Gynaecology

Cyriaccology
Ovarian cancer
Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids).
Ca125 > 35 IU/ml and Ultrasound suggesting ovarian cancer
 Measure serum Ca125 in women (especially over 50) with persistent/frequent > 12 times per month: Persistent abdominal distension/bloating Early satiety / loss of appetite Pelvic or abdominal pain Increased urinary urgency and/or frequency Symptoms suggestive of IBS
If serum Ca125 is 35 IU/ml or greater, arrange an ultrasound of the abdomen and pelvis.
For patients with raised CA125 and normal scan, please see Referral Management Service website for pathway.
Cervical cancer
Appearance of the cervix on examination is consistent with cervical cancer
Ca125 and USS are NOT indicated in suspected cervical cancer
Women with unexplained post-coital bleeding (a normal cervix) should be referred to a gynaecology clinic for assessment by a gynaecologist. If cervical cancer is suspected, they will be referred for colposcopy within 2 weeks. This strategy is in line with the recommendations of:
Endometrial cancer (separate form)
The PMB Pathway For Suspected Endometrial Cancer
Entry criteria (tick all that apply)
 Post-menopausal (> 12 months since LMP) One or more episodes of bleeding Unscheduled bleeding 6 months after starting continuous combined HRT Unscheduled/Abnormal bleeding over 2 consecutive sequential HRT cycles Re-referral within 6 months of previous investigation for PMB ie "Persistent PMB" Asymptomatic Endometrial thickening (≥10mm) / suspicious endometrium on TVS
Endometrial Cancer NICE (2015) Guidance suggests to consider requesting an USS for women >55 with Unexplained symptoms of vaginal discharge:
 Who are presenting with these symptoms for the first time or have thrombocytosis or report haematuria, or visible haematuria and low haemoglobin levels or thrombocytosis or high blood glucose levels
Vulval cancer
Unexplained vulval lump, ulceration or bleeding.
Vaginal cancer Unexplained palpable mass or ulceration in or at the entrance to the vagina.
Which is not obviously a vaginal or uterine prolapse