General Gynaecology – providing care for women presenting with a wide range of gynaecological conditions including abnormal uterine bleeding, pelvic pain disorders, adnexal pathology, contraception, vulval disease, peri-menopausal conditions and disorders of sexual function

Primary Condition	Key Information Points	Clinical Investigation
Abnormal Uterine Bleeding – heavy/prolonged/irregular periods (includes PCOS)	• History of presenting problem • Examination findings • Relevant current and past treatment	**Essential:** • Cervical screening co test (HPV and LBC) within the last 12 months • Ultrasound including transvaginal US • Full Blood Examination (FBE) • Iron studies
Uterine Fibroids **Practice note**: uterine fibroids that are not associated with any symptoms or signs (i.e. abnormal bleeding, pain, change in size, anaemia, infertility) do NOT require referral to a specialist.	• History of presenting problem • Reason for referral of fibroid(s)	**Essential:** • Full Blood Examination • Ultrasound
Abnormal Uterine Bleeding – absent periods – primary or secondary amenorrhoea.	• History of presenting problem • Examination findings	**Essential:** • Serum BHCG (exclude pregnancy) • Transvaginal ultrasound (TV) if appropriate (Transabdominal scan if primary amenorrhea and not/never sexually active) • Full Blood Examination (FBE) • Thyroid Stimulating Hormone (TSH)

Primary Condition	Key Information Points	Clinical Investigation
Pelvic Pain Including painful periods, chronic pelvic pain or pain with intercourse.	• Detailed history of pain, including any relevant psychosexual history • Quality of life issues related to pain • Examination findings • Details of previous operations and treatment	**Essential:** • Past cervical screening test result • STD screen • Ultrasound imaging • Ca125 only if adnexal pathology identified on US
Ovarian Cyst or Adnexal Mass **Practice note**: ovarian cysts < 5cm that are simple (i.e. no features suggestive of pathology) in women between menarche and menopause do NOT require immediate referral or tumour markers.	• History of presenting problem • Examination findings	**Essential:** • Transvaginal ultrasound (TV) - preferably with accredited gynaecology sonologist (COGU). • Ca125
Menopause & Sexual Dysfunction	• Detailed history presenting problem and any current therapy • Examination findings • Previous treatment	
Vulval Disorders - including chronic vulvitis all causes. **Practice note:** any vulval lesion with suspicion of malignancy (ulceration, non-healing inflammation, raised lesion etc.) must be referred urgently and will be triaged to <30 days)	• History of presenting problem • Examination findings • Current and past therapies	**Essential:** • Relevant microbiology • Previous biopsy results

Access and referral priority Gynaecology

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.

URGENT Appointment timeframe 30 days.	URGENT Appointment within 60 days	ROUTINE Appointment timeframe greater than 30 days, depending on clinical need.
• Post-menopausal bleeding, including any pre malignant conditions including VIN/VAIN/ complex endometrial hyperplasia • EPAS (Early Pregnancy). • Abnormal uterine bleeding with Hb < 100g/DL or severe quality of life impairment. • Adnexal (ovary/tube) abnormality assessed as at risk of malignancy, torsion or other significant complication. • Other pelvic mass/tumour assessed as significant risk of malignancy or with severe symptoms. (e.g. fibroids with recent increase in size or pain) • Pelvic organ prolapse with urinary retention or Quality Of Life change assessed as severe and disabling. • Urinary retention or Voiding dysfunction emptying ≤50% of bladder volume. • Undiagnosed pelvic pain requiring hospital management. • Vulval conditions with suspected malignancy. • Persistent or recurring post-coital bleeding • Disadvantaged Women requesting Surgical Termination of Pregnancy 7-13+6 weeks gestation)	• All colposcopy referrals are managed as urgent to be seen within 8 weeks as per National Cervical Screening Guidelines. **Note**: current capacity does not allow this to be achieved – all colposcopy referrals are assessed and prioritised according to risk) • All OASIS (complex perineal and anal sphincter injuries 3B or more) are seen within 6-12 weeks of postnatal discharge. • Pelvic floor symptoms or complications following incontinence or pelvic organ prolapse mesh surgery See: http://tiny.cc/whmms	• Fertility referrals • Contraception – reversible or permanent • Menopause management • Abnormal uterine bleeding not meeting criteria for 'URGENT' referral. • Adnexal abnormalities with low risk of malignancy or other complication, particularly incidental findings on imaging. • Uterine fibroids with minimal or no symptoms. • Vulval conditions without risk of malignancy • Persistent or chronic pelvic pain • Pelvic organ prolapse not meeting 'URGENT' criteria. • Lower urinary tract symptoms including urgency, frequency, incontinence (will be triaged for physiotherapy assessment prior to appointment), recurrent UTIs or bladder pain • Voiding dysfunction not meeting 'URGENT' criteria • Isolated haematuria (refer to Urology) • Sexual dysfunction • Labial surgery for medical indications.