

# Pelvic Health Clinic

## Multi-Disciplinary Consultant Led Pelvic Health Clinic

Appointment available within 1 week

Phone number: 01 793 4694

Email: [pelvichealth@materprivate.ie](mailto:pelvichealth@materprivate.ie)

Opening hours: Mon - Fri 8.00am - 8.00pm



Mr. Ruaidhri McVey



Mr. Thomas Walsh



Mr. Kushal Chummun

### GYNAECOLOGY



Ms. Ann Brannigan

### COLORECTAL



Ms. Liza McLornan

### UROLOGY

## Referral Criteria (E-Referral available)

Consultant Triage of all Referrals within 48 Hours. Appointments to appropriate service.

### Symptoms for Referral:

- Urinary & Faecal Urgency
- Haematuria
- Urinary & Faecal Incontinence
- Abdominal / Pelvic Pain
- Penial Discharge
- Vaginal Discharge
- Sudden Weight Loss
- Increased Appetite or Thirst
- Unusual Bowel Habits
- Obstructed Defaecation
- Obstetric Fistula
- Pelvic Organ Prolapse

### Treatments Available:

- Complex Urodynamic Analysis
- Sling Surgery/ Colposuspension
- Urethral Bulking Agent
- Pelvic Floor Physiotherapy
- Neuro-stimulators (SNS)
- Reconstructive Surgery
- Correction of Prolapse
- Bladder Instillations
- Teaching Intermittent Catheterisation

### Pelvic Floor Physiotherapy Service

- Antenatal and Postnatal Conditions
- Chronic Pelvic Pain (Male and Female)
- Incontinence Urine and Faeces
- Constipation
- Sexual Dysfunction (Male and Female)

### Urodynamic Testing Department

- Uroflow and Post Void Residual Testing
- Urethral Catheterisation (Male and Female)
- Supra-pubic Catheters (Male and Female)
- Self-Catheterisation Education
- Advice on Investigations and Treatments for all Urological Conditions

## Service Features

### Quick Consultant triage

referrals triaged within 48 hours

### Results and management plan

discussed with patient on day of appointment

### Reports to referring doctor

verbal communication of urgent results and written reports sent within 48 hours

### E-Referrals

E-Referral available.  
For queries call **1800 80 42 22**  
or email [ereferrals@materprivate.ie](mailto:ereferrals@materprivate.ie)  
Open 8.00am - 5.00pm Monday to Friday

### Self Pay

For Self Pay options call us on **1800 80 42 22**  
or email [ask@materprivate.ie](mailto:ask@materprivate.ie)  
Open 8.00am - 5.00pm Monday to Friday

### Insurance

Insurance cover helpline: **01 885 8856**  
or email [cover@materprivate.ie](mailto:cover@materprivate.ie)  
Open 8.00am - 5.00pm Monday to Friday

## Appointments

### Urgent patients

prioritised for next available consultant appointment

### Suitable patients

direct access within 1 week

### Complex patient

direct access to multidisciplinary service

Pelvic Health Clinic,  
Mater Private Hospital,  
Eccles St.,  
Dublin 7.

### Mater Private Hospital

T: 01 885 8888 | F: 01 885 8541

E: [info@materprivate.ie](mailto:info@materprivate.ie)

W: [www.materprivate.ie](http://www.materprivate.ie)

# Pelvic Health Clinic - Referral Form\*

Pelvic Health Clinic, Mater Private Hospital, Eccles St., Dublin 7  
T: 01 793 4694 | E: pelvichealth@materprivate.ie

## GENERAL PRACTITIONER DETAILS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_ Mob: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Referring GP Signature  
\_\_\_\_\_

## PATIENT DETAILS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Mob: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## PRESENTING PROBLEM

Urology                       Gynaecology                       Colorectal                       Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAST MEDICAL HISTORY

Does the patient have:

IDDM/NIDDM                      Yes                       No   
Renal Insufficiency                      Yes                       No   
Cirrhosis/Liver Disease                      Yes                       No

Other

\_\_\_\_\_  
\_\_\_\_\_

## MEDICATION

Is the patient taking:

Aspirin/Plavix                      Yes                       No   
Warfarin/Dabigatran                      Yes                       No   
Insulin                      Yes                       No

HRT \_\_\_\_\_

Other

\_\_\_\_\_  
\_\_\_\_\_

## RECENT LAB RESULTS OR OTHER RELEVANT TEST RESULTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RECENT IMAGING RESULTS OR OTHER RELEVANT TEST RESULTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*E-Referral available

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