

## Information for GPs and Referring Doctors

The Rotunda 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 (LNG IUS) 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.

2. **Missing intrauterine device threads**

3. **Difficult/ failed insertions**

<b>Important:</b>	<b>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.</b>
-------------------	---

### *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:
  - a. abstain from sex for **three** weeks before their **appointment** OR
  - b. start on **any** combined oral contraception or the progestagen-only pill ( "Cerazette") as a bridging contraception while waiting for the appointment.
- Women already on the combined oral contraception or Cerazette 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
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 ( levonorgestrel intrauterine system 52mg)
5. Write a prescription for Cytotec 200mg, insert two per vagina two hours before the procedure.
6. 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 send the completed application form to:** The Central Appointments office, Rotunda Hospital, Dublin 1.

**Email:** [apptscheduling@rotunda.ie](mailto:apptscheduling@rotunda.ie) **Fax No:** 01 8172514 **Office Phone No:** 01 8171758

**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 <input type="checkbox"/> Lost Threads <input type="checkbox"/> Difficult Insertion <input type="checkbox"/> Other <input type="checkbox"/>	
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 <input type="checkbox"/> Non-Smoker <input type="checkbox"/>	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 <input type="checkbox"/>		Normal <input type="checkbox"/>		Abnormal <input type="checkbox"/>	
Investigations					
Pelvic Ultrasound (only if indicated) <input type="checkbox"/>			*Please Attach Result		
Patient Consent					
Signature:				Date:	
Prescription Issued					
Mirena <input type="checkbox"/>		Cytotec Tabs 400MG <input type="checkbox"/>			