Urogynaecology – A Specialist service with highly skilled multidisciplinary team led by consultant Gynaecologists with a special interest in pelvic floor issues including pelvic organ prolapse and continence issues. Review of birth-related pelvic trauma (OASIS) is managed in by this team.

Primary Condition	Key Information Points	Clinical Investigation
Female Bladder Symptoms: • **Urinary incontinence (UI),** • **Voiding difficulties,** • **Recurrent UTI (≥3 in last 12 months)** • **Bladder pain.** **Practice note:** *all referrals with urinary incontinence will be booked for Advanced Practice Pelvic Floor Physiotherapy +/- continence clinic prior to appointment with gynaecologist/urogynaecologist.* **While awaiting care:** If Urgency UI, trial topical vaginal estrogen, anticholinergic or beta-3 agonist medication subject to contraindications. If UI, consider referral to private pelvic floor physiotherapy.	• History (including obstetric history) • Incontinence type - Urgency, activity related, mixed, continuous. • Incomplete emptying • Recurrent UTIs • Examination – pelvic exam and description of prolapse if present. • Current and previous treatment • Surgical history	**Essential:** • Midstream Urine Sample (MSU), all results with organism and sensitivity if recurrent UTIs. • Renal ultrasound including post-void residual (If symptoms of voiding dysfunction) Urea, electrolytes and creatinine (if elevated post-void residual)
Pelvic Organ Prolapse (Including referral for pessary management) **Practice note:** *for uncomplicated prolapse annual specialist review is appropriate if the GP is able to replace the pessary at 6 months. If so, the clinic can provide the correct size pessary free of charge*. **While awaiting care:** Can trial ring pessary and consider referral to private pelvic floor physiotherapist	• Prolapse symptoms • Urinary symptoms as above • Gynaecological history – Bleeding pain • Obstetric/Medical/Surgical History • Examination – pelvic exam and description of prolapse if present (protrusion beyond hymen in cm) • Current and previous treatment	• Pelvic ultrasound if has uterus and bleeding • Renal ultrasound including post-void residual (If symptoms of voiding dysfunction) • Cervical screening test

Primary Condition	Key Information Points	Clinical Investigation
Prior pelvic mesh surgery with complications: • Vaginal bleeding or discharge • Vaginal/Pelvic/Groin pain • Pain with intercourse • Palpable/Exposed mesh • Vaginal scarring • Asymptomatic but patient concerns	**History** • Symptoms and duration • Mesh surgery date, type with operation notes if available • Current and previous treatment **Examination** • Vaginal examination: Palpable mesh or pain • Speculum – Bleeding, discharge, mesh exposure	• Use transvaginal mesh management service referral form at: http://tiny.cc/whmms • Pelvic ultrasound if has uterus and bleeding

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.