



If you are not sure that the patient's specific symptoms / condition meets the criteria, seek **Advice and Guidance (A&G)**.

Advice should be provided within 3 working days. Do not delay a referral if a response has not been received within 1 week.

For further support and guidance on referral guidelines for Gynaecology visit:

Gynaecology : North West London ICS (nwlondonicb.nhs.uk)

Endometrial

- **Bleeding on HRT is common** within the first 6 months of use, assess risk factors for endometrial cancer of the individual. See [unscheduled bleeding on HRT guidelines](#).
- If low risk and USS not indicated HRT can be optimised to help bleeding. <https://swlimo.southwestlondon.icb.nhs.uk/clinical-guidance/6-endocrine-system/menopause>
- Consider the Endometrial thickness in context of the type of HRT **<7mm on Sequential HRT and <4mm on Continuous Combined HRT is acceptable.**
- **Heavy menstrual bleeding – in young women <45 years**, there is rarely a reason for this to need a USCP referral. The 45+ group might, if there is a very acute change or they have risk factors for endometrial cancer.
- **Gynaecologists would not necessarily investigate asymptomatic thickened endometrium on USS under 10mm**
- Those asymptomatic patients with an endometrium thickness of **>10mm without bleeding can be referred to urgent hysteroscopy referral (not 2ww)**

Cervical

- **Patients with postcoital bleeding and an ectropion with normal cytology** can be managed in primary care as per NWL guideline: <https://www.nwlondonicb.nhs.uk/professionals/referral-guidelines-and-clinical-documents/gynaecology>
- These women should have an STI screen first to exclude chlamydia then a routine gynae referral or use A&G if the cytology history is up to date and negative and no obvious cancer visible.
- **If there is bleeding on contact**, preferably the patient should be referred to Colposcopy clinic and not Rapid Access clinic, as colposcopy can perform detailed cervical examination.
- **Cervical polyps** can be managed in primary care as or if not possible they should be referred to a routine gynae outpatients as almost always a benign condition as per NWL guideline: <https://www.nwlondonicb.nhs.uk/professionals/referral-guidelines-and-clinical-documents/gynaecology>
- **Patients with abnormal cytology should be referred to colposcopy** and not rapid access clinic.

Ovarian

- **Raised CA125 in pre-menopausal women** – there are few indications for testing CA125 except for new onset bloating and ovarian cyst with concerning features. There are multiple other causes for raised CA125 including endometriosis, adenomyosis, haemorrhagic cyst, recent ovulation.
- In a woman with Raised CA125 with a normal scan other non gynaecological cancers should be considered.
- **Ultrasound findings:** benign ovarian cysts or endometrial polyps in premenopausal women rarely need a 2WW. Usually the sonographer will have written that findings fit 2WW criteria and will **specify this clearly.**