

<h2 style="text-align: center;">Urogynaecology Multidisciplinary Service</h2> <h3 style="text-align: center;">Multidisciplinary Service for Women with Prolapse and Incontinence</h3>		
Categories for Appointment		
	Clinical description	Timeframe for Appointment
Category 1 - Urgent	Procidentia with erosion Prolapse causing urinary retention and catheterised	30 days
Category 2 – Routine	Prolapse or urinary incontinence	3-12 months
Emergency	Acute urinary retention	Immediate via Emergency Department
Eligibility Criteria		
<p>Women with uterovaginal prolapse or urinary incontinence requiring a multidisciplinary approach that may include continence advice, physiotherapy, gynaecological assessment and treatment (including pessaries or surgery), urodynamic investigations, geriatric assessment and management.</p>		
Exclusions		
<ul style="list-style-type: none"> <li>• Women with uterovaginal prolapse who <b>only</b> require supportive measures, continence advice or physiotherapy (use generic ACCESS referral)</li> <li>• Women who <b>only</b> require urodynamic investigations, eg those already under the care of a gynaecologist (Refer to Dr Anjali Khushu, Mornington Centre)</li> <li>• Haematuria – require an MSU and referral to urology to exclude bladder pathology</li> <li>• Faecal incontinence</li> <li>• Rectal prolapse</li> <li>• Suspected malignancy</li> <li>• Genital fistula</li> <li>• Pelvic pain</li> </ul>		
Alternative Referral Options		
<ul style="list-style-type: none"> <li>• RDNS or Generic ACCESS referral</li> </ul>		
Clinic Information		
<ul style="list-style-type: none"> <li>• Wednesday morning 8:30 – 12:30</li> <li>• The Mornington Centre: Corner Tyalla Grove &amp; Separation Street, Mornington Rosebud</li> <li>• Referral to ACCESS. Tel: 1300 665781, Fax: 9784 2309</li> </ul>		
<b>Minimum Referral Information Required</b> (Please note, cannot be processed if minimum information is missing)		
<ul style="list-style-type: none"> <li>• <b>Referral must be addressed to a named practitioner Dr Jolyon Ford &amp; Dr Anjali Khushu</b></li> <li>• Date of referral</li> <li>• Referring practitioner name, provider number and signature.</li> <li>• Patient's name, address, date of birth, Medicare number and phone number.</li> <li>• Clinical details and reason for referral</li> <li>• Relevant medical history</li> </ul>		

- Medications
- Allergies
- Treatments already attempted
- Results of all recent and relevant investigations including MSU and any recent pelvic imaging

#### Other Information

- **Continence Foundation of Australia** [on line resources](#)
- [Pelvic Floor First](#) (an Continence Foundation initiative)



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