

# OB/GYN Referral Guidelines and Recommendations

## General Referral Instructions

### **Include Documentation:**

- Attach the most recent chart note detailing the current issue.
- Fax all relevant imaging reports with the referral.
- For outside facilities, push images to PACS whenever possible.
- Ensure testing results are available, especially pap smear and pathology reports.

### **Same-Day Procedures:**

While we strive to perform procedures on the same day as the consultation, this is not always feasible. Please inform patients accordingly.

- **Typically Performed Same-Day:**
  - IUD or Nexplanon insertion/removal
  - Pap smear
  - Colposcopy
  - Endometrial biopsy
  - Vulvar biopsy
  - Bartholin's gland cyst drainage/Word catheter placement
- **Typically Not Performed Same-Day:**
  - LEEP/Cone biopsy
  - Hysterosalpingogram (HSG)
  - Hysteroscopy
  - Surgical procedures requiring anesthesia
  - Cerclage
  - External cephalic version (ECV)
- If a second visit poses a hardship for the patient, contact our triage RNs (509-433-3206) to coordinate care on a case-by-case basis.

### **MRI Use:**

MRIs are rarely indicated in OB/GYN. It is unnecessary to order an MRI prior to consultation, even if recommended in the radiologist's report. The OB/GYN will determine necessity during the visit.

## **Referral Guidelines by Condition**

### **Abnormal Pap Smear**

- Fax Pap smear and HPV results with referral.
- Ensure HPV results include genotyping (HPV 16, 18, or other high-risk types).
- Use the ASCCP algorithm to determine if referral is necessary, especially for:
  - First-time HPV+ (non-16/18) with NILM
  - ASC-US with negative HPV

### **Postmenopausal Bleeding**

- Order a pelvic ultrasound
- Refer for endometrial biopsy.

### **Pelvis Organ Prolapse**

- Refer for consultation for management options
- Consider Pelvic Floor Physical Therapy referral

### **Menorrhagia / Abnormal Uterine Bleeding**

- Order a pelvic ultrasound.
- Consider CBC and thyroid screening.

### **Dysmenorrhea**

- Order a pelvic ultrasound.

### **Polycystic Ovary Syndrome (PCOS)**

- Consider the following labs:
  - LH, FSH, Testosterone, DHEA
  - Thyroid screen
  - 1-hour glucose tolerance test
  - Fasting lipid panel

### **Lost IUD Strings**

- Order a pelvic ultrasound.

## **OB Referrals from Family Practice / Midwives**

- Clearly document the working Estimated Due Date (EDD).
- Include the initial dating ultrasound report and push images to PACS if possible.
- Attach all prenatal records and labs.
- For TOLAC/Repeat C-section consults, send referrals early to ensure scheduling by 30 weeks gestation.

## **Conditions Not Managed by Confluence Health OB/GYN**

### **Gynecologic Cancers**

- We do not manage active cancer cases – only post-treatment surveillance.
- Refer newly diagnosed patients (endometrial, ovarian, cervical, vulvar, vaginal) directly to Gynecologic Oncology (Gyn/Onc). We most often refer to the following:
  - University of Washington Gyn/Onc
  - Dr. Shah at Swedish Issaquah
  - Providence Gyn/Onc in Spokane
- For endometrial cancer, consider a STAT CT chest/abdomen/pelvis for staging as this may be requested by the Gyn/Onc team.

### **Difficult Nexplanon Removal**

- Refer to General Surgery for ultrasound-guided removal.

### **Breast Issues Requiring Surgery**

- Refer to General Surgery.

### **Bladder Concerns**

- Refer to Urology for:
  - Urge incontinence (urodynamic testing)
  - Bladder Spasms
  - Interstitial cystitis (IC)
  - Recurrent UTIs in premenopausal women

### **Upper Abdominal Pain**

- Typically not gynecologic in origin – explore other etiologies.