

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
- 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
- Investigation results
- Allergies or warnings
- Physical examination results
- Management to date and response to treatment

Referrer details

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

Referral details

- Date of referral
- Requested clinic
 - General
 - Menopause
 - Pelvic pain
 - Urogynaecology
 - Endosurgery
 - Adolescent
 - Infertility
 - Heavy gynaecological bleeding
 - Oncology
- Name of specialist to whom the patient is being referred (**for MBS-billed clinic**)



Essential referral content

Populate required information on the gynaecology referral form then print and fax to the relevant outpatient department on **03 8458 4205**.

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.

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 8458 4000 and refer the patient to the ED for clinical review. Referrals for urgent review in the ED should be faxed to 03 8458 4025

For an urgent gynaecological opinion or support please call the hospital switchboard **03 8458 4444** and ask for the registrar on call for Gynaecology.

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"> • post-menopausal bleeding • complex large ovarian cysts/mass • pelvic/abdominal mass suggestive of gynaecological origins • HGSIL or adenocarcinoma in situ (ACIS) identified on PAP smear • suspected malignancy • patient pain or distress requiring review within 30 days. 	<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
- Torsion of the ovary (suspected or confirmed)
- Ectopic pregnancy (suspected or confirmed)

Step 2: Contact the registrar on call via the switchboard: 03 8458 4444.

Step 3: Follow up your phone call by faxing a referral to the hospital including all relevant investigations: **03 8458 4205.**

SPECIFIC INVESTIGATIONS: GYNAECOLOGICAL CONDITIONS

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

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

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

Possible diagnosis	Investigations
Vulval conditions	<ul style="list-style-type: none">• Current Pap Smear• 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.

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