

# Specialist Outpatient Department Referral Directory 2010



## Emergency contact numbers

For emergencies or urgent clinical information, please call KEMH and ask for the appropriate staff member:

### King Edward Memorial Hospital: (08) 9340 2222

Oncology	Oncology Registrar
Gynaecology	Gynaecology Registrar

Pregnancy	
Gestation < 20 weeks	Gynaecology Registrar
Gestation > 20 weeks	Obstetric Registrar

## Early pregnancy problems

For urgent early pregnancy problems, there is also a registrar or consultant available in the Emergency Centre in hours for clinical advice.

### Emergency Centre: (08) 9340 1431 or 9340 1433

For urgent early pregnancy problems after hours, please contact the Gynaecology Registrar as above.



## ANTENATAL CLINIC

<p><b>Senior Clinical Staff</b></p> <p><b>Orange Team</b> Dr Anne Karczub Dr Cliff Saunders</p> <p><b>Red Team</b> Dr Zhuoming Chu Dr Steve Harding Dr John Overton</p> <p><b>Green Team</b> Dr Panos Maouris Dr Ana Perkovic</p> <p><b>CAMI Clinic*</b> Dr J. Frayne (GP)</p> <p><b>Gold Team (MFM)*</b> Prof J. Dickinson Dr Janet Hornbuckle Prof John Newnham A/Prof Craig Pennell</p> <p><b>Blue Team</b> Dr Bridget Jeffery Dr Mini Zachariah</p> <p><b>WANDAS*</b> Dr Dale Hamilton</p> <p><b>Diabetes Clinic*</b> Dr Janet Hornbuckle</p> <p><b>Adolescent Clinic*</b> Dr Julia Barton</p> <p><b>Physicians' Clinic*</b> (Diabetes: Tues/Wed, Pregnancy Medicine: Fri) Dr Dorothy Graham Dr Eileen Sung A/Prof Barry Walters</p>	<p>All referrals should include obstetric history, gravida/parity, LNMP / EDD, weight, height, BMI, medical history, medications and allergies.</p> <p><b>Local maternity units</b> in the community are able to provide antenatal care for women with low risk pregnancies. This also reduces the clinical load at KEMH so that the hospital can provide care for high risk women and their babies. Please see the table on page 6 for the postcodes in the catchment area for all maternity units.</p> <p>Many low risk women referred to KEMH receive antenatal care in a midwife-led clinic and may not see a doctor.</p> <p><b>*KEMH also has the following clinics to provide specialised antenatal care:</b></p> <p><b>Gold Team (Maternal Fetal Medicine)</b> - complex high risk pregnancies (maternal and fetal disorders/disease)</p> <p><b>CAMI Clinic (Childbirth and Mental Illness)</b> - schizophrenia, severe depression and significant psychiatric illness.</p> <p><b>WANDAS (Women and Newborn Drug and Alcohol Service)</b> - alcohol/drug dependency</p> <p><b>Diabetes Clinic</b> - Type 1 or Type 2 DM</p> <p><b>Adolescent Clinic</b> - 1st pregnancy, &lt;18 years at delivery</p> <p><b>Physicians' Clinic</b> - for patients with medical problems. Provides preconception counselling (GPs can refer prior to pregnancy) and medical review during pregnancy (GPs can refer directly or through antenatal clinic)</p> <p><b>Unless medically indicated, patients will have their first antenatal appointment between 20-22 weeks.</b></p> <p>Please note on your referral if you would like your patient to be seen earlier in a specialised clinic or have input from social work, dietetics (esp. if BMI&gt;35), or psychological medicine.</p>
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## ANTENATAL CLINIC

<p>Further information on antenatal shared care can be found in the Antenatal Shared Care Guidelines on the KEMH website or phone (08) 9340 1382 for a copy. <a href="http://kemh.health.wa.gov.au/development/manuals/guidelines/2577.pdf">http://kemh.health.wa.gov.au/development/manuals/guidelines/2577.pdf</a></p>		
<p><b>Pre-requisite tests</b></p>	<p>Prior to 1st antenatal clinic appointment</p>	<p>Full blood picture Blood group / Rhesus Antibody Screen Hepatitis B surface antigen Hepatitis C antibodies HIV antibodies Rubella titre Syphilis (TPHA) serology MSU</p> <p>Chlamydia screening (recommended for all women particularly those at increased risk: &lt; 25yr, &gt;1 sexual partner in last 1yr or recent change in partner) Pap Smear (within 2 years)</p> <p>19 week fetal anatomy ultrasound (can be sent on after initial referral is sent)</p> <p>Counselling re: Fetal anomaly screening Screening options are either: First trimester screening (blood test at 10 weeks and ultrasound at 12 weeks) OR Maternal serum screening (blood test at 15-17 weeks)</p>
	<p>Investigations to be considered depending on individual woman</p>	<p>Early dating ultrasound Vitamin D screening Diabetes screening HbA1C if Type 1 or Type 2 DM Haemoglobinopathy screening</p>
	<p>Prior to 28 week appointment at KEMH</p>	<p>Full blood picture Blood group and Antibody screening (Rh neg. women) Diabetes screen - nonfasting 50g OGCT if low risk - fasting 75g GTT if high risk</p>

Postcodes for the catchment area for each hospital are as follows:

HOSPITAL	POSTCODES (inclusive of all numbers within ranges given)
KEMH	6000, 6001, 6003-6016, 6051, 6053
Armadale Health Service	6108-6113, 6121-6126, 6147, 6148, 6155
Bentley Health Service	6100-6107, 6147, 6148, 6151, 6152, 6155
Joondalup Health Campus	6023-6038, 6064-6067
Kaleeya	6011, 6012, 6149, 6150, 6153, 6154, 6156-6164
Osborne Park	6014, 6016-6022, 6050, 6052, 6059-6062, 6064
Peel Health Campus	6207, 6208, 6210, 6211, 6213-6215
Rockingham General Hospital	6165, 6167-6176
Swan Health Service	6055-6058, 6062, 6063, 6066-6074, 6076, 6081-6085, 6090, 6500, 6555, 6556, 6558 plus Wheatbelt region

Secondary hospitals vary in their ability to provide medical care to patients with an increased Body Mass Index (BMI). As the BMI cut-off level is set by each hospital, please contact your local maternity unit for this information. Even if a patient's BMI exceeds the limit set by the hospital and she is required to deliver at KEMH, most women can still receive the majority of their antenatal care at their local maternity unit which is often much more convenient for these women.

COLPOSCOPY CLINIC													
<b>Senior Clinical Staff</b> Dr Manju Ambekar Dr Zhuoming Chu Dr Louise Farrell Dr Bernie McElhinney Dr John Overton Dr Ana Perkovic Dr Paul Vella Dr Tamara Walters	Refer to the Colposcopy Clinic if not obviously clinical cancer of vulva, vagina or cervix.												
	Please ensure appropriate pathway is followed and copies of Pap smear/s are attached.												
	<table border="1"> <thead> <tr> <th>Pap Smear result</th> <th>Pathway</th> </tr> </thead> <tbody> <tr> <td>Unsatisfactory</td> <td>Repeat Pap smear</td> </tr> <tr> <td>LSIL (CIN 1) x 1</td> <td>Repeat Pap in 12 months</td> </tr> <tr> <td>LSIL x 2 (consecutive)</td> <td>Refer for Colposcopy</td> </tr> <tr> <td>HSIL or abnormal glandular cells</td> <td>Refer for Colposcopy</td> </tr> <tr> <td>Abnormal appearance of the cervix</td> <td>Refer for Colposcopy</td> </tr> </tbody> </table>	Pap Smear result	Pathway	Unsatisfactory	Repeat Pap smear	LSIL (CIN 1) x 1	Repeat Pap in 12 months	LSIL x 2 (consecutive)	Refer for Colposcopy	HSIL or abnormal glandular cells	Refer for Colposcopy	Abnormal appearance of the cervix	Refer for Colposcopy
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HSIL or abnormal glandular cells	Refer for Colposcopy												
Abnormal appearance of the cervix	Refer for Colposcopy												
<b>LSIL</b> Low-grade squamous intraepithelial lesion													
<b>HSIL</b> high-grade squamous intraepithelial lesion													

ENDOSCOPY				
<b>Senior Clinical Staff</b> Professor Roger Hart Dr Krish Karthigasu Dr Bernie McElhinney	<b>Services available:</b> Treatment of endometriosis: medical, surgical and pain management Endoscopic surgery for menstrual disorders Advanced endoscopic surgery			
	<table border="1"> <thead> <tr> <th>Pre-requisite tests for all women</th> <th>Recent Pap smear (within past 2yr)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Pre-requisite tests for all women	Recent Pap smear (within past 2yr)	
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FAMILY PLANNING CLINIC				
<b>Senior Clinical Staff</b> Dr Angela Cooney	<b>Services available:</b> Insertion of contraceptive implants and intra-uterine devices Provision of injectable, oral and barrier contraceptives Discussion about sterilisation. Self-referral after delivery at KEMH			
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GENERAL GYNAECOLOGY CLINICS		
<b>Senior Clinical Staff</b> <b>Red Team</b> Dr Zhuoming Chu Dr Steve Harding Dr John Overton  <b>Orange Team</b> Dr Cliff Saunders  <b>Green Team</b> Dr Panos Maouris Dr Ana Perkovic  <b>Blue Team</b> Dr Mini Zachariah Dr Dale Hamilton  <b>Adolescent Gynae</b> (12-18 years) Dr Tamara Walters Professor Roger Hart	<b>Problem</b>	<b>Pre-requisite tests</b>
	Fibroids	Pelvic ultrasound
	Menorrhagia	Pelvic ultrasound Pap smear (within 2yr) Full blood picture
	Ovarian Cysts	Vaginal ultrasound Ca125
	Postmenopausal bleeding	Pelvic ultrasound Pap smear
	Post-coital bleeding and inter-menstrual bleeding	Pap smear
Abnormal Pap smear	Refer to Colposcopy guidelines	
Requests for tubal ligation	Refer to Family Planning Clinic	
Reversal of tubal ligation	Not available at KEMH	

GYNAE-ONCOLOGY CLINIC	
<b>Senior Clinical Staff</b> Professor Ian Hammond Dr Yee Leung Dr Stuart Salfinger Dr Jason Tan (from 2011)	See page 9 for WA Gynaecologic Cancer Referral Guidelines

HYSTEROSCOPY		
<b>Senior Clinical Staff</b> Dr Krish Karthigasu Dr Bernie McElhinney	Direct referral for post-menopausal bleeding	
	Pre-requisite tests	Pelvic ultrasound Pap smear

## WESTERN AUSTRALIAN GYNAECOLOGIC CANCER REFERRAL GUIDELINES

Please fax referral to Oncology on 9340 1016

For URGENT referrals telephone 9340 1383 or 9340 1128 during office hours 0800 - 1600 hours, Monday to Friday.

- Gynaecologic cancer histologically confirmed
- Gynaecologic cancer is highly likely (e.g. clinical cancer of the vulva, vagina or cervix, severe atypical endometrial hyperplasia, elevated Ovarian Risk of Malignancy Index\* (RMI), ovarian mass with ascites)
- Risk reduction counselling and surgery
- Complex pelvic surgery service is also offered but will have lower priority

### SPECIFIC REFERRAL GUIDELINES

- Refer to Colposcopy Clinic if not obviously clinical cancer of vulva, vagina or cervix
- Refer to Outpatient Hysteroscopy Clinic if history of postmenopausal bleeding or endometrial thickening without tissue diagnosis.

Patient Name _____	Referring Doctor _____
Address _____	Address _____
_____ P/C _____	_____ P/C _____
DOB ___/___/___ Private Insurance Yes / No	Signed _____

VULVA / VAGINA	CERVIX	UTERUS / ENDOMETRIUM	OVARY
Clinical findings Clinical cancer <input type="checkbox"/>	Clinical or Colposcopic findings Clinical cancer <input type="checkbox"/>	Hysteroscopy findings	CA125 result (provide normal range) Results to be attached <input type="checkbox"/>
<b>Biopsy result</b> SCC <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Other <input type="checkbox"/>  Results to be attached <input type="checkbox"/>	<b>Biopsy result</b> SCC <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Other <input type="checkbox"/>  Results to be attached <input type="checkbox"/>	<b>Biopsy result</b> Endometriod <input type="checkbox"/> Clear cell <input type="checkbox"/> Serous papillary <input type="checkbox"/> Carcinosarcoma <input type="checkbox"/> Other <input type="checkbox"/>  Results to be attached <input type="checkbox"/>	Pelvic ultrasound findings   Results to be attached <input type="checkbox"/>
CT abdomen/pelvis CXR results Results to be attached <input type="checkbox"/>	CT abdomen/pelvis CXR results Results to be attached <input type="checkbox"/>	CT abdomen/pelvis CXR results Results to be attached <input type="checkbox"/>	CT abdomen/pelvis CXR results Results to be attached <input type="checkbox"/>
BMI	BMI	BMI	BMI

\*RMI = multiplication of the following factors: Refer if >200 (when CA125 NR <35) or >120 (when CA125 NR <21)

Menopausal status (pre = 1; post = 3) x USS features (simple = 1; complex = 3) x absolute CA125 level

Menopausal status	X	USS features	X	CA 125	=	ROM Score
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## MENOPAUSE SERVICE

### Including Menopause Symptoms After Cancer (MSAC) Clinic Peri-Operative Service For Surgical Menopause (POSSUM)

Please direct queries to:

Monday and Wednesday  
Clinical Nurse Coordinator, Menopause and POSSUM Services.  
Phone KEMH (08) 9340 2222, and ask for pager 3138

POSSUM is a multidisciplinary service providing information and support for women with a planned surgical menopause. These women may experience sudden or more severe menopausal symptoms compared to a naturally occurring menopause. Women may be seen pre-operatively (please ring for an urgent appointment) or as an inpatient (KEMH only) or post-operatively.

Monday, Tuesday and Wednesday  
Clinical Nurse Specialist, Menopause Symptoms After Cancer Clinic.  
Phone KEMH (08) 9340 2222, and ask for pager 3358

The MSAC multidisciplinary team meeting is held at 12.15 on the last Wednesday of each month. GPs are welcome to attend.

#### Senior Clinical Staff

Dr Manju Ambekar  
Dr Dale Hamilton  
Dr Lesley Ramage  
Dr Lucy Williams

#### Menopause Service Pre-requisite tests

Recent Pap smear  
Mammogram if >45yr  
Fasting lipids and BSL  
Thyroid function tests

Pelvic USS if abnormal  
bleeding or bloating

**And if indicated**  
Bone Mineral Density  
Vitamin D

**Plus:**  
Record of current medications  
(including hormone therapy)  
Allergies  
Any other recent tests

#### MSAC Clinic Pre-requisite tests

**All the above plus:**  
Tumour histopathology  
Cancer treatment summary

## REPRODUCTIVE MEDICINE

#### Senior Clinical Staff

Professor Roger Hart  
Dr Lucy Williams  
Dr Roger Perkins

Please be aware that King Edward Memorial Hospital (KEMH), as a publicly funded service, is currently unable to offer fertility treatment to:

- Women 41 years or older **before the first appointment** (taking into account 12-18 month waitlist). Please investigate other services for these women.
- Couples requesting reversal of sterilisation for either the man or woman
- Couples with infertility due to voluntary sterilisation.
- Couples where the woman has a Body Mass Index (BMI) greater than 35
- Individuals/couples using illicit drugs (this may be checked at the clinic)
- Couples who have children from their current relationship are not eligible for Assisted Reproductive Technology (ART) i.e. IVF. They may access IUI (intra-uterine insemination) if appropriate.
- Current prison sentence
- Women and/or partner not covered by Medicare

**For referral to Reproductive Medicine, it is essential that both members of the couple have the same GP.**

Please direct queries to the Fertility Nurse.  
Phone KEMH (08) 9340 2222 ask for pager 3304

**Pre-requisite tests need to be performed approximately 2 months (60 days) prior to the appointment so that results are current at the time of the appointment.**

Patients are sent their appointment date and a request for pre-requisite tests (as per pages 12-14) 60 days prior to their appointment.

<b>Reproductive Medicine: Fertility</b>		
<b>Pre-requisite tests for ALL referrals</b> To be done 60 days prior to 1st appointment.		
Test type	Timing of test	Test
Urine or Vagina or Endocervix	First void/first catch (2hr post last void)  Timing not important  Timing not important	Urine PCR  SOLVS (self-obtained low vaginal swab)  Culture/PCR (Chlamydia and Gonorrhoea)
Cervix	Timing not important	Pap smear within 2 years (more recent if previous abnormal smear)
Blood tests	Timing not important	Full blood picture Blood group and antibodies Hepatitis B surface antigen Hepatitis C antibodies HIV antibodies Syphilis (TPHA) serology Rubella titre Varicella status Thyroid function Prolactin
	7 days before expected day of menstruation	Luteal Phase Progesterone
	Between Day 2 - 6 (follicular phase of menstrual cycle)	Luteinising Hormone (LH) Follicle Stimulating Hormone (FSH) Oestradiol
Ultrasound	Between Day 2-6	Pelvic ultrasound

<b>Reproductive Medicine: Fertility</b>		
<b>Paternal tests: Please include partner's name, address, date of birth and contact details</b>		
Test type	Timing of test	Test
Urine	First void/first catch (2hr post last void)	Urine PCR (Chlamydia and Gonorrhoea)
Urethral swab (if urine sample not available)	Timing not important	Gonorrhoea
Blood tests	Timing not important	Hepatitis B surface antigen Hepatitis C antibodies HIV antibodies
Semen	Timing not important	Analysis of semen. If results abnormal, repeat to confirm abnormal results
<b>Pre-requisite tests for CONSECUTIVE MISCARRIAGES - THREE (3)</b> All tests for woman and partner on page 12, PLUS:		
Test type	Timing of test	Test
Blood tests	Timing not important	HbA1c Endomyseal antibodies Karyotype Thrombophilia screen Thyroid antibodies
<b>Paternal tests: Please include partner's name, address, date of birth and contact details</b>		
Test type	Timing of test	Test
Blood tests	Timing not important	Karyotype

## Reproductive Medicine: Fertility

**Pre-requisite tests for POLYCYSTIC OVARIAN SYNDROME**  
**All tests for woman and partner on page 12, PLUS:**

Test type	Timing of test	Test
Blood tests	Timing not important	Androstenedione DHEA SHBG Testosterone 17 Hydroxyprogesterone
Blood tests	Fasting for 10 hours overnight	GTT Fasting Insulin
Blood Tests	Between Day 2 - 6 if regular cycle  Timing not important if oligomenorrhoea or very irregular cycle	Follicle Stimulating Hormone Luteinising Hormone Oestradiol Prolactin levels
Ultrasound	Timing not important	Pelvic ultrasound

**Pre-requisite tests for SECONDARY AMENORRHOEA All tests for woman and partner on page 12, PLUS:**

Test type	Timing of test	Test
Blood tests	Timing not important	Androstenedione DHEA Karyotype SHBG Testosterone 17 hydroxyprogesterone
	Between Day 2 - 6 if regular cycle  Timing not important if oligomenorrhoea or very irregular cycle	Follicle Stimulating Hormone Luteinising Hormone Oestradiol Prolactin levels
Ultrasound	Timing not important	Pelvic ultrasound

## Sexual Health

<p><b>Senior Clinical Staff</b> Dr Jenny McCloskey</p>	<p>Refer where there is a history of sexually transmitted infections, vulval discomfort, superficial dyspareunia or vaginal discharge.</p> <p>This clinic provides minor procedures, Pap smears and medication treatments and has links with the Notifiable Disease Branch, Department of Health WA.</p> <p>Patient's partner may also attend this clinic.</p> <p><b>Pre-requisite tests</b>      Pap smear (within 2 years)</p> <p>Please include any other relevant results.</p>
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## Urogynaecology

<p><b>Senior Clinical Staff</b> Dr Michelle Atherton Dr Phil Daborn Dr Tim Jeffery Dr Nic Tsokos</p> <p>Dr Jessica Yin (Urologist)</p>	<p>The Urogynaecology Clinical Nurse Consultant can be contacted through KEMH switchboard on 9340 2222, pager 3136.</p> <p><b>Refer patients with:</b> Urinary incontinence Prolapse of uterus, vagina and bladder Paraurethral cyst Fistula - urine, vaginal and bladder Pregnancy urinary complications, pre and postnatal.</p> <p><b>Refer to RPH/SCGH Urology Department if:</b> Haematuria Urological malignancies Recurrent UTIs</p>
<p><b>Pre-requisite tests and information</b></p>	<p><b>A detailed history and estimate of residuals</b> Include current medications and details of pessary (if in situ) Allergies</p> <p><b>Examination findings:</b> Weight and/or BMI Mobility Please indicate if the woman has/had an IDC</p> <p><b>Investigations:</b> MSU</p> <p><b>If available:</b> Pelvic ultrasound IVP, MRI, CT Cystoscopy urodynamics</p>



**Disclaimer:** The advice and information contained herein is provided in good faith as a public service. However the accuracy of any statements made is not guaranteed and it is the responsibility of readers to make their own enquiries as to the accuracy, currency and appropriateness of any information or advice provided. Liability for any act or omission occurring in reliance on this document or for any loss, damage or injury occurring as a consequence of such act or omission is expressly disclaimed.

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This information is available in  
alternative formats upon request

**WOMEN AND NEWBORN HEALTH SERVICE**

**King Edward Memorial Hospital**

374 Bagot Road Subiaco WA 6008

**Telephone: (08) 9340 2222**



Government of **Western Australia**  
Department of **Health**



Delivering a Healthy WA