

BALLARAT HEALTH SERVICES



GP REFERRAL GUIDELINES – GYNAECOLOGY (Including Stawell Regional Health Gynaecology Clinic)

These guidelines have been developed to assist General Practitioners referring gynaecology patients into Outpatient Clinics based at Ballarat Health Service and Stawell Regional Health.

GP Referral Guidelines - Gynaecology

Gynaecology Clinics operate at **Ballarat Health Services and Stawell Regional Health**

Ballarat Health Service Referrals

Dr Paul Davey
PO Box 577
Ballarat West
BALLARAT WEST
Fax: 03 5320 4097

Stawell Regional Health Referrals

Dr Iruka Kumarage
C/- Stawell Regional Health
Sloane Street
STAWELL 3380
Fax: 03 5358 3553

Public Clinics

- Public clinics in most instances are staffed by Staff Specialists, Visiting Medical Officers, and Registrars
- Public patients do not have the choice of Specialist
- Waiting times may vary, patients waiting for an appointment in the public clinics usually have a longer waiting period
- There is no charge payable for public patients provided that they are a Medicare Eligible patient.

MBS (bulk billed clinics)

- MBS – bulk billed clinics are staffed by Specialists and Registrars
- Referrals are required to be **NAMED** to a particular Specialist
- Patients cannot chose which Doctor they see
- There is no charge to the patient if they are Medicare Eligible, as the patient will be bulk billed, and
- Revenue from bulk billed clinics assists in improving and expanding patient services within the hospital.

Referrals to Ballarat Health Service

Referring Doctors are asked to provide referrals, using the BHS SMART Referral template. This can be found in your Medical Software, however you can download it at <https://qp.bhs.org.au/node/163>

GP Referral Guidelines - Gynaecology

Gynaecology Consultants	Gynaecology Clinic / Appointment Information	Referral Forms	
Ballarat Health Service Gynaecology Clinic Dr Paul Davey Dr Zainab Sabri Dr Iruka Kumarage Dr Katrina Guerin Dr Carolyn Wilde Stawell Regional Health Gynaecology Clinic Dr Iruka Kumarage	Ballarat Health Service 2 West Drummond Street North, Ballarat Phone: 03 5320 4502 Fax: 03 5320 4097	Referrals to Ballarat Health Service Referring Doctors are asked to provide referrals, using the BHS Outpatients & Emergency Department SMART Referral template. This can be found in your Medical Software, however you can download it at https://gp.bhs.org.au/node/163	
	Stawell Regional Health Sloane Street Stawell Phone: 03 5358 8500 Fax: 03 5358 3553	Referral to Stawell Regional Health must contain detailed information including: <ul style="list-style-type: none"> • History; • Medications; • Investigations (patient to bring radiology results/films as appropriate). Please note: Incomplete referrals will be returned to the referrer prior to being triaged for the clinic.	
Conditions Seen at Ballarat Health Services Fax referrals to: 03 5320 4097		Conditions Seen at Stawell Regional Health Fax referrals to: 03 5358 3553	
<ul style="list-style-type: none"> • General gynaecology • Uro-gynaecology/ Pelvic Organ Prolapse • Adolescent gynaecology • Endoscopic surgery • Colposcopy • Urgent referrals for Gynaecological Cancers • Advanced endoscopic surgery 		<ul style="list-style-type: none"> • General gynaecology • Uro-gynaecology/ Pelvic Organ Prolapse • Adolescent gynaecology • Endoscopic surgery Patients requiring Colposcopy or with suspected Gynaecological cancer should be referred directly to Ballarat Health Services	
PLEASE NOTE: We do NOT offer Fertility services			
Triage Categories: Appointment Wait Times			
EMERGENCY ▲▲▲▲	IMMEDIATE ▲▲▲	URGENT ▲▲	ROUTINE ▲
Call the Emergency Department GP Hotline on 03 5320 4801 to discuss with the Senior ED Consultant. Urgent cases must be discussed with the Gynaecology Registrar on-call on 03 5320 4000 to obtain appropriate prioritisation and then a referral letter should be faxed to 03 5320 4882	Patient has a serious condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life. Target – to be seen within 14 working days of referral receipt	Patient has a serious condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. Target – to be seen within 30 working days of referral receipt.	Patient's condition is unlikely to deteriorate quickly, or to have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month. Target – to be seen when appointment available.

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Condition or Symptoms	History, Examination and Investigations	Suggested GP Management	When To Refer
GYNAECOLOGY CLINICS- Patients requiring Colposcopy or with suspected Gynaecological cancer should be referred directly to Ballarat Health Services			
Post- menopausal bleeding (Bleeding after 6 months amenorrhoea)	History and Examination <ul style="list-style-type: none"> ▪ History of symptoms ▪ Medications Investigations: <ul style="list-style-type: none"> ▪ FBE ▪ Transvaginal ultrasound for endometrial thickness ▪ Pap Smear 	<ul style="list-style-type: none"> ▪ 	▲ ▲ ▲ IMMEDIATE
Inter-menstrual bleeding	History and Examination <ul style="list-style-type: none"> ▪ History of symptoms ▪ Medications Investigations: <ul style="list-style-type: none"> ▪ FBE ▪ TFT ▪ Pelvic Ultrasound ▪ Pap smear ▪ HVS ▪ Endocervical swab (or first catch urine) for Chlamydia ▪ Gonorrhoea PCR 	<ul style="list-style-type: none"> ▪ 	▲ ROUTINE Please note: Referral maybe expedited depending on clinical history and information provided

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GYNAECOLOGY CLINICS- Patients requiring Colposcopy or with suspected Gynaecological cancer should be referred directly to Ballarat Health Services			
Post-coital bleeding <i>Refer directly to Colposcopy Clinic</i>	History and Examination <ul style="list-style-type: none"> ▪ History of symptoms ▪ Medications Investigations: <ul style="list-style-type: none"> ▪ FBE ▪ TFT ▪ Pap smear ▪ HVS ▪ Endocervical swab (or first catch urine) for Chlamydia ▪ Gonorrhoea PCR 	▪	▲ ROUTINE Please note: Referral maybe expedited depending on clinical history and information provided
Menorrhagia	History and Examination <ul style="list-style-type: none"> ▪ History of symptoms ▪ Medications ▪ Impact on daily activities. Investigations: <ul style="list-style-type: none"> ▪ FBC ▪ TFT Pelvic Ultrasound 	<ul style="list-style-type: none"> ▪ Consider using; <ul style="list-style-type: none"> ○ Mefenamic acid (Ponestan) ○ Tranexamic acid (Cyclokapron) Please note: These can be given in combination.	▲ ROUTINE Please note: Referral maybe expedited depending on clinical history and information provided
Pelvic Pain	History and Examination <ul style="list-style-type: none"> ▪ History of symptoms ▪ Medications Investigations: <ul style="list-style-type: none"> ▪ Pelvic Ultrasound ▪ HVS ▪ Endocervical swab (or first time catch urine) for Chlamydia ▪ Gonorrhoea PCR 	<ul style="list-style-type: none"> ▪ Consider analgesia : <ul style="list-style-type: none"> ○ Panadol/Panadeine ○ NSAIDS (eg Voltaren) ○ Avoid Opioids if possible 	▲ ROUTINE Please note: Referral maybe expedited depending on clinical history and information provided

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GYNAECOLOGY CLINICS- Patients requiring Colposcopy or with suspected Gynaecological cancer should be referred directly to Ballarat Health Services			
Abnormal pap smear (Colposcopy Clinic available at Ballarat Health Services Only)	History and Examination <ul style="list-style-type: none"> History of symptoms Medications Investigations: <ul style="list-style-type: none"> Pap smear Refer to colposcopy (NHMRC guidelines) 	Refer directly to Colposcopy Clinic at BHS	▲ ▲ URGENT
Incontinence	History and Examination <ul style="list-style-type: none"> History of symptoms Medications Investigations: <ul style="list-style-type: none"> MSU Urodynamics-referral to be sent or booked Bladder diary by pt. to bring to appointment Urine for cytology (if haematuria) 	<ul style="list-style-type: none"> Consider topical oestrogen creams Consider referral to Physiotherapist if patient has evidence of stress incontinence Consider referral to Continence Nurse (located at QE site) 	▲ ROUTINE Please note: Referral maybe expedited depending on clinical history and information provided
Prolapse	History and Examination <ul style="list-style-type: none"> History of symptoms Medications Investigations: <ul style="list-style-type: none"> Nil specific tests 	<ul style="list-style-type: none"> Consider referral to Physiotherapist if patient has evidence of stress incontinence Consider referral to Continence Nurse (located at QE site) 	▲ ROUTINE Please note: Referral maybe expedited depending on clinical history and information provided
Ovarian cysts	History and Examination <ul style="list-style-type: none"> History of symptoms Medications Investigations <ul style="list-style-type: none"> Transvaginal pelvic ultrasound Blood tumour markers (Ca 125, Ca 19.9, CEA) 		▲ ▲ URGENT If: - Post menopausal - Bilateral cysts - >5cm in size - Suspicious findings on ultrasound eg: non-simple cysts - Raised tumour markers

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Contraception referral for Mirena/ Implanon	<ul style="list-style-type: none"> ▪ History and examination ▪ Counselling ▪ Medications <p>Investigations</p> <ul style="list-style-type: none"> ▪ Results of latest Pap smear +/- genital swabs ▪ Patient to bring in Mirena/ Implanon to the clinic to be inserted ▪ Serum Preg Test -1/2 weeks prior to appt. 	<ul style="list-style-type: none"> ▪ Ensure patient has alternative contraception in the interim and/or continue on same contraception 	<p>▲ ROUTINE</p> <p>Please note: Referral maybe expedited depending on clinical history and information provided</p>
Termination of Pregnancy Medical and Surgical	<p>History and Examination</p> <ul style="list-style-type: none"> ▪ History and examination ▪ Medications <p>Investigations</p> <ul style="list-style-type: none"> ▪ Transvaginal Ultrasound ▪ Blood Group (include FBE) ▪ Quantitative HCG serum 	<ul style="list-style-type: none"> ▪ Ensure patient has been counselled in the interim. 	<p>▲▲▲ IMMEDIATE</p>
Fibroids	<p>History and Examination</p> <ul style="list-style-type: none"> ▪ History of symptoms ▪ Medications <p>Investigations:</p> <ul style="list-style-type: none"> ▪ Pelvic Ultrasound ▪ HVS ▪ Pap Smear ▪ Blood tumour markers (Ca 125, Ca 19.9, CEA) and TSH. 	<ul style="list-style-type: none"> ▪ Consider analgesia : <ul style="list-style-type: none"> ○ Panadol/Panadeine ○ NSAIDS (e.g. Voltaren) ▪ Avoid Opioids if possible 	<p>▲ ROUTINE</p> <p>Please note: Referral maybe expedited depending on clinical history and information provided</p>

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GYNAECOLOGY CLINICS- Patients requiring Colposcopy or with suspected Gynaecological cancer should be referred directly to Ballarat Health Services			
Cyst	<p>History and Examination</p> <ul style="list-style-type: none"> History of symptoms /Medications <p>Investigations</p> <ul style="list-style-type: none"> Transvaginal pelvic ultrasound Blood tumour markers (Ca 125, Ca 19.9, CEA) 		<p>▲ ROUTINE</p> <p>Please note: Referral maybe expedited depending on clinical history and information provided</p>
Amenorrhoea	<p>History and Examination</p> <ul style="list-style-type: none"> History of symptoms and examination Medications <p>Investigations</p> <ul style="list-style-type: none"> Transvaginal pelvic ultrasound Pap smear Blood tumour markers (Ca 125, Ca 19.9, CEA) and TSH. 		<p>▲ ROUTINE</p> <p>Please note: Referral maybe expedited depending on clinical history and information provided</p>
Polycystic Ovaries (PCOS)	<p>History and Examination</p> <ul style="list-style-type: none"> History of symptoms and examination Medications <p>Investigations</p> <ul style="list-style-type: none"> Transvaginal pelvic ultrasound Pap smear Blood tumour markers (Ca 125, Ca 19.9, CEA) and TSH. 		<p>▲ ROUTINE</p> <p>Please note: Referral maybe expedited depending on clinical history and information provided</p>
Endometriosis	<p>History and Examination</p> <ul style="list-style-type: none"> History of symptoms Medications <p>Investigations:</p> <ul style="list-style-type: none"> Trans vaginal Ultrasound HVS Pap smear Blood tumour markers (Ca 125, Ca 19.9, CEA) and TSH. 	<ul style="list-style-type: none"> Consider analgesia : <ul style="list-style-type: none"> ○ Panadol/Panadeine ○ NSAIDS (e.g. Voltaren) <p>Avoid Opioids if possible</p>	<p>▲ ROUTINE</p> <p>Please note: Referral maybe expedited depending on clinical history and information provided</p>

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GYNAECOLOGY CLINICS- Patients requiring Colposcopy or with suspected Gynaecological cancer should be referred directly to Ballarat Health Services			
PV Bleeding	<p>History and Examination</p> <ul style="list-style-type: none"> ▪ History and examination ▪ Medications <p>Investigations</p> <ul style="list-style-type: none"> ▪ Transvaginal Ultrasound ▪ Pap Smear ▪ Vaginal swab ▪ BHCG (if appropriate) 		<p>▲ ▲ URGENT</p> <p>If:</p> <ul style="list-style-type: none"> - Post menopausal - Suspicious findings on ultrasound - Raised tumour markers