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, Fellows 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
- A component of clinical education is also incorporated into these clinics
- Referrals are required to be **NAMED** to a particular Specialist
- Patients cannot chose which surgeon 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**

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 [http://www.grampiansml.com.au/cb_pages/templates.php](http://www.grampiansml.com.au/cb_pages/templates.php)
# GP Referral Guidelines - Gynaecology

<table>
<thead>
<tr>
<th>Gynaecology Consultants</th>
<th>Gynaecology Clinic / Appointment Information</th>
<th>Referral Forms</th>
<th>Referral Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballarat Health Service Gynaecology Clinic</td>
<td>Ballarat Health Service 2 West Drummond Street North, Ballarat Phone: 03 5320 4502 Fax: 03 5320 4097</td>
<td>Referring Doctors are asked to provide referrals, using the BHS Outpatients &amp; Emergency Department SMART Referral template. This can be found in your Medical Software, however you can download it at <a href="http://www.grampiansml.com.au/cb_pages/templates.php">http://www.grampiansml.com.au/cb_pages/templates.php</a></td>
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<tr>
<td>Dr Paul Davey</td>
<td>Stawell Regional Health Sloane Street Stawell Phone: 03 5358 8500 Fax: 03 5358 3553</td>
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<tr>
<td>Dr Zainab Sabri</td>
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<td>Dr Iruka Kumarage</td>
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<td>Dr Katrina Guerin</td>
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<td>Dr Carolyn Wilde</td>
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**Conditions Seen at Ballarat Health Services**
Fax referrals to: 03 5320 4097

- General gynaecology
- Uro-gynaecology/ Pelvic Organ Prolapse
- Adolescent gynaecology
- Endoscopic surgery
- Colposcopy
- Urgent referrals for Gynaecological Cancers
- Advanced endoscopic surgery

**Conditions Seen at Stawell Regional Health**
Fax referrals to: 03 5358 3553

- 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

**Triage Categories: Appointment Wait Times**

<table>
<thead>
<tr>
<th>EMERGENCY</th>
<th>IMMEDIATE</th>
<th>URGENT</th>
<th>ROUTINE</th>
</tr>
</thead>
<tbody>
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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.
<table>
<thead>
<tr>
<th>Condition or Symptoms</th>
<th>History, Examination and Investigations</th>
<th>Suggested GP Management</th>
<th>When To Refer</th>
</tr>
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<tr>
<td><strong>GYNAECOLOGY</strong></td>
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</table>
| Post-menopausal bleeding (Bleeding after 6 months amenorrhoea) | **History and Examination**  
  - History of symptoms  
  - Medications  
  **Investigations:**  
  - FBE  
  - Transvaginal ultrasound for endometrial thickness  
  - Pap Smear | ▲ ▲ ▲ IMMEDIATE |               |
| Inter-menstrual bleeding | **History and Examination**  
  - History of symptoms  
  - Medications  
  **Investigations:**  
  - FBE  
  - TFT  
  - Pelvic Ultrasound  
  - 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 |               |
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| Post-coital bleeding   | History and Examination  
  - History of symptoms  
  - Medications  
  Investigations:  
  - 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  
  - History of symptoms  
  - Medications  
  - Impact on daily activities.  
  Investigations:  
  - FBC  
  - TFT  
  - Pelvic Ultrasound |  
  - Consider using:  
    - Mefenamic acid (Ponestan)  
    - Tranexamic acid (Cyclokapron) | ▲ ROUTINE  
  Please note: Referral maybe expedited depending on clinical history and information provided |
| Pelvic Pain            | History and Examination  
  - History of symptoms  
  - Medications  
  Investigations:  
  - Pelvic Ultrasound  
  - HVS  
  - Endocervical swab (or first time catch urine) for Chlamydia  
  - Gonorrhoea PCR |  
  - Consider analgesia:  
    - 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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| Abnormal pap smear (Colposcopy Clinic available at Ballarat Health Services Only) | History and Examination  
- History of symptoms  
- Medications  
Investigations:  
- Pap smear  
- Refer to colposcopy *(NHMRC guidelines)* | ▪ Consider topical oestrogen creams  
▪ Consider referral to Physiotherapist if patient has evidence of stress incontinence  
▪ Consider referral to Continence Nurse (located at QE site) | ▲ ▲ URGENT |
| Incontinence                                | History and Examination  
- History of symptoms  
- Medications  
Investigations:  
- MSU  
- Urine for cytology (if haematuria) | ▪ 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  
- History of symptoms  
- Medications  
Investigations:  
- Nil specific tests | ▪ 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  
- History of symptoms  
- Medications  
Investigations  
- Transvaginal pelvic ultrasound  
- Blood tumour markers (Ca 125, Ca 19.9, CEA) | If:  
- Post menopausal  
- Bilateral cysts  
- >5cm in size  
- Suspicious findings on ultrasound eg: non-simple cysts  
- Raised tumour markers | ▲ ▲ URGENT |
| Contraception referral for Mirena/ Implanon  | Counselling  
Medications  
Results of latest Pap smear +/- genital swabs  
Patient to bring in Mirena/ Implanon to the clinic to be inserted | ▪ Ensure patient has alternative contraception in the interim and/or continue on same contraception | ▲ ROUTINE  
Please note: Referral maybe expedited depending on clinical history and information provided |