**University Hospitals Susssex**

**Urogynaecology Clinic Referral Proforma:**

**Haematuria:**

Patients should be referred on the suspected cancer pathway referral (for an appointment within 2 weeks) for bladder cancer if they are:

- aged 45 and over and have:

* unexplained visible haematuria without urinary tract infection
* visible haematuria that persists or recurs after successful treatment of urinary tract infection

**or**

- aged 60 and over and have:

* unexplained non‑visible haematuria and either dysuria or a raised white cell count on a blood test.

Patients aged 60 and over with recurrent or [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#terms-used-in-this-guideline) unexplained urinary tract infection should be considered for non urgent referral on the suspected cancer pathway referral for bladder cancer.

**Urinary Incontinence**

* **Patients with urinary incontinence who also have;**
* persisting bladder or urethral pain
* associated faecal incontinence
* suspected neurological disease
* symptoms of voiding difficulty
* suspected urogenital fistulae
* previous continence surgery
  + Type / Date

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* previous pelvic cancer surgery
  + Type / Date

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* previous pelvic radiation therapy
  + Indication / Date

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* clinically benign pelvic masses
  + pelvic ultrasound scan

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* Pelvic organ prolapse reaching the level of the hymen
* **Overactive bladder (frequency, nocturia, urgency, urge incontinence) who did not improve on conservative measures;** 
  + Fluid advice: reduced caffeine intake, reduced fizzy drink, adequate water intake
  + Weight loss
  + Smoking cessation
  + Bladder drill supervised by a specialist physiotherapist
  + At least two medications:
    - First line: oxybutinin, tolterodine
    - Second line: vesicare, toviaz, regurin
    - Third line: betmiga
    - Local oestrogen for postmenopausal women with local atrophy
* Medications used

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |
| Dose |  |  |  |  |  |
| Duration |  |  |  |  |  |

* **Stress incontinence who did not improve on conservative measures** 
  + Pelvic floor muscle training supervised by a pelvic floor physiotherapist
  + Smoking cessation
  + Weight loss
* **Mixed overactive bladder (frequency, nocturia, urgency, urge incontinence) and stress incontinence who did not improve on conservative measures** 
  + Pelvic floor muscle training supervised by a pelvic floor physiotherapist
  + Fluid advice: reduced caffeine intake, reduced fizzy drink, adequate water intake
  + Weight loss
  + Smoking cessation
  + Bladder drill supervised by a specialist physiotherapist
  + At least two medications:
    - First line: oxybutinin, tolterodine, vesicare
    - Second line: toviaz, regurin
    - Third line: betmiga
  + Local oestrogen for postmenopausal women with local atrophy

Medications used

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |
| Dose |  |  |  |  |  |
| Duration |  |  |  |  |  |

**Patients with pelvic organ prolapse:**

Patients with Failed or not accepted / appropriate conservative measures:

* Declined / failed / problems with vaginal pessaries
* Tried / declined supervised pelvic floor muscle training for mild / moderate prolapse not protruding beyond the hymen
* Weight loss
* Smoking cessation
* Attention to constipation
* Defecation posture

**Recurrent Urinary Tract Infections:**

* Urinary tract infections proven with culture and sensitivity tests:
  + Dates / microbe(s) / antibiotic prescribed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
| Microbe(s) |  |  |  |  |  |
| Antibiotic |  |  |  |  |  |

**Other:**

* Mesh / tape related problems
* Suspected fistula
* Bladder pain
* Congenital malformations
* Please specify......……………………………………………………………………

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