

Urogynaecology Referral Triage Guide

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URGENT — TELEPHONE THE PRACTICE

Discuss directly by phone

- Urinary retention following pelvic surgery
- Acute mesh-related pain or suspected mesh infection
- Suspected mesh exposure or erosion
- Complete uterine prolapse (procidentia) causing distress
- Post-operative voiding dysfunction

SPECIALIST REFERRAL

Routine appointment, typically 2–4 weeks

- Recurrent prolapse after previous repair, or vault prolapse post-hysterectomy
- Symptomatic prolapse (POP-Q Stage II+) where pessary management has failed or is not tolerated
- Pelvic, vaginal or groin pain, voiding dysfunction or de novo urgency after mesh or sling surgery
- Complex or recurrent incontinence after previous surgery; mixed incontinence needing urodynamics
- OAB unresponsive to two adequate medication trials, or medication not tolerated (third-line options)
- Recurrent UTIs (3+ in 12 months) despite prophylaxis, or with suspected voiding dysfunction
- Suspected bladder pain syndrome where infection has been excluded

INITIAL PRIMARY-CARE MANAGEMENT

Refer if symptoms persist

- Stress incontinence: supervised pelvic floor muscle training for at least 3 months
- Urgency / OAB: bladder training, fluid review and first-line pharmacotherapy
- Mild symptomatic prolapse: pelvic floor physiotherapy; pessary trial where appropriate
- Genitourinary syndrome of menopause: topical vaginal oestrogen where not contraindicated
- Recurrent UTI: urine culture-confirmed episodes; consider topical oestrogen if post-menopausal

WHAT TO INCLUDE

- Patient name, date of birth and contact number
- Presenting complaint, duration and urgency
- Examination findings and relevant history
- Current medication (hormonal therapy, anticoagulants)
- Prior investigations: urodynamics, ultrasound, MRI
- Previous pelvic surgery and operative notes (especially mesh)
- Medical aid details, if applicable
- Your contact details for the consultation letter

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Referrals are acknowledged within 48 hours; a consultation letter follows within 5–7 working days. This guide is general information for healthcare professionals and does not replace individual clinical judgement or professional medical advice. Secure referral submission is handled by ULC (urogynaecology.co.za). profjeffery.com