

Gynaecology Referral Prioritisation Criteria (excludes Colposcopy which has separate referral criteria)

Priority No.	Priority Description	Timeframe	Criteria	Examples
	Immediate	Within two weeks	<ul style="list-style-type: none"> High risk of permanent damage if delay occurs Major functional disturbance Proven malignancy 	
1	Urgent	Two to four Weeks	<ul style="list-style-type: none"> Diagnosed or suspected malignancy Major functional disturbance Pain requiring narcotic or high levels of analgesia 	<ul style="list-style-type: none"> highly abnormal cervical smear with cervical lesion post menopausal bleeding gestational trophoblastic disease genital lesions or pelvic masses highly suspicious of cancer large masses causing symptoms heavy vaginal bleeding with severe anaemia
2	Semi-urgent	One month to three months	<ul style="list-style-type: none"> Pelvic masses with low risk of malignancy Vulval abnormalities Anaemia Moderate functional impairment Chronic PID 	<ul style="list-style-type: none"> Ovarian cysts >5cms <u>Pruritus vulvae</u>
3	Routine	Up to Four months	<ul style="list-style-type: none"> Gynaecological disorders with limited functional impairment Fertility Endocrine dysfunction Other non-urgent problems 	<ul style="list-style-type: none"> <u>Dysmenorrhoea</u> Menorrhagia with associated anaemia and Hb < 100 3 degree Genital prolapse <u>Abnormal uterine bleeding</u> <u>Infertility</u> <u>Amenorrhoea</u> <u>Endometriosis</u> <u>Congenital abnormalities</u>

Not accepted and referral return to GP	Patient at no physical or systemic risk if not assessed and will be managed by GP	•		<ul style="list-style-type: none"> • Menorrhoea without anaemia • Simple prolapse (1 and 2 degree) should be referred to physiotherapy for assessment and/or pessary insertion • Urogynae and pelvic pain with a normal scan should be referred to physiotherapy • Urinary incontinence should be referred to a physiotherapist • Hirsutism • P.C.O • Premenstrual symptoms
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• Please note:
The gynaecology team are changing how they work and what they can see within their manpower constraints. Routine follow up of patients will no longer occur. This is in line with guidelines from other DHBs and will provide consistency supported by Health Pathways. The gynaecology nurse will see hysteroscopy patients at 2 weeks and laparoscopy patients and those or simple cyst follow up.
GPs are training to be able to increase their clinical expertise in insertion of Mirena, pessary insertion
Physiotherapy capacity is limited and the DHB is working with the team to increase provision at the hospital for women.

Issue date:	Review By Date:	Authorised by:
January 2008	January 2009	Clinical Head of Department, Mr Mark Stegmann
		Service Manager, Sarah Boyes
July 2010	March 2011	Clinical Head of Department, Mrs Latha Vasani
		Service Manager, Sarah Boyes
Reviewed	July 2012	Clinical Head of Department, Mr Howard Clentworth
		Director of Operations, Surgical, Women's & Children's Directorate, Sarah Boyes
Reviewed	May 2019	Clinical Head of Department, Meera Soo
		Service Manager, Chris Mallon