

***Information for GPs and Referring Doctors***

The National Maternity Hospital, in conjunction with the Irish College of General Practitioners, has set up a GP led clinic for insertion of intrauterine devices. The clinic is led by experienced general practitioners under the supervision of a consultant gynaecologist. The clinic will be a teaching environment for GPs and GP trainees and who wish to learn the insertion technique.

***Who can be referred?***

Referrals are accepted from GPs for the following indications:

1. **Menorrhagia :** regular, heavy bleeding in women aged under 45 years with BMI <30.

According to NICE guidance, the Levonorgestrel 52mg intrauterine system (Mirena) is the first choice of treatment for women with menorrhagia. This clinic seeks to provide a service where GPs can refer their pre-selected patients for a timely fitting of a LNG IUS device where such a service is not available to them in their practice. At the clinic, endometrial biopsy and ultrasound will be available if indicated. Patients will ultimately be followed up by their own GP in the community.

1. **Missing intrauterine device threads**
2. **Difficult/ failed insertions of Mirena, Kyleena, Jaydess or Copper IUDs.**

**Important: Patients with post-menopausal bleeding, post-coital or inter-menstrual bleeding or known uterine fibroids are not suitable for this clinic and should be referred to the usual gynaecology clinic.**

***What contraception should a woman be on prior to appointment?***

For new insertions,

* Women taking no contraception or using condoms or withdrawal or women who have IUD in situ > 5 years, must:

1. abstain from sex for **three** weeks before their **appointment** OR
2. start on **any** combined oral contraception or the progestagen-only pill ("Cerazette"/ “Azalia”) as a bridging contraception while waiting for the appointment.

* Women already on the combined oral contraception or the progestagen-only pill should **just** continue taking this method correctly.
* Women who have an intrauterine device in situ LESS THAN 5 years who are having change of device **must** **abstain from sex for one week prior to the appointment.**

***What work up does a woman need prior to referral?***

Prior to referral please do the following:

1. Vaginal exam, speculum examination, NAAT swab to test for Chlamydia/Gonorrhoea where appropriate
2. Establish patient on bridging contraception. See above.
3. Advise the woman about the side effects of the device and the risks of the insertion procedure and give patient information leaflet.
4. Write a prescription for the Mirena, Kyleena or Jaydess. Copper coils must be one of the recommended styles. Gallery Quay Pharmacy in Dublin 2 stocks the three most popular styles at a cost of approximately 35 euro each.

**DEVICES ARE NOT SUPPLIED BY THE CLINIC. THE PATEINT MUST BRING THEIR OWN DEVICE TO THE APPOINTMENT**

1. Write a prescription for mefenamic acid 500mg, to be taken one hour before the procedure.
2. Optionally; write a prescription for Cytotec 200mcg, insert two per vagina two hours before the procedure.
3. Complete the referral form with as much clinical information as possible.

**Important: Referrals will be triaged and prioritised based on the information given by the GP on the referral form.**

*Please complete this application form and return by fax or post to:*

*The Gynaecology OPD,*

*National Maternity Hospital,*

*Holles Street,*

*Dublin 2.*

*Fax: 01-6373562.*

**Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient details** | | | | | | | | | | |
| **Name:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **Date of Birth:** | | | | | **Telephone #:** | | | | | |
| **Referring Doctor** | | | | | | | | | | |
| **Name:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **IMC Reg:** | | | | | | | | | | |
| **Contact Telephone #:** | | | | | **Fax #:** | | | | | |
| **Reason for Referral** | | | | | | | | | | |
| **Please tick: Menorrhagia Lost Threads Difficult Insertion Other** | | | | | | | | | | |
| **Please describe reason for referral:** | | | | | | | | | | |
| **­­­­­­­­­­­­­­­OBSTETRIC & GYNAECOLOGICAL HISTORY** | | | | | | | | | | | |
| **Current Contraception:** | | | | | | | **LMP:** | | | | |
| **Obstetric History** | | | | | | | | | | | |
| **Pregnancies:** | | **Mode of Delivery:** | | | | | | | | | |
| **Any Ectopic:** | | | | | | | | | | | |
| **Gynaecological History** | | | | | | | | | | | |
| **Previous Pelvic Infection:** | | | | | | **Surgery to CX:** | | | | | |
| **Last Smear:** | | | | | | **Irregular PV Bleeding:** | | | | | |
| **Current Menstrual Pattern:** | | | | | | | | | | | |
| **Medical History** | | | | | | | | | | | |
| **Smoker Non-Smoker** | | | | | | **BMI:** | | | | | |
| **Valvular Heart Disease:** | | | | | | **Regular Meds:** | | | | | |
| **Acute Liver Disease:** | | | | | | **Breast Cancer:** | | | | | |
| **Mode of Action Discussed:** | | | | | | | | | | | |
| **Discuss Risks / S∕E** | | | | | | | | | | | |
| **Irregular Bleeding:** | | | **Failure of Insertion:** | | | | | **Failure Rate 1/1000:** | | | |
| **Expulsion:** | | | **Perforation:** | | | | | **Risk of Ectopic:** | | | |
| **Infection:** | | | **Pelvic Pain:** | | | | |  | | | |
| **STI Risk** | | | | | | | | | | | |
| **Discussed:** | | | | | | | | | | | |
| **Chlamydia Test Done** | | | | | | | | | | | |
| **Date:** | | | **Result:** | | | | | **\*Please Attach Result** | | | |
| **Examination** | | | | | | | | | | | |
| **PV** | **Uterus** | | | | | **AV** | | **Mid** | | **RV** | |
| **Cervix: Visualised** | | | **Normal** | | | | | **Abnormal** | | | |
| **Investigations** | | | | | | | | | | | |
| **Pelvic Ultrasound (only if indicated)** | | | | | | **\*Please Attach Result** | | | | | |
| **Patient Consent** | | | | | | | | | | | |
| **Signature:** | | | | | | | | | **Date:** | | |
| **Prescription Issued** | | | | | | | | | | | |
| **Mirena, Kyleena, Jaydess, Cu coil** | | | | **Cytotec Tabs 2 x 200MG PV** | | | | | | | |
| **Mefenamic acid 500mg PO** | | | |  | | | | | | | |