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://gp.bhs.org.au/node/163](https://gp.bhs.org.au/node/163)
## GP Referral Guidelines - Gynaecology

### Gynaecology Consultants

<table>
<thead>
<tr>
<th>Gynaecology Clinic</th>
<th>Gynaecology Clinic / Appointment Information</th>
<th>Referral Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballarat Health Service Gynaecology Clinic</td>
<td>Ballarat Health Service</td>
<td>Referrals to Ballarat Health Service</td>
</tr>
<tr>
<td>Dr Paul Davey</td>
<td>2 West Drummond Street North, Ballarat</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="https://gp.bhs.org.au/node/163">https://gp.bhs.org.au/node/163</a></td>
</tr>
<tr>
<td>Dr Zainab Sabri</td>
<td>Phone: 03 5320 4502</td>
<td></td>
</tr>
<tr>
<td>Dr Iruka Kumarage</td>
<td>Fax: 03 5320 4097</td>
<td></td>
</tr>
<tr>
<td>Dr Katrina Guerin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Carolyn Wilde</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stawell Regional Health Gynaecology Clinic</td>
<td>Stawell Regional Health</td>
<td>Referral to Stawell Regional Health must contain detailed information including:</td>
</tr>
<tr>
<td>Dr Iruka Kumarage</td>
<td>3 Sloane Street</td>
<td>• History;</td>
</tr>
<tr>
<td></td>
<td>Stawell</td>
<td>• Medications;</td>
</tr>
<tr>
<td></td>
<td>Phone: 03 5358 8500</td>
<td>• Investigations (patient to bring radiology results/films as appropriate.</td>
</tr>
<tr>
<td></td>
<td>Fax: 03 5358 3553</td>
<td>Please note: Incomplete referrals will be returned to the referrer prior to being triaged for the clinic.</td>
</tr>
</tbody>
</table>

### Conditions Seen at Ballarat Health Services

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

Fax referrals to: 03 5320 4097

### Conditions Seen at Stawell Regional Health

- 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

Fax referrals to: 03 5358 3553

### PLEASE NOTE: We do NOT offer Fertility services

### Triage Categories: Appointment Wait Times

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY</td>
<td>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 4822</td>
</tr>
<tr>
<td>IMMEDIATE</td>
<td>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</td>
</tr>
<tr>
<td>URGENT</td>
<td>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</td>
</tr>
<tr>
<td>ROUTINE</td>
<td>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</td>
</tr>
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## GP Referral Guidelines - Gynaecology

### Condition or Symptoms

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</tbody>
</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.
## GP Referral Guidelines - Gynaecology

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<td>▲ ROUTINE Please note: Referral maybe expedited depending on clinical history and information provided</td>
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| **Post-coital bleeding**  
*Refer directly to Colposcopy Clinic* | History and Examination  
- History of symptoms  
- Medications  
Investigations:  
- FBE  
- TFT  
- Pap smear  
- HVS  
- Endocervical swab (or first catch urine) for Chlamydia  
- Gonorrhoea PCR | ▲ | |
| **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)  
**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  
- 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 |
## GP Referral Guidelines - Gynaecology

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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](#)) | **Refer directly to Colposcopy Clinic at BHS**                                                                                                                        | URGENT       |
| Incontinence                        | History and Examination  
- History of symptoms  
- Medications  
Investigations:  
- MSU  
- Urodynamics-referral to be sent or booked  
- Bladder diary by pt. to bring to appointment  
- Urine for cytology (if haematuria) |  
- 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      |
| 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      |
| 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       |
## GP Referral Guidelines - Gynaecology

### Gynaecology Clinics

Patients requiring colposcopy or with suspected gynaecological cancer should be referred directly to Ballarat Health Services.

### Contraception referral for Mirena/Implanon
- **History and examination**
- Counselling
- Medications
- **Investigations**
  - 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.

#### Suggested GP Management
- Ensure patient has alternative contraception in the interim and/or continue on same contraception

#### When To Refer
- **Routine**
  - Please note: Referral maybe expedited depending on clinical history and information provided

### Termination of Pregnancy

#### Medical and Surgical
- **History and Examination**
  - History and examination
  - Medications
- **Investigations**
  - Transvaginal Ultrasound
  - Blood Group (include FBE)
  - Quantitative HCG serum

#### Suggested GP Management
- Ensure patient has been counselled in the interim.

#### When To Refer
- **Immediate**
  - Please note: Referral maybe expedited depending on clinical history and information provided

### Fibroids
- **History and Examination**
  - History of symptoms
  - Medications
- **Investigations:**
  - Pelvic Ultrasound
  - HVS
  - Pap Smear
  - Blood tumour markers (Ca 125, Ca 19.9, CEA) and TSH.

#### Suggested GP Management
- Consider analgesia:
  - Panadol/Panadeine
  - NSAIDS (e.g. Voltaren)
- Avoid Opioids if possible

#### When To Refer
- **Routine**
  - Please note: Referral maybe expedited depending on clinical history and information provided
## GP Referral Guidelines - Gynaecology

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<td><strong>Cyst</strong></td>
<td><strong>History and Examination</strong></td>
<td><strong>History and Investigation</strong></td>
<td><strong>When To Refer</strong> <strong>ROUTINE</strong> Please note: Referral maybe expedited depending on clinical history and information provided</td>
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<tr>
<td></td>
<td>▪ History of symptoms /Medications</td>
<td><strong>Investigations</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Transvaginal pelvic ultrasound</td>
<td>▪ Blood tumour markers (Ca 125, Ca 19.9, CEA)</td>
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<tr>
<td><strong>Amenorrhoea</strong></td>
<td><strong>History and Examination</strong></td>
<td><strong>History and investigation</strong></td>
<td><strong>When To Refer</strong> <strong>ROUTINE</strong> Please note: Referral maybe expedited depending on clinical history and information provided</td>
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<td></td>
<td>▪ History of symptoms and examination</td>
<td>▪ Medications</td>
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<td>▪ Transvaginal pelvic ultrasound</td>
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<td><strong>Polycystic Ovaries (PCOS)</strong></td>
<td><strong>History and Examination</strong></td>
<td>▪ Pap smear</td>
<td><strong>When To Refer</strong> <strong>ROUTINE</strong> Please note: Referral maybe expedited depending on clinical history and information provided</td>
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<tr>
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<tr>
<td></td>
<td>▪ Medications</td>
<td>▪ Blood tumour markers (Ca 125, CEA) and TSH.</td>
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<tr>
<td><strong>Endometriosis</strong></td>
<td>▪ History of symptoms</td>
<td>▪ Consider analgesia:</td>
<td><strong>When To Refer</strong> <strong>ROUTINE</strong> Please note: Referral maybe expedited depending on clinical history and information provided</td>
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<td>▪ Panadol/Panadeine</td>
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<td><strong>Investigations:</strong></td>
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<td>Avoid Opioids if possible</td>
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</table>
### PV Bleeding

#### History and Examination
- History and examination
- Medications

#### Investigations
- Transvaginal Ultrasound
- Pap Smear
- Vaginal swab
- BHCG (if appropriate)

#### When To Refer

▲▲ **URGENT**

If:
- Post menopausal
- Suspicious findings on ultrasound
- Raised tumour markers