Consult and Referral Guidelines for Minimally Invasive Gynecologic Surgery (MIGS)

Minimally Invasive Gynecologic Surgery is a subset of gynecology within Corewell Health West- Women's Health that allows for complex gynecologic cases to be handled by physicians with a special interest in these surgeries and diagnoses. Our physicians will assess the complexity of the referral and either schedule a consultation or provide recommendations on care. Please contact us by phone to make an urgent referral or if you have additional questions regarding these referral guidelines.

Phone: 616.391.3304; Fax: 616.391.3330
Epic Referral ID**: REF416** EPIC Dept ID# 1001413007

Or to Women's Health & Wellness Center
Phone: **616.267-8520** EPIC Referral ID: **REF1008**

To schedule an appointment for your patient, please see the chart below for requirements based on the referring diagnoses.

Referral Process:
Step 1
Reference the list below for diagnosis that are treated by this team:
What we see:

- Benign Complex Adnexal masses (ovarian mass ie endometrioma, dermoid, fibroma)
- Endometriosis, based on pathology or imaging, or + Receptiva test, or referral from REI
- Uterine Leiomyoma (fibroids)
- Cesarean scar defect/isthmocele/uterine niche
- Cesarean scar pregnancy
- Consult for Hysterectomy
- Adenomyosis
- Chronic pelvic pain
- Severe/high grade dysplasia (of vulva, vagina or cervix)
    - VIN 2/3 (Vulvar Intraepithelial neoplasia)
    - VAIN 2/3 (vaginal intraepithelial neoplasia)
    - CIN 2-3/Cervical HSIL

  *We do not manage vulvodynia, VIN 1, VAIN 1, CIN 1 or lichen sclerosis, lichen planus, other lichen dermatoses (appropriate for gyn team)
- Abnormal uterine bleeding
- Complex hysteroscopy (uterine septum, embedded IUD, uterine synechiae, submucosal/intracavitary myoma)

*We do not perform annual exams. Patients will not be getting breast exams or routine pap smears during these visits. Refer to general ob/gyn for this.

*We do not manage menopause or hormone replacement therapy. Refer to general ob/gyn (REF51) or Midlife and Menopause (Ref1008) for this.

*We do not manage PCOS. Refer to general ob/gyn or endocrinology for this.

Step 2
Please indicate if referral is urgent or routine. Urgent referrals will be triaged by a physician.
If you feel that referral is urgent, please specify why.

Step 3
Both the referring provider and patient will be notified automatically within EPIC when the appointment has been scheduled.

Please indicate in Referral if records that are requested were completed at CH or if external date you requested and from where.

Diagnosis	Referral guidelines	Notes for schedulers
Complex Adnexal Mass (ie dermoid, endometrioma, fibroma)	- must have pelvic imaging (ultrasound, CT scan, MRI with evidence of adnexal mass) within last 6 months; if not, the referring provider is responsible for ordering	**- If referral from gyn/onc or obgyn or colorectal physician: schedule with MIGS physician** - If referral comes from primary care or anyone else, including self-referral, schedule MIGS APP within 2 weeks (*okay to consider telehealth) - Obtain imaging reports and if outside of Corewell, have images sent to PACS. - access any prior relevant operative reports and associated pathology - Reports of any tumor markers including CA125, CEA, Ova1, inhibin
Endometriosis (based on pathology or imaging, or + Receptiva test, or referral from REI)	- must have pelvic imaging (ultrasound, pelvic MRI) within the last 6 months; if not, the referring provider is responsible for ordering	- Previous surgery showing endometriosis, or + Receptiva test with imaging showing endometriosis/endometrioma or referral from REI or obgyn physician can be scheduled with MIGS physician *Δ obtain prior operative reports and associated pathology* *Δ obtain imaging studies and if outside of Corewell West, ensure they are uploaded to PACS for review* - For suspected endometriosis, and no imaging abnormalities and no surgical diagnosis, then schedule first with MIGS APP and these patients need Pelvic Pain Packet and 60 minutes allotted - For patients with HISTORY of endometriosis who have already undergone hysterectomy and removal of tubes and ovaries, follow chronic pelvic pain pathway

Chronic Pelvic Pain	- Needs complete pelvic US within last 6 months, by referring provider	- Patient to fill out pelvic pain packet (PPP) and return prior to scheduling. - Needs to have been referred by an obgyn PHYSICIAN - If history of interstitial cystitis or has urinary urgency, frequency, incontinence, or bladder pain as the primary pain, then schedule with urogynecology APP - If primary complaint is vulvar/vaginal pain, vulvodynia, vaginismus or dyspareunia, schedule with WHWC APP - If primary issue is dysmenorrhea, or multiple different chronic pelvic pain issues, schedule patient with MIGS APP - If patient has chronic pelvic pain, and has *history of endometriosis*, again, needs PPP and schedule with MIGS APP - ensure any relevant op notes, pathology, images accessible
Uterine Leiomyoma	- Needs complete pelvic ultrasound or pelvic MRI within 6 months - If also AUB, follow additional AUB guidelines - Endometrial biopsy is encouraged from referring office if possible if also having AUB - If patient referred for myomectomy or Acessa, then needs MRI pelvis with and without contrast ordered prior to visit	- An MRI is needed prior to consultation if uterine-conserving surgery is desired. - ensure any prior op notes, pathology, imaging accessible
Abnormal Uterine Bleeding	-Referring provider is responsible for ensuring that CBC, TSH, and complete pelvic U/S have been performed within the last 6 months -Endometrial biopsy is encouraged from referring office within last 12 months	-If referred from obgyn physician, schedule with MIGS physician; otherwise, schedule initial appointment with MIGS APP -Ensure that relevant imaging is accessible in PACS and endometrial biopsy pathology is available -If patient has not had endometrial biopsy, scheduler to send MyChart message information about endometrial biopsy and how to prepare for visit. And length of visit.

Cesarean scar defect/isthmocele	- patient needs pelvic ultrasound within last 6 months - Ideally, if patient knows they are desiring uterine-conserving surgery, they should have saline infused ultrasound or imaging accessible to us within last 3 months that documents measurement of niche and measurement of RMT (usually at MFM or REI)	-ensure that imaging is accessible in PACS
Cesarean scar pregnancy	-Follow CSP guidelines	-must have confirmed diagnosis and consultation FIRST by MFM -if referral comes through, please communicate directly with MIGS physicians to alert us
Severe high grade dysplasia(vulvar, (VIN 2-3, VAIN 2-3, CIN 2-3)	-Need confirmed pathology	- Schedule with next available MIGS provider within 4-6 weeks. Need all pathology and PAP/HPV reports from last 3 years - If no appt available, review by MIGS physician - ensure appt is scheduled in procedure room for possible vulvoscopy or colposcopy day of visit
Self-referrals		Review chart for a confirmed diagnosis, surgery, previous care related to: • AUB if <40 year old– redirect to obgyn • AUB and >40 yo, schedule with MIGS APP • Severe cramping/dysmenorrhea – schedule with MIGS APP • Chronic Pelvic Pain must be referred by GYN physician – cannot self-refer • Endometriosis – see above guidelines
Consult for Hysterectomy	-pelvic imaging within last 6 months -If for AUB, needs endometrial biopsy and up to date pap smear	-schedule with MIGS physician -if indication is pelvic pain, needs pelvic pain packet and 60 min visit
Complex hysteroscopy (uterine septum, embedded IUD, uterine	-pelvic imaging within last 6 months	-need imaging uploaded to PACS -schedule with MIGS physician

synechiae, submucosal/intracavitary myoma)		
Adenomyosis	-pelvic imaging within last 6 months	-schedule with MIGS physician
EPIC US complete w/ endovag #17978 MRI Pelvis w/w/o contrast #291 **Any imaging outside of Spectrum Health needs to have imaging transferred electronically to PACS or disc sent to PACS for upload.		

CHW Urogynecology has developed these guidelines as a reference tool to assist referring physicians. Minimally Invasive Surgery needs will also be addressed in the Urogynecology Department. For their full referral guidelines, click here. CHW Urogynecology 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.