

GYNAECOLOGY – Post Coital Bleeding

NALHN Outpatient Service Information, Triage & Referral Guidelines

Description of Service:

Tertiary Level Gynaecological Services are provided at both Lyell McEwin Hospital Family Clinic and Modbury Hospital Women's and Paediatric Clinic.

Scope of Service:

- > Advanced Gynaecological endoscopy service
- > General Gynaecology (Menstrual dysfunction, Fibroids, Pelvic Pain, Endometriosis, Ovarian pathology, PMB)
- > Urogynaecology (Prolapse/Pelvic floor surgery, Urinary incontinence, Urodynamics)
- > Colposcopy
- > Ambulatory Gynaecology Unit (Modbury Hospital)

NALHN does not provide a Fertility Service but is able to assist in diagnosis and treatment of surgical conditions that cause infertility. This includes the diagnosis and treatment of Endometriosis or tubal disease.

Common conditions seen include:

- > [Post-menopausal Bleeding](#)
- > [Heavy menstrual bleeding/abnormal uterine bleeding](#)
- > [Ovarian cyst / mass with low risk of malignancy](#)
- > [Post Coital Bleeding](#)
- > [Pelvic Pain](#)
- > [Urinary Incontinence / Prolapse](#)
- > [Abnormal Cervical Screening Test](#)
- > Vulval/vaginal disorders

Exclusion criteria:

- > Reversal of Tubal Ligation
- > Confirmed gynaecological malignancy
- > Routine (uncomplicated) Cervical Screening Test
- > Patients requiring ovulation induction, assisted reproductive technology or IVF, see [Fertility Pathway](#)
- > As patients who used to undergo pap smears under GA can now self-collect, these referrals will no longer be accepted.

Service Referral Criteria:

- > As per the National Health Reform Agreement (NHRA), NALHN prefers all referrals to be to a named clinician currently providing the service (see list over page).
- > All referrals to the NALHN Specialist Outpatient Service must meet the SA Health Outpatient Minimum Referral Requirements including:
 - Current patient demographic information and contact details
 - Date of referral and the duration of the referral
 - Referring practitioner contact details
 - Referring practitioner's provider number
 - Signature of the referrer
 - General practitioner contact details (if not the referring clinician)
 - Workcover/Motor Vehicle Accident/Department of Veterans Affairs information (where relevant)
 - Comprehensive reason for referral
 - Requirement for interpreter services
 - Alerts to infectious status, allergies or communicable diseases that may affect other staff and patients being treated in the same vicinity
 - Relevant summary information on the patient's medical history, including current medications and allergies
 - Investigations and treatment undertaken
 - Relevant psycho-social issues.

GYNAECOLOGY – Post Coital Bleeding

NALHN Outpatient Service Information, Triage & Referral Guidelines

- Reason for referral
 - To establish a diagnosis
 - For treatment or intervention
 - For advice and management
 - For specialist to take over management
 - Confirmation for GP or second opinion
 - For a specified test/investigation the GP can't order, or the patient can't afford or access
 - Reassurance for the patient/family
 - For other reason (e.g. rapidly accelerating disease progression)
 - Clinical judgement indicates a referral for specialist review is necessary.
- Patient preference for telehealth vs face to face appointment (service delivery method will ultimately be the decision of the triaging clinician) but telehealth can be an active part of the review process particularly for patients who have difficulties with travel.

- Essential referral information
 - Identifies as Aboriginal and/or Torres Strait Islander
 - Patient under Guardianship of the Chief Executive (GOCE)
 - *Previous procedures (list if relevant)*
 - *Family history (if relevant)*
 - *Specific tests or investigations (list if relevant)*
 - *Imaging reports (list if relevant)*
- Please include copies of all reports and results. If the results are unavailable or pending, please include the name of the provider so they can be followed up.
- Patients are seen based on the urgency, as judged from the referral, so referring doctors are urged to give a full and detailed referral to ensure that this is equitably managed.







Post-Coital Bleeding Specific Minimum Referral Criteria

- Post Coital Bleeding is defined as persistent non-menstrual bleeding that occurs within 24 hours of vaginal intercourse.

Investigations Required

- Cervical smear
- STI swabs
- Pelvic examination
- Ultrasound Scan
- Pregnancy test

Red Flag - Suggest immediate referral

-  Age > 35 years
-  Frequent and heavy post coital bleeding
-  Abnormally appearing cervix
-  No previous smears
-  Smoker
-  Weight > 90 kg

GYNAECOLOGY – Post Coital Bleeding

NALHN Outpatient Service Information, Triage & Referral Guidelines

URGENT Target < 1month	SEMI-URGENT Target <3months	NON-URGENT Target <12months	Not Accepted
<p>Condition has the potential to require more complex or emergency care if assessment is delayed.</p> <p>Examples</p> <ul style="list-style-type: none"> > See red flags above. > Abnormal appearing cervix. 	<p>Condition is unlikely to require more complex care if assessment is delayed.</p> <p>Examples:</p> <ul style="list-style-type: none"> > Abnormal CST, HPV 16/18 > Frequent PCB with a large ectropion cervix. 	<p>Condition is unlikely to deteriorate quickly</p> <p>Examples:</p> <ul style="list-style-type: none"> > Persisting symptoms with normal CST and normal pelvic US. 	<p>Examples:</p> <ul style="list-style-type: none"> > Known genital tract malignancy

Suggested GP Management

- Refer to NALHN
 - > Refer for colposcopy

Consultants

- > Dr M Ritossa (Divisional Director)
- > Dr A Parange (HOU, O&G LMH)
- > Dr K Walsh (HOU, O&G Modbury Hospital)
- Dr A Bof
- > Dr J Chapman-Wardy
- > Dr C Cocchiaro
- Professor G Dekker
- > Dr A Hubczenko
- Dr A Hercus
- Dr M Halt
- > Dr S Kane
- Dr K King
- > Dr A Limgenco
- > Dr A Munt
- > Dr T Nguyen
- Dr E Raghoudi
- > Dr M Rasekhi
- Dr G Sham
- > Dr H Waterfall

GYNAECOLOGY – Post Coital Bleeding

NALHN Outpatient Service Information, Triage & Referral Guidelines

Clinical Resources

Health Pathways SA is available to South Australian GPs and health professionals. Currently over 200 clinical and service referral pathways have been localised for SA and are available on the HealthPathways live portal. New clinical and service referral pathways are continuing to be developed all the time. You can check the [HPSA](#) homepage or the project site for an up to date listing of recently published pathways and updated pathways.

Discharge Guidelines

Patients whose medical condition has stabilised or resolved and for whom no further appointment has been made will be formally discharged. Patients who failed to attend two consecutive scheduled outpatient visits will also be discharged. If a further assessment is required, a new referral that explains the reason should be directed to the unit.

For More Information or to Make a Referral

Lyell McEwin Hospital

Location:

LMH Referral Fax Number: (TBA)

Phone Number: via LMH Switchboard 8182 9000

Modbury Hospital

Location:

MH Referral Fax Number: (TBA)

Phone Number: via MH Switchboard 8161 2000

For more information about NALHN Outpatient services - www.sahealth.sa.gov.au/NALHNoutpatients

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

Version	Date from	Date to	Amendment
1.0	July 2015	July 2016	Original
2.0	May 2016		New Template
3.0	March 2019		Revised Document, New Template
4.0	April 2021		Referral Criteria and Template Amendment