

21<sup>st</sup> October 2021

s9(2)(a)

[Redacted]

Dear s9(2)(a)

### Official Information Act Request for – Triaging Trans Vaginal Ultrasound Referrals

I write in response to your Official Information Act request received by us 29<sup>th</sup> September 2021, you requested the following information:

We would be grateful if a person responsible for triaging ultrasound referrals would be so kind as to tell us what priority (urgent, semi urgent, routine, declined) and time frame (in days or weeks) your clinicians would put on the following twelve referral scenarios for a trans vaginal ultrasound from a community GP (under a Covid Level 1 scenario)?

1. Premenopausal 36 year old women with new onset bowel habit changes and bloating of
  - a) 1 months duration, normal pelvic exam, negative family history - with CA-125 of 15
  - b) 3 months duration, normal pelvic exam, negative family history - with CA-125 of 15 (stable)
  - c) 3 months duration and new onset urinary frequency, normal pelvic exam, negative family history - with CA-125 of 18 (previously 15)
  - d) 1 months duration, normal pelvic exam, negative family history - with CA-125 of 37
  - e) 1 months duration, normal pelvic exam, negative family history - with CA-125 of 205
  - f) 1 months duration, mass on pelvic exam, negative family history - with CA-125 of 205
  
2. Menopausal 50 year old woman presenting with new bowel habit changes and bloating of
  - a) A. 1 months duration, normal pelvic exam, negative family history - with CA-125 of 15
  - b) 3 months duration, normal pelvic exam, negative family history - with CA-125 of 15 (stable)
  - c) 3 months duration and new onset urinary frequency, normal pelvic exam, negative family history - with CA-125 of 18 (previously 15)
  - d) 1 months duration, normal pelvic exam, negative family history - with CA-125 of 37
  - e) 1 months duration, normal pelvic exam, negative family history - with CA-125 of 205
  - f) 1 months duration, mass on pelvic exam, negative family history - with CA-125 of 205

### Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

We are unable to fit your questions into the current process used by GPs to manage and triage ovarian symptoms. However, we have provided the following management information from Community Health Pathways which directs GPs.

## Management

Management of investigation results differs depending on whether the woman is [premenopausal](#) or [postmenopausal](#).

### Management of postmenopausal women

1. If serum Ca125 < 35 IU/mL, assess for other causes of symptoms. If no other causes are evident after full assessment, advise the patient to return if symptoms increase or are persistent for more than 3 months.
2. If Ca125 > 35 IU/mL, request [ultrasound scan](#). The patient is eligible for publicly funded radiology.
3. If Ca125 > 35 IU/mL and scan is normal, request [gynaecology assessment](#) or seek [gynaecology advice](#).

### Management of premenopausal women

For premenopausal women with elevated Ca125 (even when Ca125 > 200 IU/mL), benign conditions are the most likely cause.

Manage investigation results for possible ovarian cancer premenopausal women:

1. If serum Ca125 is < 35 IU/mL assess for other causes of symptoms. If no other causes are evident after full assessment, advise the patient to return if symptoms increase or are persistent for more than 3 months.
2. If Ca125 > 35 IU/mL but < 200 IU/mL, in the presence of normal clinical findings, repeat serum Ca125 in 6 weeks' time. If this is repeatedly high or climbing, request [ultrasound scan](#) and then request [gynaecology assessment](#) or seek [gynaecology advice](#).
3. If Ca125 decreases by any amount in the 6 week time frame, reassure the patient that this is not ovarian cancer and advise there is no need for further investigation unless symptoms deteriorate.
4. If Ca125 > 200 IU/mL, request [ultrasound scan](#). Once scan is obtained, request [gynaecology assessment](#) or seek [gynaecology advice](#).

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



**Fepulea'i Margie Apa**  
Chief Executive Officer  
Counties Manukau Health