

AGES Recommended Gynae Case Prioritisation

URGENT cases (Category 1)

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. Examples include:

- Post-menopausal bleeding with abnormal USS findings
- Complex suspicious large ovarian cysts/mass
- Pelvic/abdominal mass suggestive of gynaecological origins
- Adenocarcinoma in situ (ACIS) identified on PAP smear
- Suspected malignancy
- Emergency presentations: ectopic pregnancy, ovarian torsion, uncontrolled haemorrhage.

Non-surgical modalities of treatment should be considered and used where possible (including for malignancy).

Specific examples

Malignancy

Endometrial/Cervical/Ovarian/Vulval/Vaginal

****CAREFULLY CONSIDER AND NEGOTIATE ALL CASES THAT MAY NEED ICU****

****CONSIDER ALTERNATIVE PATHWAYS including CHEMO/RADIATION****

Acutely unstable patients with gynaecologic pathology

i.e. ectopic ruptured ovarian mass

Ovarian cysts/Pelvic Masses

Suspicious masses, RMI >200

Suspicious masses – RMI <200 but history other malignancy or family history ascites or significantly concerning USS features

Cysts – acute problematic cysts not responding to conservative treatment

Post-menopausal bleeding for exclusion of malignancy with abnormal USS

High risk pre invasive disorders

ACIS

SEMI URGENT (Cat 2) – may need to be addressed if prolonged shutdown – CURRENTLY SHOULD NOT BE PERFORMED

Preinvasive disorder

CIN

VIN

Abnormal uterine bleeding without risk factors for malignancy

Not responding to medical management AND requiring transfusion/blood products

Endometriosis

Significant unremitting pain, after failed medical management and after involvement pain management specialist