# PELVIC ORGAN PROLAPSE REFERRAL GUIDELINE

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### **HIGH RISK**

SUGGESTED EMERGENT CONSULTATION

#### SYMPTOMS AND LABS

N/A

### **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### SYMPTOMS AND LABS

Advanced or complete uterovaginal prolapse

### **LOW RISK**

SUGGESTED ROUTINE CARE

#### **SUGGESTED WORKUP**

History (degree of prolapse)

Pelvic exam

# SUGGESTED PREVISIT WORKUP

N/A

## SUGGESTED WORKUP

Evaluation by MMP Pelvic Medicine (can trial a pessary while awaiting consult)

Evaluation for urinary retention, this necessitates more timely intervention

# SUGGESTED MANAGEMENT

Counsel on kegels or pelvic floor PT

Pessary

Referral to MMP Pelvic Medicine if patient bothered by prolapse that protrudes past hymenal ring

### CLINICAL PEARLS

- Patient can be seen by a gynecologist or MMP Pelvic
   Medicine nurse practitioner for a pessary fitting
- If noted on exam but patient is asymptomatic, no further work-up or treatment is needed

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

V 1.0 3/19