

corporate logo

**Nottingham NHS Treatment Centre**

**Gynaecology**

Z021: Patient referral

IMPORTANT: Please state which location your patient wishes to be seen at:

Nottingham City Hospital  Nottingham NHS Treatment Centre

If no appointment is available using the e referrals please select defer to provider.

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| **Section 1 Patient information (Please complete in BLOCK CAPITALS)** | | | |
| Surname:  First name:  Mr  Miss  Mrs  Ms  Other:  Date of birth: | Date of referral:  NHS number:  UBRN:  Home telephone number: | | |
| Address:    Postcode: | Mobile / daytime telephone number:  Transport: Yes  No    Mobility:  Interpreter: Yes  No  Ethnicity:  Language: | | |
| **Section 2 Practice information (Please use practice stamp if available)** | | | |
| Referring GP: | | Locum: Yes  No | |
| Practice address:    Postcode: | Telephone:  Fax: | | |
| **Section 3 Clinical information (please ✓all applicable entries)**  **Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY** | | | |
| Cancer type suspected (as per NICE Guidance) – Please tick one anatomical site below PLUS the applicable criteria boxes within | | | |
| Vagina/Vulva    Unexplained vulval lump  Vulval ulceration  Vulval bleeding  Unexplained palpable mass in vagina | | | |
| Cervix  Appearance of cervix on examination consistent with cervical cancer | | | |
| Endometrium  Aged 55 and over with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has topped because of the menopause | | | |
| Ovary – Carry out tests in primary care as per NICE guidance  Physical examination reveals ascites  Physical examination reveals pelvic mass – not obviously fibroids (undertake ultrasound in primary care to check)  Ultrasound suggests ovarian cancer following revised CA125 test | | | |
| Menopausal Status  Pre-Menopausal  Post-Menopausal (1 yr since LMP)  Hysterectomy  On HRT  Perimenopausal | | | |
| **IMPORTANT:** **PLEASE DO NOT REFER THE FOLLOWING WOMEN ON 2WW PATHWAY**   * PCB with a normal cervix- refer colposcopy (see PCB guidelines). * Unscheduled bleeding on HRT is not a 2WW criteria and the risk of cancer is very low. Ideally stop HRT and refer as a 2WW if still bleeding six weeks after cessation of therapy. If patients are very unkeen to stop HRT then please refer on Choose & Book. * Women with IMB (intermenstrual bleeding) where a speculum examination has excluded cancer of the vulva, vagina and cervix. Refer routinely on Choose & Book to menstrual disorder/general gynaecology clinic. | | |
| **Section 4 Performance status** | | |
| ECOG PERFORMANCE STATUS (Please tick one of the following statements about the patient)  0 – Fully active, able to carry on all pre-disease and performance without restriction.    1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature e.g. light house work, office work.    2 – Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours.  3 – Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours  4 – Completely disabled. Cannot carry out any selfcare. Totally confined to bed or chair. | | |
| **Section 5 Past medical history** | | |
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| **Section 6 Medication** | | |
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| **Section 7 Additional clinical details** | | |
| Ultrasound (Please attach any reports) | | |

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| Discussed urgent suspected cancer referral with patient: Yes  No |
| Is the patient aware they have been referred on the “Two Week Wait” pathway?: Yes  No |
| Does the patient have any holiday plans within the next 2 months: Yes  No  If yes, please give details: |

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| Any communication needs: |

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| **Hospital use only:** |
| Date referral received: |
| Patient contacted: |

It is important the relevant information sheet is given to the patient when they are referred under the 2ww priority.

The latest patient information sheets were updated in April 2015 in line with NICE guidance. To download the patient information sheets, please click on the link: <http://www.nottinghamchooseandbook.nhs.uk/index.php/county-two-week-wait/17-county-2ww-patient-information-sheets>

**Remember, we offer an advice and guidance service through the Choose & Book referral pathway. This service is particularly helpful for GPs who require an answer to a specific question and may avoid a referral.**

**Points to remember**

* Remember endometrial cancer nearly always occurs in post-menopausal women and high BMI is a risk factor.
* Think of possible ovarian cancer in a post-menopausal women with new onset bloating, constipation, abdominal pain, urinary symptoms that do not go away after 3 weeks (check CA125 and consider scan as per NICE guidelines).
* Do not check CA125 in premenopausal women as it is not a reliable marker of ovarian cancer and may result in unnecessary investigations and patient anxiety.

**Risk of Malignancy Index for Ovarian Cancer (RMI)** (RMI greater than 250 in a post-menopausal women is strongly suggestive of ovarian cancer, please refer urgently).

**RMI =M x C x U**

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| M = Menopausal status – Score 1 (pre-menopausal)  Score 3 (post-menopausal) |
| C = CA125 level |
| U = Score from the ultrasound features of malignancy (Score 0,1 or 3)  **Score**  0 = no abnormality (see list below)  1 = one abnormality  3 = two or more abnormalities  **Abnormality**   * Multi locular cysts on ovaries * Solid areas in Ovarian mass * Bilateral ovarian enlargements * Presence of free fluid/ascites in pelvis (not trace) * Evidence of peritoneal, omental, liver metastasis |

For queries on the appropriateness of this referral please contact

Sue Mills (Gynaecology Oncology Nurse Specialist) 0115 969 1169 Ext. 56162 Bleep 07659 586948

Sally Wright or Julie Golding (Gyaecology Oncology Nurse Specialists)

Bleep 07659 586560 (secretary) 0115 969 1169 Ext 56156

Liz Middleton (Colposcopy Nurse Specialist) 0115 969 1169 Ext. 57231

Nottingham University Hospitals CircleNottingham

Two Week Wait Office Nottingham NHS Treatment Centre

Nottingham Cancer Centre Queen’s Medical Centre Campus

City Hospital Campus Lister Road

Hucknall Road Nottingham NG7 2FT

Nottingham NG5 1PB **T**: 0115 970 5800 extension 10011

**T**: 0115 840 5801 **F**: 0115 978 8765

**F**: 0115 840 5802 **Contact**:emma-jit.sangha@circlenottingham.co.uk

**E**: [TwoWeekWaitOffice@nuh.nhs.uk](mailto:TwoWeekWaitOffice@nuh.nhs.uk) circlenottingham.co.uk

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