

Consult and Referral Guidelines

Spectrum Health Medical Group Urogynecology and Reconstructive Pelvic Surgery accepts referrals via EPIC, fax or Great Lakes Health Connect. Please contact us by phone to make an urgent referral or if you have additional questions.

Phone: 616.391.3304; Fax: 616.391.3330
Epic Referral ID: SHMG Urogyn 25, Dept ID# 1001413007

All referrals are triaged by the urogynecology team according to clinical guidelines. Patients with urgent conditions are scheduled to be seen as soon as possible (within 7 to 14 days). Both the referring provider and the patient will be notified when the appointment has been scheduled.

Referral diagnoses or symptoms

Below is a list of conditions addressed by our urogynecology specialists. See the chart on page 2 for additional information to include in the referral based on the diagnosis or symptoms.

Urgent:

- Advanced vaginal prolapse causing ureteral obstruction or urinary retention

Routine:

- Pelvic prolapse – uterine prolapse, cystocele, rectocele, enterocele, vaginal vault prolapse (including pessary maintenance)
- Urinary incontinence
- Overactive bladder
- Urinary retention with an associated urogynecology problem (not isolated)
- Fecal incontinence with an associated urogynecology problem (not isolated)
- Vaginal mesh erosion or mesh complications
- Urethral diverticulum
- Vesicovaginal fistula
- Rectovaginal fistula
- Interstitial cystitis / painful bladder syndrome
- Chronic pelvic pain / dyspareunia (>6 months)

We do not see patients for the following indications:

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| • Recurrent UTI's | Refer to urology |
| • Hematuria | Refer to urology |
| • Kidney stones | Refer to urology |
| • Chronic kidney disease | Refer to urology or nephrology |
| • Neurogenic bladder | Refer to urology |
| • Rectal prolapse | Refer to colorectal |
| • Acute/chronic vaginitis | Refer to OB/GYN |
| • Vaginal atrophy | Refer to OB/GYN |
| • Vulvodynia | Refer to OB/GYN |
| • Lichen sclerosus | Refer to OB/GYN |

Diagnosis/symptoms	Work-up/initial management, records to provide with referral	Additional information
Pelvic prolapse	<ul style="list-style-type: none"> • Prior pelvic and abdominal surgery operative reports • Documented pelvic exam within 1 year of diagnosis 	Not urgent unless acute urinary retention
Urinary incontinence, frequency, urgency, OAB, urinary retention	<ul style="list-style-type: none"> • Prior pelvic and abdominal surgery operative reports • Documented pelvic exam within 1 year of diagnosis 	If suspected neurogenic component (para/quadruplegia, multiple sclerosis, DM with neuropathy, Parkinson's), or significant UTI and hematuria history, urology consult recommended
Fecal incontinence	<ul style="list-style-type: none"> • Prior pelvic and abdominal surgery operative reports • Documented pelvic exam within 1 year of diagnosis 	If no other referring diagnosis, Gastroenterology consult and colonoscopy recommended first
Urethral diverticulum	<ul style="list-style-type: none"> • Prior pelvic surgery operative reports • Documented pelvic exam within 1 year of diagnosis • MRI pelvis 	
Vesicovaginal fistula	<ul style="list-style-type: none"> • Prior pelvic surgery operative reports • Documented pelvic exam within 1 year of diagnosis • Prior imaging 	
Rectovaginal fistula	<ul style="list-style-type: none"> • Prior pelvic surgery operative reports • Documented pelvic exam within 1 year of diagnosis • Prior imaging 	
Chronic pelvic pain, dyspareunia	<ul style="list-style-type: none"> • Pelvic ultrasound within 6 months if has uterus and/or ovaries • Prior pelvic surgery operative reports • Documented pelvic exam within 1 year of diagnosis 	Only accepting referrals from OB/GYN, GYN/Onc and Colorectal
Interstitial cystitis, dysuria, painful bladder	<ul style="list-style-type: none"> • Pelvic ultrasound within 6 months if has uterus and/or ovaries • Prior pelvic surgery operative reports • Documented pelvic exam within 1 year of diagnosis 	Only accepting referrals from OB/GYN and GYN/Onc. If patient has significant history of UTI's, hematuria, kidney stones, urology consult recommended first
Vaginal mesh erosion, mesh complication	<ul style="list-style-type: none"> • Prior pelvic and abdominal surgery operative reports 	If associated bleeding, evaluation by general gynecology recommended first

Spectrum Health Medical Group Urogynecology & Reconstructive Pelvic Surgery has developed these guidelines as a reference tool to assist referring physicians. Spectrum Health Medical Group Urogynecology & Reconstructive Pelvic Surgery relies on referring providers to exercise their own professional medical judgment with regard to the appropriate treatment and management of their patients. Referring providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material in making all medical, diagnostic, or prescription decisions.