

Pathway:	Uro-gynaecology (including urinary incontinence)
Referral Criteria/Commissioning position:	
<p><i>Referral to secondary care for:</i></p> <p>Stress Incontinence if:</p> <ul style="list-style-type: none"> • following a three month course of pelvic floor exercise, supervised by physiotherapist or continence advisor there has been no improvement <p>Overactive Bladder and Urge Incontinence if:</p> <ul style="list-style-type: none"> • conditions fails to respond conventional primary care management <p>Red Flag' symptoms</p> <ul style="list-style-type: none"> • Acute urinary retention is a rare complication, but sometimes a presenting feature of complete uterine prolapse and requires admission • Persistent Haematuria – please follow Haematuria Pathway referral guidance <p>Investigations prior to referral</p> <ul style="list-style-type: none"> • Bladder diary 	
Information to include in referral letter:	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • Clear indication for referral: stress, urge mixed incontinence or other • Details of treatments and measures tried including outcomes & Diary results • Relevant past medical/surgical history • Drug history (prescribed and non-prescribed) • Relevant past medical/surgical history • Current regular medication • BMI • Smoking status • Alcohol consumption 	
References & Additional information:	
<p>Patient Information Leaflets</p> <p>Prolapse patient information – click here</p> <p>Incontinence patient information – click here</p> <p>References:</p> <p>Bladder Drill</p> <p>Bladder Diary</p>	
CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017