Women's Health – 30.04.2019

SELF-CARE AND SELF-MANAGEMENT

Integrated MSK Service Website: https://sussexmskpartnershipcentral.co.uk/

OUTCOME MEASURES

- MSK-HQ

Referral reason / Patient presentation	Pelvic Floor Dysfunction	
Service Inclusion and Exclusion Criteria	**Service Inclusion Criteria** • Stress incontinence • Urge urinary incontinence • Mixed urinary incontinence • Overactive bladder • Pelvic organ prolapse • Pelvic floor dysfunction • Pain due to penetrative sex – within criteria and <1 year duration • Faecal incontinence (related to gynaecological and obstetric conditions) **Pelvic pain** Inclusion criteria: • Pain associated with penetration 1. Associated with childbirth 2. Recent prolapse 3. Menopause 4. Continence Exclusion criteria • Complex chronic pain • Associated psychological comorbidities • Non mechanical pain	**Service Exclusions Criteria** Urgent onward referrals as per NICE guidelines (c g 171) • Microscopic haematuria in women over 50 • Recurrent or persistent UTI & haematuria (osc 40 years) • Visible haematuria • Suspected malignant mass arising from urinary tract or pelvic organs • Cord compression or cauda equina symptoms • Palpable bladder after voiding / voiding difficulty • Symptoms of retention • Bladder or urethral pain • Possible neurological conditions • Possible urogenital fistula • Chronic pelvic pain

Primary Care Management	• Urinalysis • Abdominal examination • Digital vaginal and/or digital rectal examination as appropriate • Fluid / Volume chart • Assess for relevant medicines management of the severe overactive bladder (significant impact on daily routine and nocturnal disturbance) • Pelvic floor exercise advice with written information • Online resources
Thresholds for Primary Care to initiate a referral **Referrals** **Standard** **Self-Referral**	 Letter with medication list Primary Care, (GPs / practice nurses), Secondary Care, MSK/Physiotherapy, Midwives, Specialist continence nurses, health Visitors, Genitourinary medicine, Dermatology Patients can self –refer, they must complete a self-referral form (on line or hard copy). Self-referral identifying any of the symptoms below should be clarified further and the patient advised to visit their GP if appropriate. • See service exclusion criteria above • Stinging/ burning – UTI • Patients with an abnormal cervical smear • Persistent abdominal pain • Persistent or constant bloating • Difficulty eating or feeling full having eaten little • Sudden weight loss • Numbness, tingling or muscle weakness • Chronic pelvic pain
Triage and prioritise	• Triage against inclusion / exclusion criteria • Self-referral identifying any concern should be advised to visit their GP • Triage by women's health physiotherapist **Urgent – appointment within 2/52 of referral being received by the Women's Health MSK service** • 3-4th degree tears • Post-natal perineal trauma • Retention over 800mls • Catheter removal related issues **Routine – appointment within 6/52 of referral being received by the Women's Health MSK service** • All referrals not in the urgent cohort will be deemed routine
Virtual Clinic	**Virtual Clinic** Clarifying self-referral information
1:1 Assessment	NP assessment = 60 minutes FU = 30 minutes with an average 3 sessions over 3-6 months, post-natal may need longer • Subjective • Objective**

- Diagnosis
- Shared care plan with goals, available options discussed, patient understands improvement expectations in 3-6 months.

** Objective examination includes;

- Urine dipstick testing – patients should be referred back to their GP for further investigation in the event of abnormal readings
- Abdominal examination to rule out; pelvic mass, full bladder, tense abdomen
- All patients will be offered a digital vaginal examination to assess pelvic floor musculature
- Rectal examination where available when clinically indicated due to faecal symptoms to assess pelvic floor musculature
- Cladder scan for assessment of residual URINE (currently unavailable at BSUH and SCFT)
- F/V diaries – 3 days
- Education/Advice/pelvic floor anatomy (may not be necessary if attending a group)

Urgent onward referrals as per NICE guidance 2013 (cg171)

- Microscopic haematuria in women aged 50 years and older
- Visible haematuria
- Recurrent or persisting UTI associated with haematuria in women aged 40 years and older
- Suspected malignant mass arising from the urinary tract

Indications for referral to a specialist service or GP as per NICE guidance 2013 (cg171)

- Persisting bladder or urethral pain
- Clinically benign pelvic masses
- Associated faecal incontinence
- Suspected neurological disease
- Symptoms of voiding difficulty
- Suspected urogenital fistulae
- Previous continence surgery
- Previous pelvic cancer surgery
- Previous pelvic radiation therapy

1:1 Management

1) Pure Stress Incontinence

- Supervised Progressive Pelvic floor exercises for up to 3 months
- Lifestyle changes
- Use of electrical simulation if they score <2 on modified Oxford scale until an active contraction is achieved or up to 6/52
- Urethral support devices
- Vaginal bio feedback indicative in functional positions
- No improvement refer to specialist

2) Mixed Urge & Stress Incontinence

- As for stress incontinence
- Review 3 day F/V diaries
- Bladder training – for min 6/52
- No improvement with bladder training consider referral on for combination of OAB drugs and bladder training if frequency or urgency is a troublesome symptom

3) Frequency, Urge +/- Urge Incontinence

- As for mixed urge & stress incontinence
- Review 3 day diaries

4) Prolapse

Asymptomatic / anatomical:

	• Pelvic floor exercises, lifestyle and education • Defecation dynamics **Symptomatic:** • Supervised progressive pelvic floor exercises for up to 3 months • Lifestyle changes • Consider referral to GP for pessaries/vaginal oestrogens when no improvement in symptoms • Visible at or below vaginal introitus refer to specialist **5) Post-natal 3-4 tears** • Lifestyle changes • Defecation dynamics • Dietary advice • Tissue massage • Supervised progressive pelvic floor exercise for up to 3 months • Sphincter control exercises • Supporting return & sexual activity • Electrical stimulation, 3/12 post-partum if no active pelvic floor contractions • Treatment up to one year post-partum **Review** After approximately 3 treatments at 4 or 6 week interval over a 6 month period Self-referral back into service after discharge following a defined time period
Outcomes	ICIQ (short version) and ICIQ overactive bladder. POPSS
DC and back to referrer or to alternative pathway	• Back to GP – medication required – patient receives copy of DC summary • Limited/no improvement but patient not keen to pursue further management options, e.g. surgery following shared decision making discussions • Refer to specialist • Discharge summary to referrer
DC with self-management plan	• All goals met • Patient has made some progress, additional time for further improvement, patient self-refers back into service • Patient has copy of car plan – indicated – HEP, advice, goals, timescale • DC summary to referrer with copy of care plan. Patient receives copy of DC summary

References: NICE guidance 2013 CG 171

Minimum standards in continence care report (2015)

Referral reason / Patient presentation	Obstetric Pathway
Primary Care Management	- Online resource: POGP PGP leaflet - http://pogp.csp.org.uk/publications/pregnancy-related-pelvic-girdle-pain-mothers-be-new-mothers - Patient information BSUH website and SMSKP website
Service Inclusion and Exclusion Criteria, and Precautions	**Service Inclusion Criteria** • Pregnancy related pelvic girdle pain • Pregnancy related back pain (see physio spinal pathway) • Rectus diastasis >3cm **Service Exclusions Criteria** • Red flag signs • Cord compression or Cauda equina symptoms **Precautions** • Unstable cardiovascular status (including low BP, epilepsy or diabetes) • Placenta praevia > 26/40 • Vaginal bleeding in 2nd and 3rd trimester • Cervical suture without a consultant referral
Referrals **Standard** **Self-referral**	Letter with medication list. To include details of pregnancy and Estimated Delivery Date (EDD). Primary Care, (GPs / practice nurses), Secondary Care, MSK/Physiotherapy, Midwives, Health Visitors. Patients can self-refer; they must complete a self-referral form (on line or hard copy). Self-referral identifying any of the exclusions/precautions above should be rejected and the patient advised to visit their GP • See service exclusion criteria above
Triage and prioritise	• Triage against inclusion / exclusion criteria • Self-referral identifying any of the exclusion criteria above should be advised to visit their GP. • Triage by women's health physiotherapist **Urgent – appointment within 10 working days of referral being received by the Women's health MSK service** • Pregnancy Pelvic girdle pain and acute pregnancy related low back pain **Routine – appointment within 6/52 of referral being received by the Women's Health MSK service** • All referrals not in the urgent cohort will be deemed routine
Virtual Clinic	**Virtual Clinic** - If more information is required following self-referral - Late pregnancy – 36/40. Unless capacity available and patient choice - http://pogp.csp.org.uk/publications/pregnancy-related-pelvic-girdle-pain-mothers-be-new-mothers

	Outcomes of virtual clinic (telephone) assessment: 1 – Advise patient on appropriate management strategy • Complete appropriate documentation • Send out supporting information, e.g. Pelvic floor exercise information, lifestyle changes etc. • Send out condition specific leaflets and direct to online resources (hyperlinks / embedded documents) 2 – 1:1 assessment & management 3 – Referral to group 4 – Discharge back to referrer if condition appears not to be PGP relates or with any associated medical concerns 5 – Patients can re-enter the service for the same problem up to 6 months after discharge. Should patients want to re-enter the service after 6 months they must use the self-referral process and complete a self-referral form **Virtual clinic exclusions:** • Language barriers, e.g. unable to communicate in English • Not able to use the telephone • Poor cognition
1:1 Assessment	NP assessment = 60 minutes FU = 30 minutes with an average 3 sessions over 3-6 months, post-natal may need longer • Subjective • Objective • Diagnosis • Management Plan with goals, available options discussed, patient understand improvement expectations in 3-6 months • Patient centred care to include Shared Decision Making and Motivational Interviewing • Patient information leaflets Urgent onward referral to secondary care via A&E with letter / phone call • Cauda equina / cord compression • Radiculopathy with myotomal weakness e.g. footdrop Indications for referral to a specialist service • ICATS • GP • Obstetrics • Rheumatology • Pain management • Mental Health Services • Wellbeing • Osteoporosis services
1:1 Management	**1) Pregnancy related back pain:** treat as Spinal Pathway, within 3/12 of delivery to WH, otherwise MSK if > 6/12 postnatal. **2) Pregnancy related pelvic girdle pain** • Advice, education, support, manual therapy, elbow crutches, muscle re-education, TENS, hydrotherapy, acupuncture. (BSUH and QVH) **3) Rectus Diastasis** • Advice, education, exercise, support, exercise group

<table>
<tr>
<td></td>
<td>4) Education and/or exercise group – Fit Bumps and beyond
Inclusion criteria
< 34/40 pregnant
Pregnancy related pelvic girdle pain
Pregnancy related low back pain
< 3/12 postnatal with PGP or LBP
Rectus diastasis
Postnatal LSCS
Exercise Group design:
Exercise programme
Pacing
Pelvic floor
Posture
Pain relief
Review
Self-referral back into physiotherapy service after discharge following a defined time period for the same problem within 6/12 of discharge, or 6/52 of due date, whichever is longer.</td>
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<tr>
<td>Outcomes</td>
<td>PSFS and PCS
STarT Back for postnatal patients with new onset LBP within 3/12 of delivery.</td>
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<td>DC and back to referrer or to alternative pathway</td>
<td>Back to GP – goals not met but patient remains engaged, patient DC with self-management plan
Refer to specialist MSK service or specialist
Discharge summary to the patient with a copy to the referrer</td>
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<td>DC with patient led monitoring for 6 months</td>
<td>Patient has made some progress, additional time needed for further improvement, telephone follow-up if necessary and/or patient self-refers back into service within 6/12 of last visit.
All goals met
Discharge summary to the patient with a copy of the summary and care plan to the GP.
Patient has copy of their care plan – indicates – HEP, advice, goals, timescale.</td>
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