SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

STANDARD OPERATING PROCEDURE-GUIDELINE

UROGYNECOLOGY CONSULTATION AND JOINT PATIENT CARE

SCOPE/APPLICABILITY:

This policy applies to providers in the Department of Obstetrics and Gynecology who are caring for non-pregnant women who present with pelvic floor symptoms including, but not limited to, urge incontinence (UUI), stress urinary incontinence (SUI), mixed incontinence (MUI), pelvic organ prolapse (POP), chronic pelvic pain, vaginal fistula, long-term urinary retention or obstruction, vulvar disease, or congenital or gender identity issues regarding the genitalia who are considering treatment of these issues and are already under the care or anticipating being under the care of a NON-Urogynecologic provider in the Department of Obstetrics and Gynecology.

BACKGROUND:

Pelvic floor complaints are common in women, and over 10% of women will get surgery for pelvic floor issues such as POP or UI sometimes in their lifetime.(1) For this reason, it is very common for women to mention pelvic floor complaints to their gynecologic provider or another women's health provider, and often these providers seek to aid these patients in getting care through a subspecialist Urogynecologist. Unfortunately, in 2022, on the heels of several operating room restrictions that severely limited or delayed patient access to surgery for Urogynecologic complaints, several faculty members in the Department who are Urogynecologic Surgeons departed for other institutions. This surgeon shortage placed severe, additional strain on a service that already had many patients that has waited a very long time for surgery. At the time of the writing of this document, patients seeking Urogynecologic consultation at the University of New Mexico wait >90 days for appointments, and are waiting >180 days for surgery.

The Urogynecology Division seeks to be gracious and prompt consultants, and it is commonplace for us to provide care for patients of our fellow OBGYN providers by overbooking clinics, providing consultation or joint surgery care on our administrative days, and taking phone calls or questions from our colleagues during non-work hours. We do this because we want patients to get good care and value our professional relationships, but it is becoming increasingly difficult to maintain this level of availability and prompt care for patients referred from within our Department.

Therefore, this document was created at the request of the UNM Department of Obstetrics and Gynecology Executive Committee and will only be adopted as departmental guidance once vetted and approved by the Department Executive Committee. This document is based on the information available at the time it was written and is not intended to be a comprehensive guide

for all situations that might need Urogynecologist subspecialist care. Rather, it is meant to ensure that the standard of care for patients with pelvic floor complaints is upheld, the ability of Urogynecologic subspecialists to practice within reasonable boundaries and according to their standard of care is supported, and other patients that are not referred by or through providers within the Department of Obstetrics and Gynecology are not further delayed, displaced, or having their care compromised by changes made to care for patients that come from intradepartmental consultation.

PURPOSE:
To describe expectations and parameters for the timing and expectations for consultation and mutual care of women presenting to providers within the Department of Obstetrics and Gynecology who, based on the patient's situation, desire subspecialty consultation and care from a Urogynecologist surgeon from with Urogynecology Division.

DEFINITIONS:
Consultation: The evaluation, making of a treatment plan, and communication with the physician requesting consultation, on the part of a subspecialist with expertise in a distinct problem or set of problems experienced by the patient. For the purpose of this document, this pertains to the request from a physician within the Department of Obstetrics and Gynecology that a Urogynecology surgeon evaluate, make a treatment plan for, and possibly treat or perform ongoing management for a patient with a Urogynecologic complaint.

Joint surgery: A surgery in which patients are expected to have at least two different surgical services with distinct and separate attending surgeons performing surgery during the same episode under anesthesia. For the purpose of this document, this pertains to the request from a physician within the Department of Obstetrics and Gynecology that a Urogynecology surgeon plan and execute a surgery in which the patient is having a surgery from another attending surgeon within the Department of Obstetrics and Gynecology (generalist service, family planning, gynecologic oncology, etc.) and also have a surgery in the same episode of anesthesia from a Urogynecologic surgeon on a pathology relevant to Urogynecology.

Intraoperative Consultation: The evaluation, making of a treatment plan, and communication with the physician requesting consultation, on the part of a subspecialist with expertise in a distinct problem or set of problems experienced by the patient, while the patient in under anesthesia while having surgery on another pathology than that which prompted consultation. For the purpose of this document, this pertains to the request from a physician within the Department of Obstetrics and Gynecology that a Urogynecology surgeon evaluate, make a treatment plan for, and possibly treat, operate, or perform ongoing management for a patient with a possible Urogynecologic pathology that was found at the time of a surgery done for another gynecologic issue.

Overbook: The scheduling of a patient in a clinic or operating room spot for treatment or consultation with a provider when there is, per the clinic or OR schedules or rubrics, not available space and/or time to treat or evaluate that patient without directly compromising the

space and time given to another patient being cared for by the same provider or team. For the purpose of this document, this pertains to the request from a physician within the Department of Obstetrics and Gynecology that a Urogynecology surgeon evaluate, make a treatment plan for, and possibly treat, operate, or perform ongoing management for a patient with a possible or known Urogynecologic pathology despite not having room available in their clinic or OR schedule to evaluate or treat that patient without compromising the care of another patient or patients.

Non-urgent pathology: Pathology that would not cause permanent morbidity or mortality if left unaddressed for 90 days. For the purpose of this document, this pertains to gynecologic pathology that would be under the scope of practice of providers within the Department of Obstetrics and Gynecology that is considered non-urgent. Most Urogynecologic pathology is considered non-urgent.

Established patients: Patient that have NOT been already seen by a provider of the same service line (midwife, nurse practitioner, physician/surgeon, etc.) in the last 3 years to the day. For the purpose of this document, this pertains to Urogynecology patients that have not been seen by a provider within the Division of Urogynecology for the last 3 years.

Urgent pathology: Pathology which would cause severe morbidity or mortality risk if the issue is not addressed within 30 days. For the purpose of this document, this pertains to gynecologic pathology that would be under the scope of practice of providers within the Department of Obstetrics and Gynecology that is considered urgent, such as pelvic/gynecologic malignancy, acute menstrual or uterine bleeding which cannot be managed by a non-surgical route without severe danger to the patient, or other gynecologic issues that would result in organ or function loss that is irreversible without surgery for the issue within 30 days.

PERTINENT FACTS ABOUT UROGYNECOLOGIC CARE:

Patients that are undergoing Urogynecologic care face complex decisions regarding their care, and this care and these decisions are rarely urgent or emergent. Pelvic floor complaints are related to quality of life and the ability of persons identifying as women or having cis-female genitalia or reproductive organs to function at their best in life. That being said, these disorders rarely cause dangerous morbidity or mortality, and it is the ideal standard of care for these patients to be seen and carefully evaluated, with a full history and physical, have a detailed pelvic exam by a provider trained in Urogynecologic exams, and have a detailed discussion about the available treatments and the nature, advantages, and disadvantages of these. Typical consultations for patients not prior known to this service typically take 60-90 minutes, and patients presenting with multiple pelvic floor complaints simultaneously or significant medical comorbidities that complicated the treatment plan often take longer to see and evaluate on the first visit. To ask a Urogynecologic provider to see and evaluate a patient in less time than this compromises the process of the patient getting adequate information and choices.

After the first visit, the patient often requires more testing and further discussion prior to any invasive or non-reversible treatment, such as surgery, being planned. At the bare minimum, most patients presenting with surgical pathology will have testing such as urodynamics, urine testing to rule out bleeding or infection, and a preoperative discussion where there is detailed conversation around the risks, benefits, nature, and alternatives to the particular surgery that they and their surgeon have determined is optimal for them in prior discussion, at the first visit or at subsequent testing. Given the current strain on clinical services within Urogynecology, this process can take up to 3-6 months to complete and do without compromising the patient's workup or displacing other patients. Traditionally, Urogynecologic surgeons who have patients with urgent pathology that co-exists with our non-urgent or less urgent Urogynecologic pathology have rushed these workups or overbooked patients in clinics already full of patients to execute proper workup and discussion, but this compromises multiple parties. Such things may lead to missing important confounding factors to the treatment plan in the history or workup, limited understanding or misunderstanding on the part of the patient, or the surgeon not informing the patient fully of options or giving adequate informed consent.

PROCEDURES:

The following are recommendations for appropriate time frames for consultation, planning of joint surgery, or intraoperative consultation for Urogynecologic providers from other providers within the Department of Obstetrics and Gynecology.

Consultation:

- Patients being referred for consultation on non-urgent pathology will be allowed up to 90 days until their consultation visit with the Urogynecology service if they are not an established patient.
- If patients are an established patient of the Urogynecology service and a non-Urogynecologic provider in the Department of OBGYN is seeking for them to receive care on a new problem for which there has not prior been a plan made, up to 60 days will be allowed for the Urogynecology clinic to see and evaluate them again. If they are an established patient of the Urogynecology service and seeking updated discussion around a problem that has been addressed prior and had a prior plan or intervention, up to 30 days will be allowed for the Urogynecology clinic to see and evaluate them again.
- If the patient is scheduled within the bounds of time given above through regular channels (through contact of the scheduling center, through contact of the clinic staff), then the attending provider seeking the Urogynecologic consultation shall not attempt to contact a Urogynecologic attending to override or move up the appointment, unless the requesting provider feels that the patient's issue does NOT qualify as a non-urgent pathology.
- If the patient is NOT scheduled within the bounds of time given above through regular channels (through contact of the scheduling center, through contact of the clinic staff), then the attending provider seeking the Urogynecologic consultation, or a representative of their service, may attempt to contact a Urogynecologic learner, such as a resident or fellow on rotation, to override or move up the appointment, to within the appropriate time frame.

- Requests to overbook clinics for Urogynecologic providers shall not be accommodated for non-urgent pathology. Requests from non-Urogynecologic providers to learners (residents, fellows, etc.) or staff (schedulers, MAs, nurses) to overbook the Urogynecologic provider in order to evaluate a patient that the Urogynecologic provider has not requested to see urgently will not be considered valid, learners will be supported by the Urogynecologic providers in declining these requests or deferring them to the Urogynecologic attending directly, and such requests must always be approved by the Urogynecologic provider in question prior to being considered.

Planning or considering joint surgery for mutually non-urgent pathology:

- Patients being referred for consultation on non-urgent Urogynecologic pathology*, where the requesting provider within the Department of Obstetrics and Gynecology is planning a surgery on another, non-urgent pathology, will be allowed to have 90 days until their planned joint surgery with the Urogynecology service if they are not an established patient.**
- If patients are an established patient of the Urogynecology service and a non-Urogynecologic provider in the Department of OBGYN is seeking for them to receive care to plan a joint surgery for a new problem for which there has not prior been a plan made, up to 60 days will be allowed from the time of request to the date of the planned joint surgery. If they are an established patient of the Urogynecology service and seeking updated discussion around a problem that has been addressed prior and had a prior plan or intervention, up to 30 days will be allowed from the time of request to the date of the planned joint surgery.
- If the patient is scheduled within the bounds of time given above through regular channels (through contact of the residents or fellows on service), then the attending provider seeking the Urogynecologic consultation to plan for a joint surgery shall not attempt to contact a Urogynecologic attending to override or move up the appointments or surgical planning unless the requesting provider feels that the patient's issue does NOT qualify as a non-urgent pathology.
- If the patient is NOT scheduled within the bounds of time given above through regular channels (through contact of the scheduling center, through contact of the clinic staff), then the attending provider seeking the Urogynecologic consultation, or a representative of their service, may attempt to contact the Urogynecologic attending to override or move up appointments or surgical planning to within the appropriate time frame.
- If a Urogynecologic attending surgeon, in conversation with the requesting attending provider, communicates that the Urogynecologic issue is non-urgent and the joint surgery cannot be accommodated or performed in the time frame requested without compromising either (1) the appropriate consultation and workup of the patient for the Urogynecologic surgery, (2) the safety of the Urogynecologic surgery itself, or (3) the presence of appropriate surgical personnel or supervision for the Urogynecologic component of the surgery to be performed, then the requesting attending will consider an alternative plan for the joint surgery or accept a plan to do their surgery without the

Urogynecologic component and allow the Urogynecology service to perform their treatment for the Urogynecologic problem, including surgery if indicated, at an interval.

- Requests to overbook clinics for Urogynecologic providers in order to prepare a patient for joint surgery shall not be accommodated for non-urgent pathology unless overbooking is the only way to accommodate the time frames given above. Requests from non-Urogynecologic providers to learners (residents, fellows, etc.) or staff (schedulers, MAs, nurses) to overbook the Urogynecologic provider in order to evaluate a patient that the Urogynecologic provider has not requested to see urgently will not be considered valid, learners will be supported by the Urogynecologic providers in declining these requests or deferring them to the Urogynecologic attending directly, and such requests must always be approved by the Urogynecologic provider in question prior to being considered.

Planning or considering joint surgery for urgent pathology on the non-Urogynecology side and non-urgent pathology on the Urogynecology side:

- Patients being referred for consultation on non-urgent Urogynecologic pathology*, where the requesting provider within the Department of Obstetrics and Gynecology is planning a surgery on another, urgent pathology*, will be allowed to have 30 days until their planned joint surgery with the Urogynecology service if they are not an established patient.**
- If patients are an established patient of the Urogynecology service and a non-Urogynecologic provider in the Department of OBGYN is seeking for them to receive care to plan a joint surgery for a new problem for which there has not prior been a plan made, up to 14 days will be allowed for the Urogynecology clinic to see and evaluate them again and plan a joint surgery until the joint surgery is expected to take place. If they are an established patient of the Urogynecology service and seeking updated discussion around a problem that has been addressed prior and had a prior plan or intervention, up to 7 days will be allowed for the Urogynecology clinic to see and evaluate them again and plan a joint surgery until the joint surgery is expected to take place.
- If the patient is scheduled within the bounds of time given above through regular channels (through contact of the residents or fellows on service), then the attending provider seeking the Urogynecologic consultation to plan for a joint surgery shall not attempt to contact a Urogynecologic attending to override or move up the appointment, unless the requesting provider feels that the patient's issue does NOT qualify as a non-urgent pathology.
- If the patient is NOT scheduled within the bounds of time given above through regular channels (through contact of the scheduling center, through contact of the clinic staff), then the attending provider seeking the Urogynecologic consultation, or a representative of their service, may attempt to contact the Urogynecologic attending to override or move up appointments or surgical planning to within the appropriate time frame.
- If a Urogynecologic attending surgeon, in conversation with the requesting attending provider, communicates that the Urogynecologic issue is non-urgent and the joint surgery

cannot be accommodated or performed in the time frame requested without compromising either (1) the appropriate consultation and workup of the patient for the Urogynecologic surgery, (2) the safety of the Urogynecologic surgery itself, or (3) the presence of appropriate surgical personnel or supervision for the Urogynecologic component of the surgery to be performed, then the requesting attending will consider an alternative plan for the joint surgery or accept a plan to do their surgery without the Urogynecologic component and allow the Urogynecology service to perform their treatment for the Urogynecologic problem, including surgery if indicated, at an interval.

- Requests to overbook clinics for Urogynecologic providers in order to prepare a patient for joint surgery shall not be accommodated for non-urgent pathology unless overbooking is the only way to accommodate the time frames given above. Requests from non-Urogynecologic providers to learners (residents, fellows, etc.) or staff (schedulers, MAs, nurses) to overbook the Urogynecologic provider in order to evaluate a patient that the Urogynecologic provider has not requested to see urgently will not be considered valid, learners will be supported by the Urogynecologic providers in declining these requests or deferring them to the Urogynecologic attending directly, and such requests must always be approved by the Urogynecologic provider in question prior to being considered.

REFERENCES:

1. Wilkins MF, Wu JM. Lifetime risk of surgery for stress urinary incontinence or pelvic organ prolapse. Minerva Ginecol. 2017 Apr;69(2):171–177.

APPROVALS:

SOP Owner:	Kate Meriwether, MD	Date: 7/1/22
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