

Western Health

Transvaginal Mesh Management Service Referral

- Footscray Hospital, Sunshine Hospital, Williamstown Hospital, Sunbury Day Hospital

Phone: 0481 908 118 Fax referral to: 9055 2125

Hospital UR#, Name, Address, Suburb, Postcode, Telephone, DOB, Marital Status, Medicare No, IRN, Exp date

Referral date: Interpreter Required: NO / YES - Language:

Reason for referral: Previous transvaginal mesh procedure and

- Irregular vaginal bleeding or discharge - Details:
Pain - Location, duration and nature - Details:
Discomfort during intercourse - Details:
New or recurrent prolapse, bladder or bowel symptoms - Details:
Recurrent urinary tract or vaginal infections - Details:
Palpable or exposed mesh - Details:
Vaginal adhesions or scarring - Details:
Asymptomatic but patient concerns - Details:
Other - Details:

Examination findings: (NAD = No Abnormalities Detected)

Abdomen: NAD Abnormal findings:
Digital exam: NAD Abnormal findings:
Speculum: NAD Abnormal findings:
Other - Details:

Investigations - Abnormal findings: No Yes Investigations attached: Yes No

Details:

Mesh Procedure details:

Indications for procedures: Urinary Incontinence Pelvic Organ Prolapse Bowel symptoms

Number of mesh procedures performed:

If known:

Date/s of procedure/s:

Hospital/s:

Surgeon/s:

Name of Mesh product/s:

Operation Notes attached: Yes No

Previous attempt at mesh removal or other treatment: Yes No

Details:

Relevant Medical/Surgical History:

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Referrer details: (GP Gynaecologist Other:.....) Primary GP aware of Referral: Yes No

Name: Tel:

Clinic Name: Fax:

Address: Mob:

Provider No:.....

WHCOR501

Transvaginal Mesh Management Service Referral

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