RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

Gynaecology Referral Top Tips

North West London Integrated Care System
South West London Integrated Care System

Ensure <u>full completion</u> of the ESSENTIAL parts of the 2WW form.

Lack of information / insufficiently completed forms could lead to:

Hospital consultants not having adequate information to assess patient

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Patients discharged back to primary care for referral again

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Increased pressure on 2WW pathway

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Poor patient experience and outcomes

If you are not sure that the patient's specific symptoms / condition meets the criteria, seek **Advice and Guidance (A&G).**

Advice should be provided within 3 working days. Do not delay a referral if a response has not been received within 1 week.

For further support and guidance on referral guidelines for Gynaecology visit:

<u>Gynaecology : North West London ICS (nwlondonicb.nhs.uk)</u>

Endometrial

- **Bleeding on HRT is common within** the 4-6 month window. Within this time there are lots of changes you can try. See SWL guidelines <u>https://swlimo.southwestlondon.icb.nhs.uk/clinical-guidance/6-endocrine-system/menopause/</u>
- Even after this 4-6 month window, you could request an USS to check the Endometrial thickness, **a lining of less than 4mm does not need a referral.**
- **Heavy menstrual bleeding – in young women <45 years,** there is rarely a reason for this to genuinely need a 2WW referral. The 45+ group might, if there is a very acute change or they have risk factors for endometrial cancer. Most of these women referred are much younger and have chronic issues.
- **Gynaecologists would not necessarily investigate asymptomatic thickened endometrium on USS under 10mm**
- Those asymptomatic patients with an **endometrium thickness of >10mm without bleeding can be referred to urgent hysteroscopy referral (not 2ww)**

Cervical

- **Patients with postcoital bleeding and an ectropion with normal cytology** can be managed in primary care as per NWL guideline: https://www.nwlondonicb.nhs.uk/professionals/referral-guidelines-and-clinical-documents/gynaecology
- These women should have an STI screen first to exclude chlamydia then a routine gynae referral or use A&G if the cytology history is up to date and negative and no obvious cancer visible.
- **If there is bleeding on contact**, preferably the patient should be referred to Colposcopy clinic and not Rapid Access clinic, as colposcopy can perform detailed cervical examination.
- **Cervical polyps** can be managed in primary care as or if not possible they should be referred to a routine gynae outpatients as almost always a benign condition as per NWL guideline: https://www.nwlondonicb.nhs.uk/professionals/referral-guidelines-and-clinical-documents/gynaecology
- **Patients with abnormal cytology should be referred to colposcopy** and not rapid access clinic.

Ovarian

- **Raised CA125 in pre-menopausal women** – there are few indications for testing CA125 except for new onset bloating and ovarian cyst with concerning features. There are multiple other causes for raised CA125 including endometriosis, adenomyosis, haemorrhagic cyst, recent ovulation.
- In a woman with Raised CA125 with a normal scan other non gynaecological cancers should be considered.
- **Ultrasound findings:** benign ovarian cysts or endometrial polyps in premenopausal women rarely need a 2WW. Usually the sonographer will have written that findings fit 2WW criteria and will **specify this clearly.**