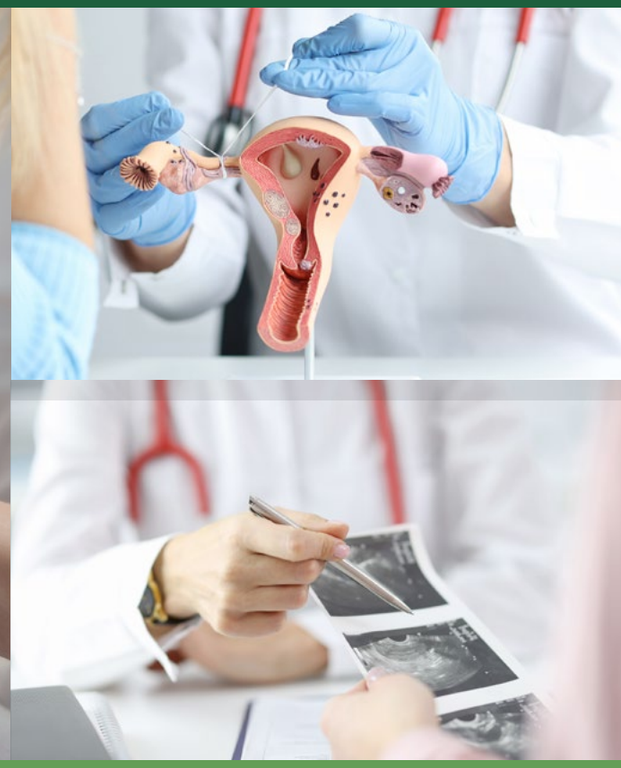
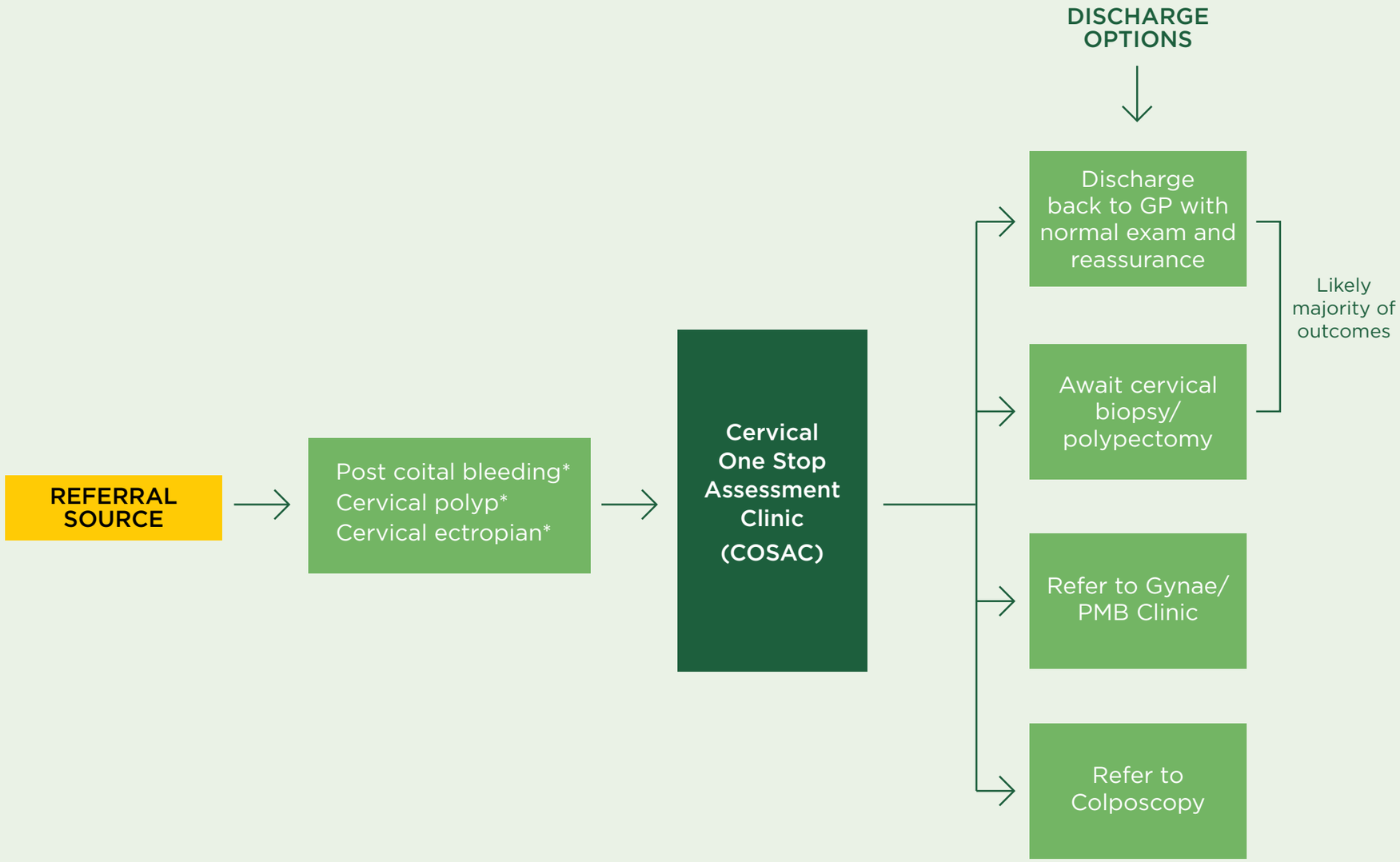
IRELAND SOUTH
WOMEN & INFANTS DIRECTORATE

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh



Gynaecology Care Pathways

Cervical One Stop Assessment Pathway



If you suspect cervical malignancy please call St Finbarrs Clinic B and request an urgent review

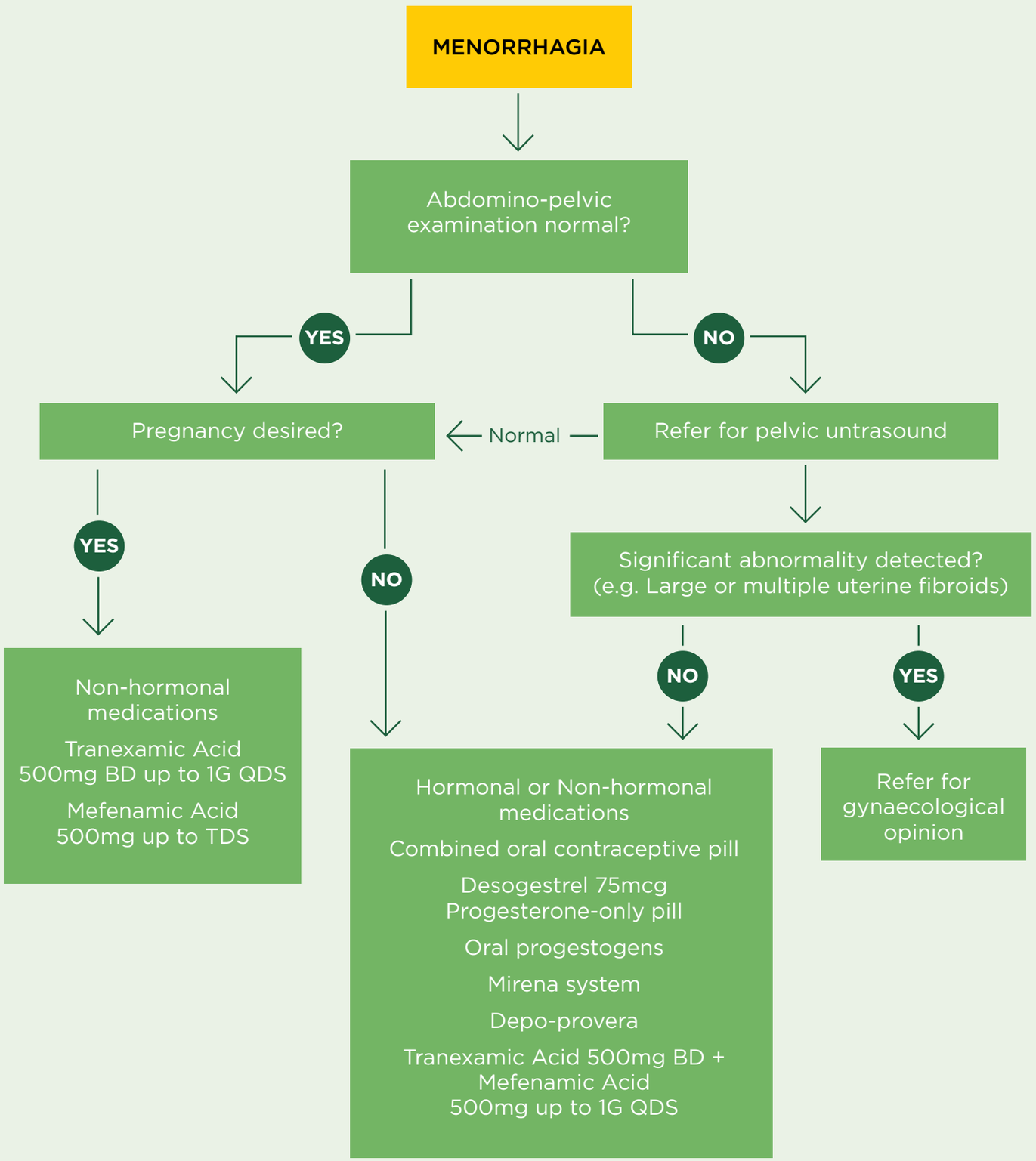
*With normal cervical screening test where eligible.

Menorrhagia Care Pathway

Features concerning for significant pathology prompting early referral include:

1. New-onset or worsening menorrhagia after the age of 45 years.
2. Menorrhagia in women with obesity (BMI >30).
3. Women with a history of PCOS.
4. The presence of a palpable abdominal mass.
5. Accompanying intermenstrual or post-coital bleeding.
6. Failure of medical management to adequately treat symptoms.
7. Anaemia in patients not responding to medical management.
8. Tamoxifen or anastrozole use.
9. Strong family history of endometrial carcinoma, or Lynch syndrome cancers.
10. Inability to use medical treatments due to side-effects or contraindications.

History
Examination
FBC
TFTs if clinical sxs/signs



Postmenopausal Bleeding Care Pathway

PC

- Patient reports post menopausal bleeding (PMB = bleeding after one year of amenorrhoea)
- If on HRT bleeding may be normal within first 6 months (in absence of other risk factors)

↓

HPC

- History - Risk factors - nulliparity, obesity, family history, hormone Rx for breast cancer
- Examination - signs of atrophy, cervix - abnormal/polyp, local causes

↓

REFER

- Urgent referral to PMB clinic (seen within 4 weeks)
- Ultrasound will be performed in the hospital
- Helpful information - would patient opt for ‘see and treat’ clinic - U/S +/- outpatient hysteroscopy on the same day?

↓

HOSPITAL

- Transvaginal U/S
- Review by gynaecologist including speculum examination
- If endometrial thickness ≥4mm referred for hysteroscopy D&C (GA/ambulatory)

↓

RESULTS

- Results sent to patient within 12 weeks of referral

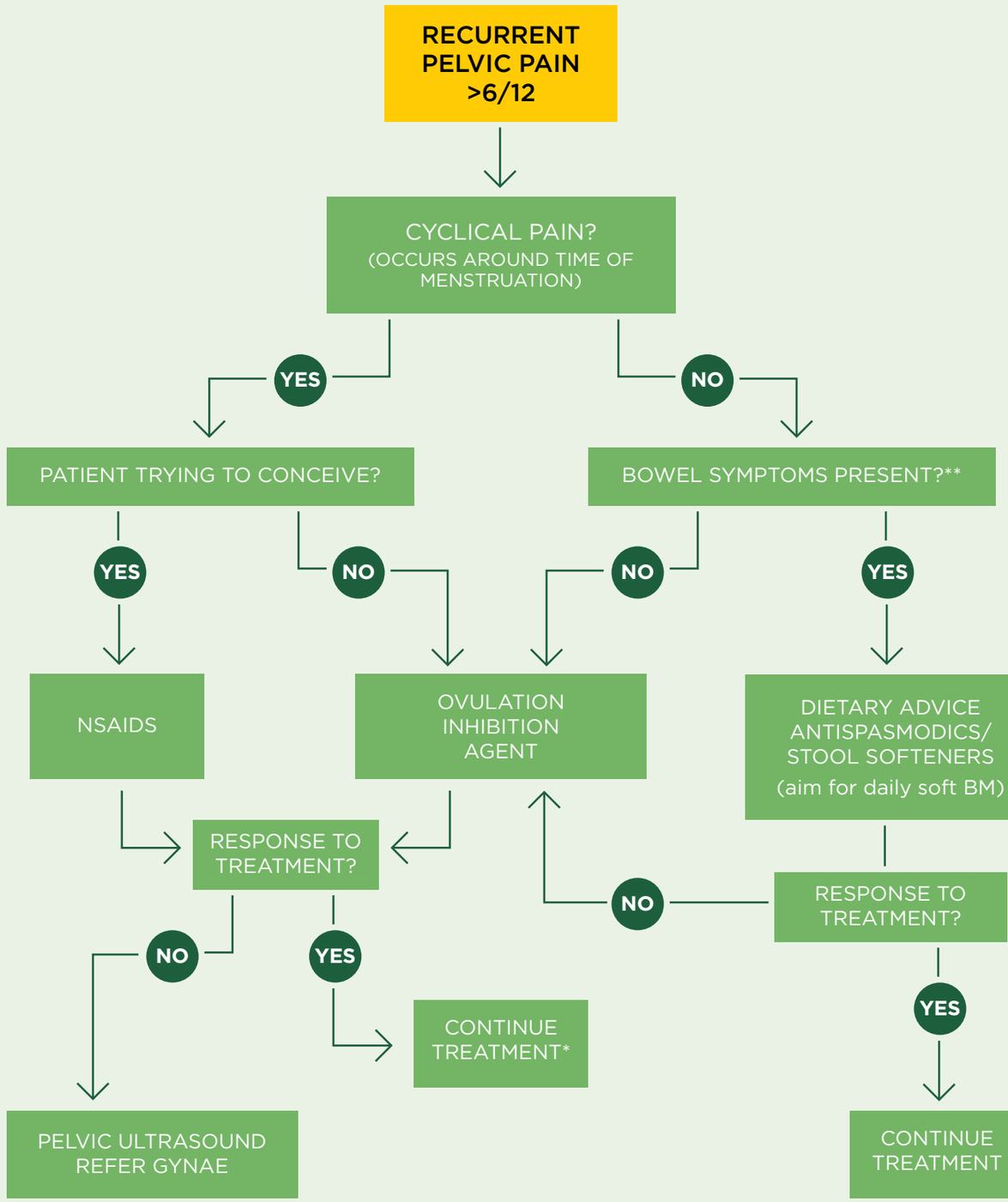
Chronic Pelvic Pain Pathway

* Inform patient that gynae condition such as endometriosis may be present but current treatment is appropriate.

Advise that there is a potential for difficulty in concieving if endometriosis present; do not excessively delay trying for pregnancy if desired.

** Cyclical rectal bleeding and rectal pain should prompt gynae referral. Non-cylical rectal bleeding and/or weight loss should prompt GI investigations.

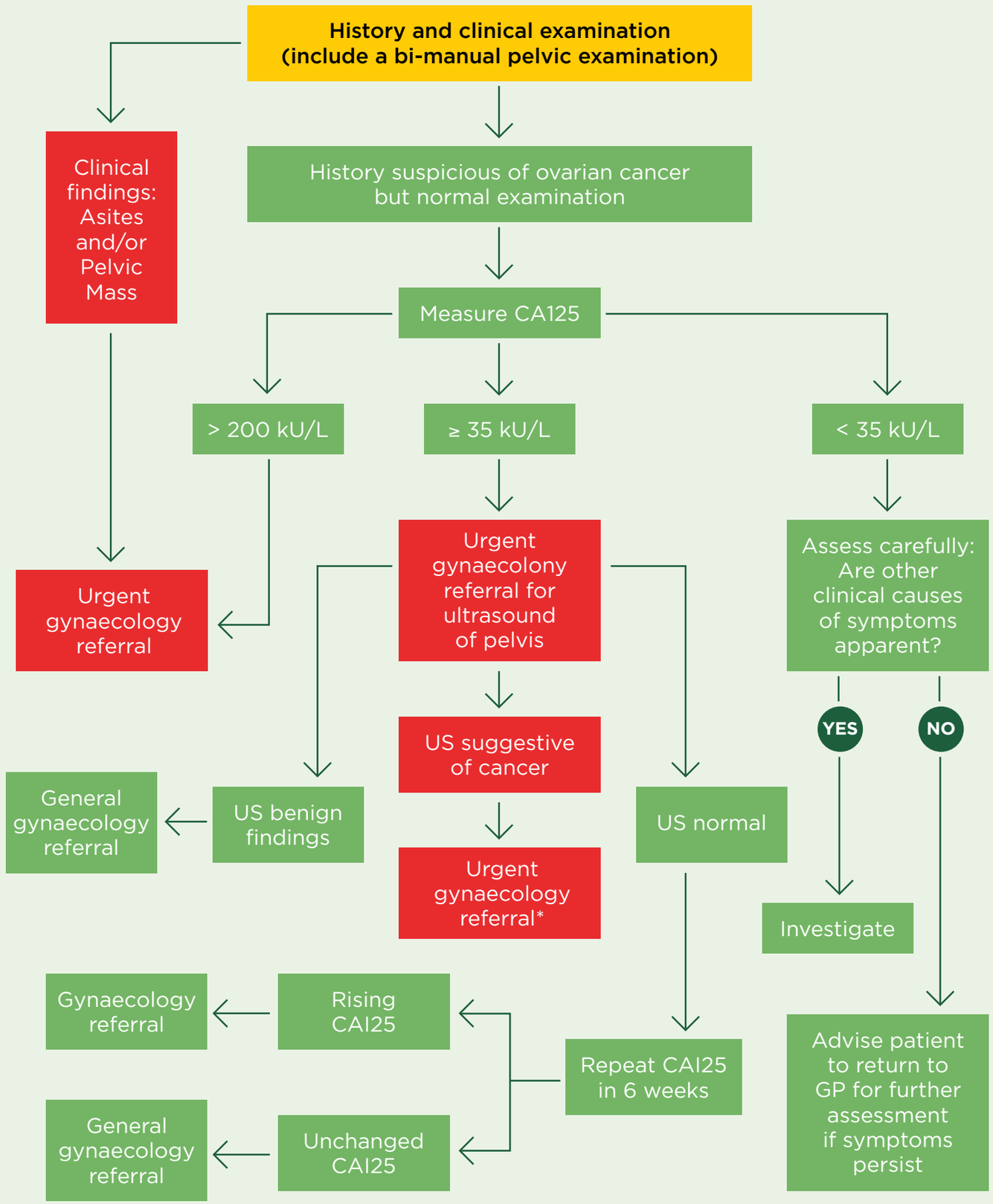
Constipation or IBS symptoms should be treated initially with dietary or medical treatment.



Postmenopausal Ovarian Cysts Care Pathway

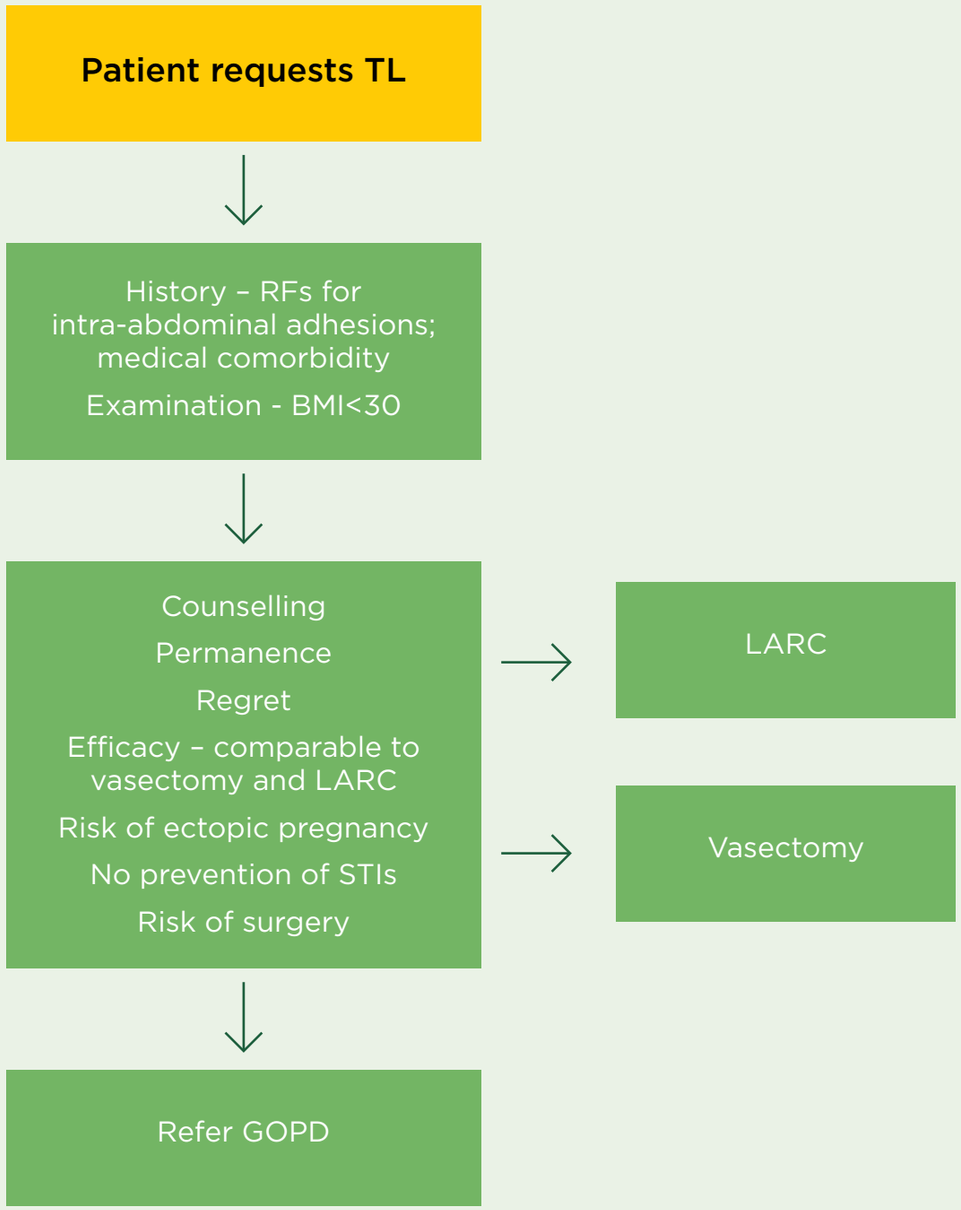
Risk factors:

1. Prolonged exposure to oestrogen (early menarche or late menopause)
2. Polycystic ovarian syndrome
3. Nulliparity
4. Genetic mutations BRCA1, BRCA2, Lynch Syndrome
5. Personal history of breast cancer
6. Family history of breast or ovarian cancer
7. Obesity
8. Smoking
9. Never having used COCP
10. Fertility treatment
11. HRT



*Note: In some hospitals radiology may trigger a referral to gynae-oncology, but this should not be assumed. In general, you (the GP), will be asked to inform the patient that she is being referred to this service.

Tubal Ligation/Female Sterilisation Care Pathway



TL, tubal ligation; RF, risk factor; BMI, Body Mass Index;
LARC, long-acting reversible contraception;
STI, sexually transmitted infection

GP and Hospital Guide to Urogynaecology

This document is designed as a tool for both general practitioners and hospital doctors. It should be used to direct management of this group of patients, whereby ensuring that the level of care received is uniform across the care setting. It outlines in a step wise pattern the management plan and when advisable for patients to be referred into the hospital.

Symptom	**Frequency**	**Nocturia**	**Urgency Urge Incontinence**
Associated symptoms	Nocturia Urgency Urge Incontinence	Frequency Urgency Urge Incontinence	Frequency Nocturia
Likely diagnosis	Overactive bladder	Overactive bladder	Overactive bladder
Primary Care Management	Weight loss (BMI<30) Stop Caffeine Fluid intake <2l Stop smoking Anticholinergics/ antimuscarinics Physiotherapy* Bladder training	Weight loss (BMI<30) Stop Caffeine Fluid intake <2l Stop smoking Anticholinergics/ antimuscarinics Physiotherapy* Bladder training	Weight loss (BMI<30) Stop Caffeine Fluid intake <2l Stop smoking Anticholinergics/ antimuscarinics Physiotherapy* Bladder training
When to refer to hospital	Symptoms not controlled with the above measures	Symptoms not controlled with the above measures	Symptoms not controlled with the above measures

Hygiene advice includes the use of cotton underwear, full briefs, avoidance of thongs, wiping front to back, regular changing of sanitary wear/pads, use of barrier cream if necessary and avoidance of douching and fragranced lotions affecting the vaginal pH.

*Availability varies according to address.

Continued on following page

GP and Hospital Guide to Urogynaecology

*Bladder pain syndrome needs to be considered in patients with irretractable dysuria, cystitis and bladder pain. In saying this UTI is the most common cause for these symptoms. Any patient with symptoms relating to MESH either for incontinence or prolapse needs to be referred to the hospital. During the consultation a care plan will be drawn up which will usually consist of investigations initially which will form the basis for a more definitive management.

Symptom	**Reduced Flow Incomplete Emptying**	**Leaks urine when coughing, sneezing or activity/exercise**	**Dysuria**
Associated symptoms	Feeling of Something Coming Down	N/A	Cystitis, pelvic pain Frequency Supra pubic pain Pain on emptying
Likely diagnosis	Prolapse	Stress Urinary Incontinence	Urinary Tract Infection Bladder pain syndrome*
Primary Care Management	Weight loss Physiotherapy* Pessary insertion	Weight loss (BMI <30) Stop caffeine Stop smoking Physiotherapy* /Pelvic floor exercise	Mid-Stream Urine Antibiotic specific to organism Hygiene advice Lifestyle modification
When to refer to hospital	Symptoms not controlled with the above measures or patient requesting consultation regarding surgery	Symptoms not controlled with the above measures or patient requesting referral to discuss surgery	Symptoms not controlled with the above measures or suspicion of BPS

Hygiene advice includes the use of cotton underwear, full briefs, avoidance of thongs, wiping front to back, regular changing of sanitary wear/pads, use of barrier cream if necessary and avoidance of douching and fragranced lotions affecting the vaginal pH.

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Symptom	**Cystitis**	**Suprapubic Pain**	**Pain on Emptying**
Associated symptoms	Pelvic pain Frequency Suprapubic pain Pain on emptying	Frequency Dysuria Cystitis Pain on emptying	Cystitis Dysuria Frequency Pelvic pain Suprapubic pain
Likely diagnosis	Urinary Tract Infection Bladder pain syndrome*	Urinary Tract Infection Bladder pain syndrome*	Urinary Tract Infection Bladder pain syndrome*
Primary Care Management	Mid-Stream Urine Antibiotic specific to organism Hygiene advice Lifestyle modification	Mid-Stream Urine Antibiotic specific to organism Hygiene advice Lifestyle modification	Mid-Stream Urine Antibiotic specific to organism Hygiene advice Lifestyle modification
When to refer to hospital	Symptoms not controlled with the above measures or suspicion of BPS	Symptoms not controlled with the above measures or suspicion of BPS	Symptoms not controlled with the above measures or suspicion of BPS

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GP and Hospital Guide to Urogynaecology

TCC - transitional cell carcinoma
UTI - urinary tract infection
OAB - over active bladder
SUI - stress urinary incontinence
SCD - something coming down

Symptom	**Frank Haematuria**	**Mixed Incontinence**	**Feeling SCD**
Associated symptoms	Painless Painful	Frequency Urgency OAB SUI	Urinary Bowel Sexual
Likely diagnosis	Painless – TCC Painful – UTI/Renal Colic	SUI OAB combined (manage OAB symptoms first)	Prolapse
Primary Care Management	Painless refer to Urology for review Renal Ultrasound	Weight loss – BMI <30 Stop caffeine Fluid < 2litres Stop smoking Physiotherapy* Anticholinergics/ antimuscarinics	Weight loss <30 Pessary Physiotherapy* Fluid <2 litres Stop smoking Stop caffeine
When to refer to hospital	Patient needs immediate referral to Urology to rule out malignancy	Symptoms not controlled with the above measures	Symptoms not controlled with the above measures or patient requesting referral to discuss surgery

Hygiene advice includes the use of cotton underwear, full briefs, avoidance of thongs, wiping front to back, regular changing of sanitary wear/pads, use of barrier cream if necessary and avoidance of douching and fragranced lotions affecting the vaginal pH.

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