurrent UTIs	<ul style="list-style-type: none"> <li>MSU</li> </ul>
Vulval conditions	<ul style="list-style-type: none"> <li>Current Pap Smear</li> </ul>

## Possible diagnosis

## Investigations

- Consider vulval biopsy

## INTERPRETING SERVICES

A proportion of our patients have limited or no proficiency in English. In these cases, we engage professional interpreters for communication with our clinicians. To enable access to an appropriate interpreting service, please ensure that your referral includes information on the patient's preferred spoken language and their need for an interpreter.

### Werribee Mercy Hospital - Outpatient Clinics

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Phone 03 8754 6700

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