



CRITERIA FOR REFERRAL FOR EMERGENCY GYNAE UNIT ASSESSMENT

Who are we?

Dedicated team including

- Specialist nurse (Band 7)
- Sonographer
- Health care support worker
- Junior Doctor
- Receptionist

- Supported by on call Gynaecology registrar and consultant

- Overseen by EPU/EGU Lead Consultant

Where are we?

Based in the early pregnancy unit just outside of Ward 20 (4th Floor, Women's Health Unit)

Who can refer?

We will accept referrals from

- GP
- Community midwife
- A&E
- Obstetrics & Gynaecology Team

How to refer?

Telephone line for advice and clinic appointment booking manned by specialist nurse 8am-5pm Monday-Friday

Appointments 13.00-15.30 Monday-Friday

Out of hours referral via on call Consultant/registrar (contacted through switchboard) who will have access to appointment slots for booking (require patient name, date of birth and contact telephone number).

What to expect

Patients will be given a 30 minute appointment time. They are usually seen by the junior doctor and specialist nurse for assessment. Blood tests and ultrasound scans may be arranged if indicated and they may be reviewed by a senior member of the team if necessary.

Follow up if required may be arranged either back in the EGU or in main GOPD if appropriate.

Who do we see?

Patients who are not suitable to wait for GOPD appointment but who do not have an acute problem (requiring A&E/immediate review)

- Patients 14-20 weeks pregnant with pain and/or bleeding NB. Must have positive pregnancy test, if light spotting only can be seen by m/w in ANC for auscultation of FH
- Ongoing PV bleeding >6 weeks post delivery
- Vulval/labial abscess
- Post-op complications <6 weeks post gynae surgery (not for suspected collection, these patients will need to be seen on the ward/scanned in the main department)
- Mild-moderate pelvic pain NB. Not chronic (seen in GOPD) or with acute abdomen (A&E)
- Post TOP complications <6 weeks post procedure
- Post miscarriage complications <6 weeks post miscarriage
- Post colposcopy complication <2 weeks post colposcopy
- Suspected PID
- Accidental genital tract trauma
- Suspected ovarian cyst if symptomatic NB. Not suspected torsion (not suitable for delayed review)
- Patients with previous recurrent miscarriage, ectopic or molar pregnancy for early assessment (5-6/40)

EXCLUSION CRITERIA FOR EGU

- Less than 14 weeks pregnant (should be booked for EPU assessment)
- Acutely unwell/unstable patients ie. Suspected ovarian torsion/ruptured ectopic
- Chronic pelvic pain (refer GOPD)
- Heavy/irregular menstrual bleeding (refer GOPD unless need acute transfusion then admit to ward via on call gynaecology team)
- Pelvic mass (refer pelvic mass clinic)
- Post menopausal bleeding (refer PMB clinic)
- Post coital bleeding (refer GOPD if necessary)

EPU REFERRAL CRITERIA

- 6-13 weeks pregnant with pain and/or bleeding NB. MUST have positive pregnancy test
- <6 weeks pregnant – patients will be seen, assessed and initial blood β -HCG taken. Patients will be contacted by telephone once results available for further management plan.
- Suspected retained products of conception <6 weeks post delivery