GYNAECOLOGY - Pelvic Pain

NALHN Outpatient Service Information, Triage & Referral Guidelines

Description of Service:

Tertiary Level Gynaecological Services are provided at both Lyell McEwin Hospital Family Clinic and Modbury Hospital Women's and Paediatric Clinic.

Scope of Service:

- Advanced Gynaecological endoscopy service
- General Gynaecology (Menstrual dysfunction, Fibroids, Pelvic Pain, Endometriosis, Ovarian pathology, PMB)
- Urogynaecology (Prolapse/Pelvic floor surgery, Urinary incontinence, Urodynamics)
- Colposcopy
- Ambulatory Gynaecology Unit (Modbury Hospital)

NALHN does not provide a Fertility Service but is able to assist in diagnosis and treatment of surgical conditions that cause infertility. This includes the diagnosis and treatment of Endometriosis or tubal disease.

Common conditions seen include:

- Post-menopausal Bleeding
- Heavy menstrual bleeding/abnormal uterine bleeding
- Ovarian cyst / mass with low risk of malignancy
- Post Coital Bleeding
- Pelvic Pain
- Urinary Incontinence / Prolapse
- Abnormal Cervical Screening Test
- Vulval/vaginal disorders

Exclusion criteria:

- Reversal of Tubal Ligation
- Confirmed gynaecological malignancy
- Routine (uncomplicated) Cervical Screening Test
- Patients requiring ovulation induction, assisted reproductive technology or IVF, see Fertility Pathway
- As patients who used to undergo pap smears under GA can now self-collect, these referrals for will no longer be accepted.

Service Referral Criteria:

- As per the National Health Reform Agreement (NHRA), NALHN prefers all referrals to be to a named clinician currently providing the service (see list over page).
- All referrals to the NALHN Specialist Outpatient Service must meet the SA Health Outpatient Minimum Referral Requirements including:
  - Current patient demographic information and contact details
  - Date of referral and the duration of the referral
  - Referring practitioner contact details
  - Referring practitioner's provider number
  - Signature of the referrer
  - General practitioner contact details (if not the referring clinician)
  - Workcover/Motor Vehicle Accident/Department of Veterans Affairs information (where relevant)
  - Comprehensive reason for referral
  - Requirement for interpreter services
  - Alerts to infectious status, allergies or communicable diseases that may affect other staff and patients being treated in the same vicinity
  - Relevant summary information on the patient's medical history, including current medications and allergies
  - Investigations and treatment undertaken
  - Relevant psycho-social issues.

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- Reason for referral
  - To establish a diagnosis
  - For treatment or intervention
  - For advice and management
  - For specialist to take over management
  - Confirmation for GP or second opinion
  - For a specified test/investigation the GP can't order, or the patient can't afford or access
  - Reassurance for the patient/family
  - For other reason (e.g. rapidly accelerating disease progression)
  - Clinical judgement indicates a referral for specialist review is necessary.

- Patient preference for telehealth vs face to face appointment (service delivery method will ultimately be the decision of the triaging clinician) but telehealth can be an active part of the review process particularly for patients who have difficulties with travel.

- Essential referral information
  - Identifies as Aboriginal and/or Torres Strait Islander
  - Patient under Guardianship of the Chief Executive (GOCE)
  - *Previous procedures (list if relevant)*
  - *Family history (if relevant)*
  - *Specific tests or investigations (list if relevant)*
  - *Imaging reports (list if relevant)*

- Please include copies of all reports and results. If the results are unavailable or pending, please include the name of the provider so they can be followed up.

- Patients are seen based on the urgency, as judged from the referral, so referring doctors are urged to give a full and detailed referral to ensure that this is equitably managed. Information should include patterns of pain i.e. association with menstruation phase, intercourse, bowel motions or micturition. It is recommended that patients records symptoms over 2 to 3 months in a menstrual diary.

Pelvic Pain Specific Minimum Referral Criteria

- Pain perceived to be in the pelvis, has been continuous or recurrent for at least 6 months and is severe enough to cause functional disability or require treatment. Often presents a complex diagnostic problem which can be multifactorial.
- Differential diagnoses include:
  - Irritable Bowel Syndrome
  - Diverticular disease
  - Coeliac disease
  - Inflammatory bowel disease
  - Fibromyalgia

Investigations Required

- CBE, CRP, urinalysis
- STI swabs
- Pregnancy test
- Transvaginal ultrasound scan
- Check gynaecological history and sexual, bowel, bladder history
- Musculoskeletal symptoms and weight loss
- Check for mood disorder and sexual or physical abuse
- CST (pap smear) result. Please perform if due.

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***Red Flag* - Suggest immediate referral**

- Abnormal US scan
- Signs of physical emotional or sexual abuse High suspicion of endometrial cancer on US (ET > 4mm in post-menopausal women, irregular endometrium)

URGENT Target < 1month	SEMI-URGENT Target <3months	NON-URGENT Target <12months	Not Accepted
Condition has the potential to require more complex or emergency care if assessment is delayed. Examples > See red flags above. > Abnormal US scan, ovarian or tubo-ovarian mass.	Condition is unlikely to require more complex care if assessment is delayed. Examples: > Severe pain or debilitating symptoms.	Condition is unlikely to deteriorate quickly Examples: > Chronic pelvic pain with no identifiable pelvic pathology.	Examples: > Known genital tract malignancy

Suggested GP Management

- Consider and treat PID or other pathology
- Consider counselling and support services
- Trial of conservative management including OCP if dysmenorrhoea
- Refer to NALHN if:
  - Abnormal ultrasound
  - Symptoms fail to respond to medical treatment after 6 months or recurrence of symptoms after previous treatment.

Consultants

> Dr M Ritossa (Divisional Director)
> Dr A Parange (HOU, O&G LMH)
> Dr K Walsh (HOU, O&G Modbury Hospital)
Dr A Bof
> Dr J Chapman-Wardy
> Dr C Cocchiaro
Professor G Dekker
> Dr A Hubczenko
Dr A Hercus
Dr M Halt
> Dr S Kane
Dr K King
> Dr A Limgenco
> Dr A Munt
> Dr T Nguyen
Dr E Raghoudi
> Dr M Rasekhi
Dr G Sham
> Dr H Waterfall

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Clinical Resources

Health Pathways SA is available to South Australian GPs and health professionals. Currently over 200 clinical and service referral pathways have been localised for SA and are available on the HealthPathways live portal. New clinical and service referral pathways are continuing to be developed all the time. You can check the HPSA homepage or the project site for an up to date listing of recently published pathways and updated pathways.

Discharge Guidelines

Patients whose medical condition has stabilised or resolved and for whom no further appointment has been made will be formally discharged. Patients who failed to attend two consecutive scheduled outpatient visits will also be discharged. If a further assessment is required, a new referral that explains the reason should be directed to the unit.

For More Information or to Make a Referral

Lyell McEwin Hospital
Location:
LMH Referral Fax Number: (TBA)
Phone Number: via LMH Switchboard 8182 9000

Modbury Hospital
Location:
MH Referral Fax Number: (TBA)
Phone Number: via MH Switchboard 8161 2000

For more information about NALHN Outpatient services - www.sahealth.sa.gov.au/NALHNoutpatients

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Version	Date from	Date to	Amendment
1.0	July 2015	May 2016	Original
2.0	May 2016	March 2019	New Template
3.0	March 2019	April 2021	Revised Document, New Template
4.0	April 2021		Referral Criteria and Template Amendment

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