

Referral Guide for GPs & Practice nurses

Pelvic Health Physiotherapy: Women, Men and Children



Purpose: This guide helps GPs and Practice Nurses identify patients who may benefit from specialist pelvic health physiotherapy and what useful information to include in a referral. It is intended for routine pelvic health referrals.

Urgent or emergency presentations should be directed to the appropriate acute or specialist pathway first.

Who this service supports

GW Pelvic Health provides specialist pelvic health physiotherapy for **women, men and children** including continence, pelvic pain, bowel dysfunction, prolapse-related symptoms, post-operative and cancer rehabilitation, and selected sexual health rehabilitation needs.

Do not send as a routine pelvic health physiotherapy referral if there are red flags such as:

- suspected cauda equina symptoms (new urinary retention or overflow incontinence, saddle numbness, new bilateral leg weakness)
- acute severe pelvic/abdominal pain requiring urgent medical review
- suspected malignancy or unexplained weight loss
- visible hematuria
- recurrent UTIs requiring work-up
- significant vaginal/rectal bleeding
- acute prolapse with urinary retention,
- unexplained urinary retention
- child with suspected safeguarding concerns

Who to refer

Group	Common referral reasons	Helpful referral detail
Women	<ul style="list-style-type: none"> • Pregnancy-related pelvic floor symptoms and postnatal recovery • Preparation for childbirth • Breast feeding issues 	Parity / pregnancy status, delivery history, main symptom duration, pain pattern, urinalysis or relevant investigations, medications, relevant

	<ul style="list-style-type: none"> • Stress, urge or mixed urinary incontinence; bladder urgency/frequency; bladder pain symptoms • Pelvic organ prolapse symptoms • Constipation or bowel incontinence • Pelvic pain or dyspareunia / sexual pain • Post-operative, post-cancer or post-radiotherapy pelvic rehabilitation • Complex pelvic health presentations • Teen education/support around menstruation, pelvic and sexual health 	<p>gynae/urology/colorectal history, and whether the patient is post-operative / post-cancer treatment.</p> <p>Medication list</p>
Men	<ul style="list-style-type: none"> • Pre- and post-prostatectomy rehabilitation • Urinary leakage, urgency, frequency or other bladder dysfunction • Constipation or bowel incontinence • Chronic pelvic pain • Sexual dysfunction or sexual rehabilitation support • Post-cancer recovery following surgery, chemotherapy and/or radiotherapy • Complex pelvic health presentations • Teen education/support around pelvic and sexual health 	<p>Surgical / oncology history, current continence status, catheter status if relevant, bowel symptoms, pain history, medication list, PSA/cancer pathway context where relevant, and any urology or colorectal follow-up in place.</p> <p>Medication list</p>
Children	<ul style="list-style-type: none"> • Constipation and faecal incontinence • Toilet training difficulties • Daytime wetting (typically over 5 years) • Bedwetting (typically over 6 years) • Neurodiversity-related continence challenges 	<p>Age, developmental background, bowel pattern, stool consistency, fluid intake, toileting schedule, previous constipation treatment, urinary symptoms, safeguarding / school concerns, and relevant paediatric or neurodevelopmental history.</p>

Recommended minimum referral content

Symptoms and impact	Background and tests	Practical information
<p>Main pelvic health problem(s)</p> <p>Duration and severity</p> <p>Leakage / urgency / frequency / pain / prolapse / bowel symptoms</p> <p>Impact on function, exercise, work, school, sleep or intimacy</p>	<p>Relevant obstetric, gynaecological, urological, colorectal, oncology or paediatric history</p> <p>Past surgery / radiotherapy / chemotherapy</p> <p>Medication list</p> <p>Urinalysis, imaging, stool treatment history or other relevant results if available</p>	<p>Best contact details</p> <p>Interpreter / communication needs</p> <p>Mobility or access needs</p> <p>For children: parent/guardian details and school context if relevant</p>

What the patient can expect

<p>Assessment</p> <p>Individualised pelvic health assessment, education, bladder and bowel history review, symptom analysis, goal setting, and age-appropriate examination where clinically indicated and consented.</p>	<p>Possible interventions</p> <p>Pelvic floor education and rehabilitation, bladder and bowel retraining, biofeedback therapy, neuromodulation, POCUS, electrotherapy, sexual rehabilitation, bedwetting alarm programmes, and parent/child education with multidisciplinary liaison when needed.</p>
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Referral destination

<p>GW Pelvic Health</p> <p>Gráinne Walsh Clinical Specialist Physiotherapist in Pelvic Health Unit B14, KCR Business Park, Ravensdale Park, Dublin 12, D12 P681</p>	<p>Contact</p> <p>Phone: 01 963 6936 Email: gwpelvichealth@gmail.com Website: www.gwpelvichealth.com</p>
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