

GENITOURINARY MEDICINE COMPLEX CLINICS

Whats New?

- There is no longer a Genital Dermatology Service through GUM Complex.
- There is a separate pathway for wart referrals

Services

GU Consultants, SAS Doctors, Clinical Fellows have a variety of GUM Complex or GUM Complex Trainee lists throughout the week, including some evening provision. This varies depending of Service requirements.

Referrals

- Internal referrals should be completed electronically on a NaSH referral form with a clear reason for referral – see the list of conditions below to check suitability of referral. Please complete a form even if the consultant has indicated this is a suitable referral after discussion.
- If a case has been discussed with GU Senior Advice clinician and advice is to follow patient up in GUM Complex, an internal referral is not required and can be booked in directly by GU Senior Advice clinician or Secretary.
- External referrals are received from GPs and other services. These are vetted and may be deemed appropriate for a GUM complex appointment or booked into another appointment initially, if it is felt to be more suitable.

Referral Criteria for Complex GUM clinics at Sandyford Services

I = internal; E = external (e.g. Primary Care)

- Non-routine recurrent HSV (I, E) – problematic cases requiring specialist input
NB Suppression initiation can be done in integrated clinic appointments or Primary Care if patients meet the criteria laid out in the HSV protocol. In most cases patients should be discharged to their GP after initiation of suppressive therapy.
- Recurrent NSU (I)
NSU should be confirmed via Urgent Care (please see NSU protocol or discuss with a GUM consultant regarding investigations that should be completed prior to appt)
- Male complex GU symptoms including Chronic Pelvic Pain Syndrome (I)
- Recurrent Vulvovaginal Candida (I, E) – atypical organisms/uncertainty of diagnosis
NB Work up of recurrent discharge incl. SAB/HVS should be done in a non-consultant appt unless this has already been done by the GP

- Recurrent vaginal discharge if uncertainty of diagnosis following full work-up (I,E)
NB Work up of recurrent discharge incl. SAB/HVS can be done in Primary Care or integrated clinics
- Recurrent vulvitis/ vaginitis (I,E)
- Patients requiring senior clinical decision making OR uncertainty whether to refer to other services (consider discussion with GU consultant first) (I).
In these cases, please be clear in referral form the reason for GU input request
- Genital skin conditions noted incidentally (I) – these conditions should have initial management commenced when found incidentally (usually steroid) and reviewed in GU Complex in 6-12 weeks for ongoing management decisions. Men and women with Pigmented lesions should be referred directly to Dermatology as they are able to perform dermoscopy and biopsy may not be indicated.

Notes:

- Wart referrals are managed by a separate pathway
- In general, external referrals for genital skin complaints are no longer appointed to GU complex and we have agreed pathways with Dermatology for this – instead an advice letter is issued back to the referrer with initial management suggestions and directing them to Dermatology if failure to improve
- Vulval skin issues may be referred to SRH Complex due to their links with Vulval Clinic Dermatologist
- Vulvodynia should be referred to SRH Complex