**NHS Fife Pelvic Health Physiotherapy Referral Criteria**

Direct all service users to the NHS Fife Pelvic Health Physiotherapy website for self-management guidance using the patient information leaflet.

Complete **red flag screening.** Investigate and treat symptoms then re-evaluate.

Service users experiencing bladder or mild bowel problems, prolapse or pelvic pain may improve after 12 weeks of self-management. If no improvement, ensure service users are aware of expected delay before consenting to referral.

Optimise medications and management of long-term conditions which can impact bladder and bowel function.

Consider a pessary as a rehab tool for those with grade 1-2 prolapse.

**Acute conditions**

Symptomatic bladder/bowel dysfunction post 3rd or 4th degree tear.

Urgent face to face appointment will be offered.

Obstetric patients with pregnancy related low back or pelvic pain.

Urgent appointment for virtual online live class will be offered initially. Please advise patients of this and encourage attendance.

**Refer to Pelvic Health Physiotherapy**

Include diagnosis/symptoms/impression, date of onset of symptoms, investigation results,

treatment commenced so far (including vaginal oestrogen/pessary/diet/lifestyle changes/laxatives/stool bulkers)

Sudden onset urinary or faecal incontinence

Action: further investigation to rule out infection, space occupying lesion or neurological cause.

Retention and overflow

Action: refer to secondary care to rule out obstruction or neurological cause.

Faecal incontinence

Action: further investigation to rule out lumbar spine/cauda equina.

Acute change in stool habit +/- rectal bleeding lasting more than 6/52

Action: colorectal bundle and onward referral if appropriate.

**Routine conditions**

Coccydynia, underlying musculoskeletal problem in a patient who happens to be pregnant, postnatal musculoskeletal pain more than 6-8 weeks postpartum.

Action: Refer to Adult MSK Physiotherapy.

Faecal incontinence of loose stool

Action: investigate and treat cause of loose stool eg. dietary intolerance, functional bowel disorder, constipation with overflow or side effect of other medication. Optimise stool type via dietary advice, OTC/prescribed medications, consider dietetics referral.

 Grade 3 prolapse

Action: Refer to secondary care.

**Exclusion criteria**

Constipation

Action: review of polypharmacy and optimisation of diet, fluids, laxatives. Encourage general activity.

Only consider referral if remaining symptoms suggest pelvic floor dysfunction.

Optimise medical management and encourage self-management.

Primary care - SCI gateway

Secondary care – clinic letter accepted if above information included