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 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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