

## Women's Ambulatory Services

### Hysteroscopy Clinic

#### Women's Ambulatory Service – Peninsula Health

##### Categories for Appointment

|                          | Clinical description   | Timeframe for Appointment   |
|--------------------------|--|---|
| Category 1 - Urgent      | Suspicion of cancer.   | Admission within 30 days is desirable, that has the potential to deteriorate quickly to the point that it might become an emergency |
| Category 2 – Semi-Urgent | Cancer not suspected<br>Symptoms impacting on quality of life.   | Admission within 90 days is desirable due to the clinical condition of the patient.   |
| Emergency                | Heavy menstrual bleeding (HMB) with clots, flooding or pain with or without cardiovascular compromise. | Immediate via Emergency Department  |

##### Indications for Referral

- Abnormal uterine bleeding including heavy and or persistent intermenstrual or postcoital bleeding.
- Unexplained post menopausal bleeding with or without HRT use.
- Women on Tamoxifen with postmenopausal bleeding.
- Suspected endometrial polyps or submucosal fibroids – diagnosis or treatment.
- Assessment of abnormally thickened endometrium to exclude hyperplasia or cancer.
- Contraception services – retrieval of lost IUD or insertion of previously tried difficult IUD
- Assessment of the endometrial cavity in infertility cases.
- **Referral to service by specialist only**

##### Eligibility Criteria

- Nulliparous and multiparous.
- Single endometrial polyp or submucosal fibroid < 3cm.
- The woman can tolerate speculum examination.
- No medical contraindications e.g. cardiovascular disease, IHD, i.e. will not tolerate vasovagal episode.
- Difficult retrieval or insertion of IUD.
- No previous cervical surgery e.g. cone biopsy.
- Woman can fit on examination table (weight < 100kg).

**Consider requesting MIRENA IUS insertion at the time of referral to the ambulatory hysteroscopy service if dysfunctional uterine bleeding is suspected as it may prevent the woman having a second**

**procedure in future. Frankston Hospital does not provide the MIRENA IUS - any patient who wishes to insert a MIRENA during this procedure must bring it with them to the clinic**

#### **Exclusions**

- Suspected cervical stenosis
- Multiple endometrial polyps on scan
- Single polyp >3cm on scan
- Woman unable to tolerate speculum
- **GP referral – accepting specialist referrals only.**

#### **Alternative Referral Options**

- Patients who are not suitable to be treated as an ambulatory hysteroscopy patient will be referred to the surgical waiting list, to a general anaesthetic list. The referring clinician will be notified of this re-direction of care
- GP's can access this service by referring women to a gynaecologist with admitting rights to Peninsula Health

#### **Clinic Information**

- 12:15 -5 pm, Monday afternoons
- Frankston Hospital, Hasting's Road, Frankston. These patients will be admitted ambulatory patients – the procedure is conducted under local anaesthetic, within the outpatients setting.
- Elective Surgery Clinical Coordinator(Gynaecology and Obstetrics), Frankston Hospital.

#### **Minimum Referral Information Required**

**(Please note, cannot be processed if minimum information is missing)**

- **Referral must be addressed to a named practitioner Dr Jolyon Ford**
- Referral **must** include **Peninsula Health Request for Elective Admission Pack** (available from Peninsula Health) and to be coleted by the referring gynaecologist
- Referring practitioner name, provider number and signature.
- Date of referral
- Referral **must clearly state 'Ambulatory Hysteroscopy'** in the requested procedure slot
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral.
- Relevant medical history
- Medications
- Allergies
- **Results of all recent and relevant investigations** e.g. pelvic ultrasound in the last 3 months, biopsy reports and letters/correspondence relating to these

#### **Other Information**

- Patients are to be followed up by the referring clinician
- Lab results/procedure information will be directed to the referring clinician and/or a nominated GP post discharge.

- Patients will be asked to organise a follow up appointment with the referring clinician
- CPG available – Management of Abnormal Uterine Bleeding in Outpatients