# Alberta Surgical Initiative Provincial Adult Gynecology Referral Pathway



## About this Pathway

Referral pathways help referring providers know where to send referrals and what information to include. These guidelines were created, updated, and codesigned with primary care, specialty care and patients.



We value all feedback to improve referral pathway. Please share your comments via <u>Online Survey</u> or scan the QR code.

# **Request Urgent Advice**

(Patient may need to be seen immediately. Patients with conditions that require same day intervention and/or diagnostics but not hospitalization; not life threatening)

#### Call **<u>RAAPID</u>** urgent tele-advice:

- RAAPID North: 1-800-282-9911.
- RAAPID South: 1-800-661-1700.

Gynecology on Call via Hospital Switchboard

### **Request Emergency Consultation**

(patient NEEDS to be seen immediately)

Call **<u>RAAPID</u>** or send to **Emergency Department** via 911 as appropriate.

#### **Review Clinical Pathway** (for guidance on referral process, if available)

A clinical pathway may be available to guide care options for your patient's condition:

#### Provincial

- Provincial Abnormal Uterine Bleeding Clinical Pathway
- Provincial Post-Menopausal Bleeding Clinical Pathway
- Provincial PCOS Clinical Pathway
- Provincial Female Urinary Incontinence Clinical Pathway

#### **Calgary Zone**

Bleeding After Pregnancy Clinical Pathway

If you have any questions while using a clinical pathway or if a clinical pathway is not available, please request non-urgent advice.

# **Request Non-Urgent Advice**

(when uncertain whether to submit a referral)

If you have been directed to seek Advice or need to connect with a Specialist:

#### By electronic advice (Response within 5 calendar days):

Use **Alberta Netcare eReferral** and submit an **eConsult** request. For more information, go to: <u>eReferral</u>, <u>Netcare Learning Centre</u>

#### By telephone advice:

**North & Edmonton Zones:** Call **ConnectMD** at 1-844-633-2263 or go online to <u>penconnectmd.com</u> for more information.

**Calgary Zone:** Visit <u>specialistlink.ca</u> to request tele-advice, and for more information. Tele-advice is available Monday to Friday (except statutory holidays).

#### Request Non-Urgent Referral (when patient requires non-urgent referral)

Submit a referral as per the process below:

- Complete a referral letter stating the reason for referral. Tip: Review the <u>QuRE Referral/Consult Checklist</u> for high quality referral guidelines. A <u>form</u> is also available.
- Attach all mandatory information to the referral.
- Fax the completed referral to the FAST (Facilitated Access to Specialized Treatment) central access and intake program as listed in the Program Contacts section.

If you have questions about a previously submitted but unassigned referral, call the FAST office at 1-833-553-3278. If you have questions about an assigned referral, please contact the specialist office directly.

Post Menopausal Bleeding

Post Reconstructive Concerns

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HSIL on Pap Smear (HSIL)

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Infertility

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# **Program Contacts**

	North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
Urgent Advice or Emergency Consultation	RAAPID North Tel 1-800-282-9911 <u>www.ahs.ca/RAAPID</u>	RAAPID North Tel 1-800-282-9911 <u>www.ahs.ca/RAAPID</u>	RAAPID North Tel 1-800-282-9911 RAAPID South Tel 1-800-661-1700 www.ahs.ca/RAAPID	RAAPID South Tel 1-800-661-1700 www.ahs.ca/RAAPID	RAAPID South Tel 1-800-661-1700 <u>www.ahs.ca/RAAPID</u>
Non-Urgent Advice	Connect MD <u>Online request</u> Tel 1-844-633-2263 <u>pcnconnectmd.com</u>	Connect MD <u>Online request</u> Tel 1-844-633-2263 <u>pcnconnectmd.com</u>	Coming Soon	Specialist Link Tel 1-844-962-5465 <u>specialistlink.ca</u>	Coming Soon
Zone FAST* Team	North Zone FAST Team Tel 1-833-553-3278 ext. 1 Fax 1-833-627-7025	Edmonton Zone FAST Team <b>for</b> <b>COLPOSCOPY ONLY</b> Tel 1-833-553-3278 ext. 2 Fax 780-643-1491 For other reasons for referral: Refer to <u>Alberta Referral Directory</u> for clinic and specialist contact numbers.	Central Zone FAST Team Tel 1-833-553-3278 ext. 3 Fax 1-833-627-7022	Calgary Zone Refer to <u>Alberta Referral</u> <u>Directory</u> for clinic and specialist contact numbers.	South Zone FAST Team Tel 1-833-553-3278 ext. 5 Fax 1-833-627-7024 For Lethbridge: Refer to <u>Alberta Referral Directory</u> for clinic and specialist contact numbers.

\*FAST (Facilitated Access to Specialized Treatment) central access and intake program.



	CERVICAL FOR COLPOSCOPY				
Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)	
Cervical Lesion Suspected Benign		<ul> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary: Refer to <u>Calgary Colposcopy Clinic at Calgary</u> <u>Women's Health Centre.</u></li> <li>Edmonton Zone: Refer using Edmonton FAST <u>Edmonton FAST</u></li> </ul>		<ul> <li>Description of cervix abnormalities.</li> <li>If unable to complete polyic exam please</li> </ul>	
Cervical Lesion Suspected Malignant Solid, Friable, Fungating	2 weeks	<ul> <li><u>Colposcopy Form.</u></li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>		pelvic exam, please include reason. Please refer to <u>Trauma Informed</u> <u>Exam Guide.</u>	
		CERVICAL LESION			
Cervical Polyp		<ul> <li>No colposcopy required.</li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Description of abnormality.</li> </ul>		



ABNORMAL FINDINGS ON PAP SMEAR FOR COLPOSCOPY				
Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
ASCUS on Pap Smear with Positive HPV Test (ASCUS HPV +)	6 months			
ASCUS on Pap Smear (Includes Persistent)	6 months			
LSIL on Pap Smear with Positive HPV Test (LSIL HPV +)	6 months	<ul> <li>Central and North Zone: Send referral to Zone FAST Team.</li> </ul>		Description of cervix
LSIL on Pap Smear (Includes Persistent)	6 months	<ul> <li>Calgary: Refer to <u>Calgary Colposcopy Clinic at Calgary</u> <u>Women's Health Centre.</u></li> <li>Edmonton Zone: Refer using Edmonton FAST <u>Edmonton FAST</u></li> </ul>	Pathology Report.	<ul><li>abnormalities.</li><li>If unable to complete pelvic exam, please include</li></ul>
ASC-H On Pap Smear (ASC-H)	6 weeks	Colposcopy Form. South Zone: • Lethbridge: Refer direct to gynecology.		reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u>
Atypical Glandular Cells on Pap Smear (AGC)	6 weeks	<ul> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul>		
HSIL on Pap Smear (HSIL)	6 weeks			
Adenocarcinoma In Situ of Cervix (AIS)	6 weeks			



	GENITOURINARY				
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)		
<b>Urinary Incontinence</b> (Female)	<ul> <li>Refer to <u>CLINICAL PATHWAY: PROVINCIAL</u> <u>FEMALE URINARY INCONTINENCE</u>.</li> <li>Central and North Zone: Send referral to <u>Zone FAST</u> <u>Team.</u></li> <li>Calgary Zone: Send referral to <u>Calgary Pelvic Floor</u> <u>Clinic at Calgary Women's Health Center.</u></li> <li>Edmonton Zone: Refer direct to gynecology as per current zonal practice.</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Previous treatment initiated (if any).</li> <li>Within course of illness: <ul> <li>Urinalysis</li> <li>Urine Culture</li> </ul> </li> <li>Pelvic exam: Describe the abnormal findings (e.g., description of vulva, leakage with coughing, description of prolapse) or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to Trauma Informed Exam Guide.</li> </ul>	<ul> <li>If concerned about emptying, measure post void residual (PVR). PVR results can aid with triage but are often performed in specialty care settings.</li> </ul>		
Pelvic Organ Prolapse	<ul> <li>Central and North Zone: Send referral to Zone FAST Team.</li> <li>Calgary Zone: Send referral to Calgary Pelvic Floor Clinic at Calgary Women's Health Center.</li> <li>Edmonton Zone: Refer direct to gynecology as per current zonal practice.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to Zone FAST Team.</li> </ul> </li> </ul>	<ul> <li>Pelvic exam findings including a description of findings such as:         <ul> <li>Size of prolapse</li> <li>Relevant findings</li> <li>Previous treatment initiated</li> </ul> </li> <li>If unable to complete pelvic exam, please include reason. Please refer to Trauma Informed Exam Guide.</li> </ul>	• If prolapse is stage 4 (uterus is grapefruit to basketball size) order creatinine to rule out post- renal obstruction.		
Vesico-Urethral Fistula	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST</u> <u>Team.</u></li> <li>Calgary Zone: Send referral to <u>Calgary Pelvic Floor</u> <u>Clinic at Calgary Women's Health Center.</u></li> <li>Edmonton Zone: Refer direct to gynecology as per current zonal practice.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Detailed History         <ul> <li>Surgery</li> <li>Obstetrical History</li> <li>Pelvic Intervention</li> </ul> </li> <li>Pelvic exam: Describe the abnormal findings (e.g., abnormal appearing vaginal mucosa, evidence of female genital cutting) or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to Trauma Informed Exam Guide.</li> <li>No imaging required for referral.</li> </ul>	<ul> <li>Any imaging will be ordered by specialist as necessary.</li> </ul>		



	GENITOURINARY					
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)			
<b>Mesh Complications</b> (From Previous Prolapse Repair or Incontinence Repair)	<ul> <li>Central and North Zone: Send referral to Zone FAST Team.</li> <li>Calgary Zone: Send referral to <u>Calgary Pelvic Floor</u> <u>Clinic at Calgary Women's Health Center.</u></li> <li>Edmonton Zone: Refer direct to gynecology as per current zonal practice.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Pelvic exam findings including a description of findings such as:         <ul> <li>Exposed foreign body or mesh</li> <li>Patient symptoms (if any)</li> </ul> </li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam Guide.</u></li> </ul>	<ul> <li>Surgical history and OR report if available.</li> </ul>			

	MENSTRUAL/UTERINE ABNORMALITIES				
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)		
Abnormal Uterine Bleeding (AUB) Includes: Menorrhagia	<ul> <li>Refer to <u>CLINICAL PATHWAY: ABNORMAL UTERINE</u> <u>BLEEDING.</u></li> <li>Refer to <u>CLINICAL PATHWAY: POST-MENOPAUSAL</u> <u>BLEEDING.</u></li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Pelvic exam: Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> <li>CBC.</li> <li>Transvaginal ultrasound report<sup>1.</sup></li> </ul>	<ul> <li>Ferritin can provide additional information that can aide with triage.</li> <li>Pap Test.</li> <li>STI Screening.</li> <li>Endometrial biopsy (if available) &gt; 40 years old or &lt; 40 years old with significant risk factors present.</li> </ul>		



	MENSTRUAL/UTERINE ABNORMALITIES				
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)		
Amenorrhea	<ul> <li>Refer to <u>CLINICAL PATHWAY: PCOS (Polycystic Ovary Syndrome).</u></li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Pelvic exam or transvaginal ultrasound report<sup>1</sup> if no pelvic exam completed.</li> <li>Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> </ul>	<ul> <li>Prolactin, TSH, β-HCG, total testosterone with SHBG to calculate free androgen index or Free Testosterone.</li> <li>FSH/LH/Estradiol         <ul> <li>Ideally bloodwork occurs on day 3 of menstrual cycle.</li> </ul> </li> <li>Treatments to date (progesterone challenge).</li> </ul>		
Adenomyosis	<ul> <li>If related to <u>Infertility</u>, please refer to the reason for referral for process.</li> <li>Central and North Zone: Send referral to <u>Zone FAST Team</u>.</li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team</u>.</li> </ul> </li> </ul>	<ul> <li>Available imaging results.</li> <li>CBC if abnormal bleeding.</li> <li>Pelvic exam: Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> </ul>	• Ferritin can provide additional information that can aide with triage.		
Dysmenorrhea	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	• Transvaginal ultrasound report. <sup>1</sup>	<ul> <li>CBC and Ferritin if heavy menstrual bleeding.</li> </ul>		

<sup>&</sup>lt;sup>1</sup> If transvaginal ultrasound not available/ appropriate, then trans abdominal pelvic ultrasound is acceptable.



	MENSTRUAL/UTERINE ABNORMALITIES				
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)		
Endometrial Hyperplasia (without atypia)	<ul> <li>NOTE: If pathology report indicates atypia, refer to Gynecologic Oncology.</li> <li>Calgary: Send referral to the <u>Arthur J.E. Child</u> <u>Comprehensive Cancer Care Centre</u>.</li> <li>Edmonton: Send referral to the <u>Cross Cancer Institute New</u> <u>Patient appointment office</u>.</li> <li><u>Without atypia:</u></li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	Pathology report required to confirm that there is no atypia.			
Oligomenorrhea	<ul> <li>Refer to <u>CLINICAL PATHWAY: PCOS (Polycystic Ovary Syndrome).</u></li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Pelvic exam or transvaginal ultrasound report<sup>1</sup> if no pelvic exam completed.         <ul> <li>Describe the abnormal findings/abnormality or specify if there are none</li> </ul> </li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide</u></li> </ul>	<ul> <li>Prolactin, TSH, β-HCG, total testosterone with SHBG to calculate free androgen index or Free Testosterone.</li> <li>FSH/LH/Estradiol         <ul> <li>Ideally bloodwork occurs on day 3 of menstrual cycle.</li> </ul> </li> <li>Treatments to date (progesterone challenge).</li> </ul>		



MENSTRUAL/UTERINE ABNORMALITIES				
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)	
Post Menopausal Bleeding	<ul> <li>Refer to <u>CLINICAL PATHWAY: POST-MENOPAUSAL</u> <u>BLEEDING.</u></li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Pelvic exam: Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> <li>Transvaginal ultrasound report.<sup>1</sup></li> </ul>	<ul> <li>Endometrial biopsy is not required. If available, please send results.</li> <li>CBC and Ferritin.</li> </ul>	
Uterine Fibroid Symptomatic and Clinically Concerning Uterine Polyp	<ul> <li>If related to <u>Infertility</u>, please refer to the reason for referral for process</li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Transvaginal ultrasound report.<sup>1</sup></li> <li>CBC if abnormal bleeding.</li> <li>Pelvic exam: Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> </ul>	• Ferritin can provide additional information that can aide with triage.	



	PELVIC MASS				
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)		
Pelvic Mass (Includes adnexal mass -structures of the adnexa include fallopian tubes, ovaries, broad ligaments and associated areas (e.g., ovarian cyst))	<ul> <li>Suspected Malignant (abnormal tumor markers): Refer to Gynecologic Oncology as per current zonal practice.</li> <li>Calgary: Send referral to the <u>Arthur J.E. Child</u> <u>Comprehensive Cancer Care Centre</u>.</li> <li>Edmonton: Send referral to the <u>Cross Cancer Institute</u> <u>New Patient appointment office</u>.</li> <li>Suspected Benign (normal tumor markers)</li> <li>Central and North Zone: Send referral to <u>Zone FAST</u> <u>Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Tumor markers (CA125, CEA)</li> <li>If tumor markers are normal:         <ul> <li>Transvaginal ultrasound report</li> </ul> </li> <li>If tumor markers are abnormal: send to Gynecologic Oncology with the following additional information:         <ul> <li>Tumor marker CA 19-9 (Calgary zone only)</li> <li>CT abdomen and pelvis ordered</li> </ul> </li> </ul>			
Pelvic Mass (Confirmed Malignancy)	<ul> <li>Refer to Gynecologic Oncology as per current zonal practice.</li> <li>Calgary: Send referral to the <u>Arthur J.E. Child</u> <u>Comprehensive Cancer Care Centre</u>.</li> <li>Edmonton: Send referral to the <u>Cross Cancer Institute</u> <u>New Patient appointment office</u>.</li> </ul>	<ul> <li>Tumor markers (CA125, CEA)</li> <li>Tumor marker CA 19-9 (Calgary only)</li> <li>CT abdomen, chest, and pelvis</li> </ul>			



CHRONIC PAIN				
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)	
Pain in the Pelvis Chronic (>6months) and not relate to menses, if related to menses refer to <u>dysmenorrhea</u>	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST</u> <u>Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Pain history <ul> <li>For example: previous treatments, duration, and results.</li> </ul> </li> <li>Pelvic exam: Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> <li>Transvaginal ultrasound report.<sup>2</sup></li> </ul>	Additional Resources while awaiting consult: <ul> <li>Consider pelvic floor physiotherapy.</li> <li>Promote to your patients if appropriate: <ul> <li><u>Power Over Pain</u> <u>Portal</u></li> </ul> </li> <li>Alberta Virtual Chronic Pain <u>Program.</u></li> </ul>	
Vulvar Pain Disorders	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST</u> <u>Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Pain history         <ul> <li>For example: previous treatments, duration, and results.</li> </ul> </li> <li>Pelvic exam: Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> </ul>	<ul> <li>Transvaginal ultrasound report.<sup>2</sup></li> <li>Additional Resources while awaiting consult:         <ul> <li>Consider pelvic floor physiotherapy.</li> </ul> </li> <li>Promote to your patients if appropriate: <u>The National Vulvodynia Association.</u></li> </ul>	

<sup>&</sup>lt;sup>2</sup> If transvaginal ultrasound not available/ appropriate, then trans abdominal pelvic ultrasound is acceptable



OVARIAN			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Management of Primary Ovarian Insufficiency (Premature Ovarian Failure) *Excluding Infertility Issues	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST</u> <u>Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>FSH &gt;40 x2 (minimum one month apart) for initial diagnosis.</li> <li>TSH.</li> </ul>	Extent of symptoms
Polycystic Ovary Syndrome (PCOS) Refer to reason for referral that aligns with patient's symptoms	<ul> <li>Refer to <u>CLINICAL PATHWAY PCOS (Polycystic Ovary Syndrome)</u></li> <li>For <u>Amenorrhea</u> please refer to the reason for referral for process.</li> <li>For <u>Oligomenorrhea</u> please refer to the reason for referral for process.</li> <li>For <u>Infertility please refer to the reason for referral for process.</u></li> </ul>		
Cancer Risk Reducing Gynecological Surgery	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST</u><u>Team.</u></li> <li>Calgary Zone: Refer direct to gynecology.</li> <li>Edmonton Zone: Refer direct to <u>Hereditary Breast and</u> <u>Ovarian Cancer Clinic.</u></li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	• Personal or family history of cancer.	<ul> <li>Confirmed high risk mutation (i.e., BRCA).</li> <li>Genetics report if available.</li> </ul>



REPRODUCTIVE HEALTH			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>Contraception</b> Includes: Birth control, request for tubal ligation.	<ul> <li>Patient self-referral to sexual &amp; reproductive health clinic if available within zone. See <u>Alberta Referral Directory</u> for information of services provided. OR</li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>		
Infertility	<ul> <li>Central and North Zone: For General Gynecology care refer to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> <li>For Fertility Specialist care refer as per local zonal processes.</li> </ul>		
<b>Recurrent Pregnancy Loss</b> Definition: 2 or more losses and includes non-consecutive and biochemical losses (excludes: ectopic and molar pregnancies).	<ul> <li>Central and North Zone: For General Gynecology care refer to <u>Zone FAST Team.</u></li> <li>Calgary Zone: Refer <u>Recurrent Loss Program at the</u> <u>Regional Fertility Program.</u></li> <li>Edmonton Zone: Refer direct to gynecology as per current zonal practice.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> <li>For Fertility Specialist care refer as per local zonal processes.</li> </ul>	Pregnancies and outcomes.	



REPRODUCTIVE HEALTH			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Intrauterine Device Procedure IUDs Insertion and Removal	<ul> <li>For straightforward IUD insertion and removal: Patient self-referral to sexual &amp; reproductive health clinic if available within zone. See <u>Alberta Referral Directory</u> for information of services provided.</li> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Specify procedure required (insertion/removal/both).</li> <li>IUD Removal: <ul> <li>Pelvic Exam. If strings visible, no other investigation is needed.</li> <li>If strings not visible, patient should have pelvic ultrasound. If IUD is in the uterus, no further investigations needed.</li> <li>If IUD is not in the uterus on pelvic ultrasound, an abdominal x-ray should be performed.</li> </ul> </li> </ul>	<ul> <li>IUD Insertion:         <ul> <li>Reason for IUD.</li> </ul> </li> <li>Extra information will include history of IUD insertion attempts and complications.</li> </ul>



VULVOVAGINAL				
Reason for Referral	Access Target	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Vaginitis Includes: Recurrent bacterial vaginosis (BV).		<ul> <li>Central and North Zone: Send referral to <u>Zone FAST</u> <u>Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> </ul>	Vaginal Swab Results.	<ul> <li>Previous treatment and number of treatments and response.</li> </ul>
Vulvar/Vaginal Abnormalities Includes: Anatomic abnormalities,		<ul> <li>South Zone:</li> <li>Lethbridge: Refer direct to gynecology.</li> </ul>	<ul> <li>Physical exam: Describe the abnormal findings/abnormality or specify if there are none.</li> </ul>	
Labia hypertrophy (symptomatic), Obstetrical trauma, Agglutination		<ul> <li>Medicine Hat: Send referral to Zone FAST Team.</li> </ul>	<ul> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> </ul>	
Vulvar Lesion (Confirmed Malignancy) Pathology confirms malignancy		<ul> <li>South, Calgary, Central and North Zone: Send referral to gynecologic oncology at the <u>Arthur J.E. Child</u> <u>Comprehensive Cancer Care Centre</u>.</li> <li>Edmonton Zone: Send referral to <u>Zone FAST Team.</u> for colposcopy.</li> </ul>	Pathology report	
Vulvar Lesion (Suspected Malignancy)	< 3 weeks	<ul> <li>South, Calgary, Central and North Zone: Send referral to gynecologic oncology at the <u>Arthur J.E. Child</u> <u>Comprehensive Cancer Care Centre</u>.</li> <li>Edmonton Zone: Send referral to <u>Zone FAST Team.</u> for colposcopy.</li> </ul>	<ul> <li>Physical exam: Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam</u> <u>Guide.</u></li> </ul>	
Vulvar Skin Abnormalities Includes: Rash, Lichen, Skin Discoloration, Pigmentation changes		<ul> <li>Central and North Zone: Send referral to <u>Zone FAST</u> <u>Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	Include description of skin abnormality.	<ul> <li>Biopsy results if available.</li> </ul>



TRANSGENDER CARE			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Transgender Care	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>		<ul> <li>Additional Resources include:</li> </ul>
Reconstructive Affirming Hysterectomy			<ul><li>Skipping Stone</li><li>Rainbow Health Ontario</li></ul>
Post Reconstructive Concerns			<ul> <li>Sherbourne Health   Trans Health Care - Sherbourne Health</li> </ul>

MENOPAUSE			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Atrophic Vaginitis	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Physical exam: Describe the abnormal findings/abnormality or specify if there are none.</li> <li>If unable to complete pelvic exam, please include reason. Please refer to <u>Trauma Informed Exam Guide.</u></li> </ul>	Treatments to date.
Vasomotor Symptoms			<ul><li>Treatments to date</li><li>Recent mammogram, please order if not up to date.</li></ul>
<ul> <li>Endometrial thickening (post-menopausal)</li> <li>Includes:</li> <li>No bleeding: endometrial thickening ≥ 11mm and/or other positive findings on ultrasound</li> <li>With bleeding: endometrial thickening ≥ 5 mm</li> </ul>	<ul> <li>Central and North Zone: Send referral to Zone FAST Team.</li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone:         <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to Zone FAST Team.</li> </ul> </li> </ul>	Transvaginal Ultrasound	For more information on post- menopausal bleeding, refer to the <u>Provincial Post-</u> <u>Menopausal Bleeding Primary</u> <u>Care Clinical Pathway</u>



OTHER			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
Consult for Gynecology Surgery (Other)	<ul> <li>Central and North Zone: Send referral to <u>Zone FAST Team.</u></li> <li>Calgary and Edmonton Zone: Refer direct to gynecology.</li> <li>South Zone: <ul> <li>Lethbridge: Refer direct to gynecology.</li> <li>Medicine Hat: Send referral to <u>Zone FAST Team.</u></li> </ul> </li> </ul>	<ul> <li>Include <u>QuRE</u> Quality referral letter to describe reason for referral.</li> </ul>	

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