

Gynaecology 2 Week Wait Referral Criteria

ALL referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation

Cervical/Vaginal Cancer

Refer 2WW:

Suspicious lesion on cervix or in vagina suggestive of cancer [do not delay a referral by performing a cervical smear

Vulval Cancer

Refer 2WW any suspicious vulval lump, ulcer or bleeding lesion.

Ovarian Cancer

2WW referral if physical examination reveals:

- Ascites
- Pelvic or abdominal mass
- Arrange urgent investigations CA125 and U/S scan (not necessarily within 2 weeks) [especially in women 50 or over] with any of the following on a persistent or frequent basis:
 - Persistent abdominal distension/bloating
 - Early satiety/or appetite loss
 - Persistent pelvic or abdominal pain
 - Increased urinary urgency and or frequency with negative MSU
- New onset symptoms suggestive of IBS
- Suspicious appearance on U/S scan and/or significantly elevated CA125

Endometrial Cancer

- 2WW referral is indicated for women 55 and over with post menopausal bleeding [Unexplained vaginal bleeding 12 months or more after menstruation has stopped due to the menopause]
- If urgent trans-vaginal scan is available [within 2 weeks] consider this assessment prior to 2WW clinic referral to assess endometrium as high [4-5mm thickness or greater] or low risk [less than 4mm]
- If no urgent scan available refer using 2WW form
- U/S scan suggests high risk, refer 2WW
- Consider direct ultra-sound referral for any woman 55 or over with unexplained vaginal discharge, thrombocytosis or haematuria.