A woman presents to her GP questioning whether she has pelvic mesh. The GP ascertains the woman has had pelvic surgery and suggests referral to the treating surgeon. The woman agrees to be referred to the previous treating surgeon. The treating surgeon may refer to the Pelvic Mesh Clinic using the Pelvic Mesh Patient Referral Form. If the woman declines referral to the previous treating surgeon, the GP undertakes a comprehensive patient history, including:
- Medical
- Surgical
- Obstetric
- Menstrual
- Current medicines
- Current therapies, and
- Undertakes a speculum vaginal examination and bimanual abdominal examination.
- Undertakes investigations:
  - Complete blood picture
  - Vaginal swab
  - Urinalysis.

Assessment determines no pelvic mesh complications but the woman has ongoing pelvic symptoms. Assessment determines potential pelvic mesh complications. GP facilitates:
- Referral for ultrasound
- Review patient medical record through Freedom of Information (FOI) process.

Pelvic Mesh Clinic triage nurse determines assessment information available, using the:
- Completed Pelvic Mesh Patient Referral Form
- Formal History
- Medical record review and will facilitate any necessary medical.

Pelvic Mesh Clinic Lead Medical Officer assesses patient assessment and determines suitability for further complex care assessment.

Pelvic Mesh Clinic triage nurse liaises with patient to book multidisciplinary assessment case conference.

Medical Officer completes Pelvic Mesh Patient Referral Form.

Medical Officer secures approval from patient to share medical record.

If stress urinary incontinence follow the Safety and Quality Pathway.

If pelvic organ prolapse follow the Safety and Quality Pathway.

If patient has ongoing complaint(s) GP should consider referral to Gynaecologist.

Access the Pelvic Mesh Clinic Referral Pathway at sahealth.sa.gov.au/pelvicmesh.