

## **STANDARD OPERATING PROCEDURE- POLICY**

### **REFERRAL TO ANCILLARY SERVICES OR DIFFERENT SPECIALTIES FROM UROGYNECOLOGY AND GYNECOLOGY**

#### **SCOPE/APPLICABILITY:**

Women seen in the Urogynecology clinic receive benefit from ancillary services, such as Pessary Clinic or Physical Therapy or may be in need of evaluation and treatment by associated medical specialties such as General Urology or Gastroenterology. Varied mechanisms to refer patients to these services may result in delay in patient care if women are inappropriately referred. The purpose of this policy is to inform which patients to refer and how to refer them to appropriate services. This policy applies to women seen in the Urogynecology clinic who need to be referred to ancillary services or another medical specialty. This policy also describes the process for referrals from the UNMH Gynecology Clinics to the Urogynecology Pessary and Physical Therapy Clinics.

#### **PURPOSE:**

The purpose of this policy is to describe the procedure to refer Urogynecology patients to either supporting ancillary services such as Pessary Clinic and Physical Therapy or to different medical specialties such as General Urology or Gastroenterology, to describe the referral process from Gynecology to the Pelvic Floor Physical Therapists or Pessary Clinic.

#### **EVIDENCE:**

The Urogynecology Division manages multiple pelvic floor disorders. However, many conditions are better managed in conjunction with other services.

- Most patients that are referred to pessary or physical therapy services housed within Urogynecology Division must have a complete new patient evaluation with an Urogynecology attending physician.
- Gynecology attending private patients may be directly referred to Pessary Clinic in situations where the Attending UNMH Gynecologist plans on providing follow-up care of the pessary.
- Patients whom the UNMH Gynecologists wish to receive follow-up care from the UNMH Urogynecology Division should be referred directly to the UNMH Urogynecology clinic.
- Resident PCC patients should be referred directly to the UNMH Urogynecology clinic for evaluation prior to their referral to the Pessary or Physical Therapy Clinics.

Conditions beyond the scope of care for the Urogynecology Division include patients with nephrolithiasis, hematuria (gross or microscopic), suspected urologic cancer, or a spinal cord injury with subsequent bladder dysfunction. Women presenting with these complaints should be referred to General Urology for evaluation. Similarly, all patients with rectal prolapse should be referred to General Surgery/Colorectal services.

Patients with suspected inflammatory bowel disease, irritable bowel disease, and refractory constipation should be referred to Gastroenterology for evaluation.

## PROCEDURES


- 1) Patients to be referred to Pessary or Physical Therapy
  - Should undergo a full history and physical examination prior to being referred by either an UNMH Urogynecology or Gynecology attending
- 2) Patients to be referred to Urology
  - Patients with nephrolithiasis, gross or microscopic hematuria, suspected urologic cancer, spinal cord injuries
- 3) Patients to be referred to Colorectal Surgery/General Surgery
  - Patients with rectal prolapse, patients interested in surgical management of hemorrhoids
- 4) Patients to be referred to Gastroenterology
  - Patients with inflammatory bowel disease, un-evaluated diarrhea, refractory constipation, suspected colon cancer

## REFERENCES:

1. Bugge C, Adams E, Gopinath D, Reid F. Pessaries (mechanical devices) for pelvic organ prolapse in women. Cochrane Database Syst Rev. Feb 28;2 2013
2. Flagen S, Stark D. Conservative prevention and management of pelvic organ prolapse in women. Cochrane Database Syst Rev. 2011 Dec 7;(12)
3. Dumoulin C, Flay-Smith E, Habee-Seguin G. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. Cochrane Database Syst Rev. 2014 May 14;5
4. Lipp A, Shaw C, Glavind K. Mechanical devices for urinary incontinence in women. Cochrane Database Syst Rev. 2011 Jul 6;(7)
5. Asymptomatic microhematuria:  
<http://www.auanet.org/education/guidelines/asymptomaticmicrohematuria.cfm>

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## APPROVALS:

SOP Owner:	Peter Jeppson, MD	Date: 6/24/2020
Chair Approval:		Date: 6/29/2020
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*This information is a guideline and should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care.*