



Dr. Maria Giroux

BSC MD FRCSC

FEMALE PELVIC MEDICINE &
RECONSTRUCTIVE SURGERY (FPMRS)

Referral Form



Please fax to: (604)609-0538

*Since this is a new urogynecology practice, there is currently **no waitlist** for appointments & surgery*

Dr. Maria Giroux is a **Female Pelvic Medicine and Reconstructive Surgeon (FPMRS)** who provides diagnosis and management of pelvic floor disorders and obstetrical trauma for females at St. Paul's Hospital and the Centre for Obstetric Pelvic Health & Reconstructive Surgery (also known as the Centre for OASIS), located at Suite 250, 2184 West Broadway, Vancouver. Dr. Giroux provides **only urogynecological care**. Referrals are accepted across the province of British Columbia.

Pelvic Floor Disorders:

Dr. Giroux provides a range of surgical and nonsurgical treatment options for pelvic floor disorders which include pelvic organ prolapse, bladder and bowel dysfunction, menopausal symptoms, pain related to the pelvic floor and urinary tract, and mesh complications. Dr. Giroux provides consultations, investigations (including urodynamics and cystoscopy), treatment (including pessary fitting and care), counselling, and patient education.

Obstetrical trauma:

The Centre for OASIS is a comprehensive clinic with a **dedicated pathway for patients with obstetric anal sphincter injuries (OASIS) (3rd and 4th degree perineal lacerations)** that provides care for female patients with obstetrical trauma, postpartum pelvic floor disorders, and postpartum pain. Dr. Giroux performs and interprets endoanal ultrasounds (EAUS) in-clinic and provides consistent patient counselling regarding management of complications related to obstetrical trauma and mode of subsequent delivery post-OASIS.

Patients are **preferably referred immediately postpartum** to enter the pathway, **but may be referred at any point in time**. This pathway consists of history, physical examination, endoanal ultrasound, anorectal manometry, and patient counselling. Assessments are virtual and in-person. **Patients continue to be under the care of their current healthcare provider** for the 6-8 week postpartum appointment (for postpartum patients) or antenatal appointments (for antepartum patients). This pathway is **in addition to the usual care**.



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The Role of This Dedicated Clinic for Patients with OASIS Postpartum

- Debrief and discuss the delivery complicated by OASI
- Assess postpartum physical and emotional recovery
- Provide consistent multidisciplinary patient education about obstetrical trauma and postpartum recovery
- Provide early identification and management of complications related to obstetrical trauma such as anorectal symptoms, postpartum pain, postpartum pelvic floor disorders, levator avulsions, and rectovaginal fistula
- Identify and provide counselling regarding prevention of pelvic floor disorders in the future
- Counsel and empower women to make an informed decision regarding mode of subsequent delivery
- Provide management strategies to decrease the risk of recurrence of OASIS with subsequent delivery
- Provide multidisciplinary community referrals



The Role of This Dedicated Clinic for Patients with Subsequent Pregnancy After OASIS

- Provide consistent multidisciplinary patient education about obstetrical trauma and postpartum recovery
- Provide management of complications related to obstetrical trauma
- Identify and provide counselling regarding prevention of pelvic floor disorders in the future
- Counsel and empower women to make an informed decision regarding mode of subsequent delivery
- Provide management strategies to decrease the risk of recurrence of OASIS with subsequent delivery
- Provide multidisciplinary community referrals



The OASIS Care Pathway

Date of Referral: _____

Referring Physician

Name: _____

MSP #: _____

Phone: _____

Fax: _____

Patient Information

Or affix label

Name: _____

PHN: _____

DOB: _____

Address: _____

Phone #: _____

Email: _____

Requested Priority

Regular

Urgent (Reason: _____)

****Please attach all supporting relevant documents****

Pelvic Floor Disorders

*****Please attach relevant operative report(s)*****

- Pelvic organ prolapse
- Pessary fitting and/or care
- Urinary incontinence
- Overactive bladder (OAB)
- Recurrent urinary tract infections (UTI)
- Genitourinary syndrome of menopause (GSM)
- Anal incontinence (fecal incontinence and/or flatal incontinence)
- Pain condition
 - Pelvic floor pain, pelvic floor hypertonicity
 - Dyspareunia
 - Vulvodynia
 - Urethral pain
 - Interstitial cystitis (IC)/Bladder pain syndrome (BPS)
 - Mesh-related pain
- Mesh complication
- Voiding dysfunction
- Periurethral cyst/urethral diverticulum
- Pelvic tract fistula
 - Urogenital fistula
 - Rectovaginal fistula)
- Surgical complication related to urogynecologic surgery

Obstetrical Trauma

*****Please attach the delivery record*****

- Obstetric anal sphincter injury (OASI)
 - Currently within 1 year postpartum
 - Currently more than 1 year postpartum
 - Currently pregnant, history of previous OASI (for appointment at 28–32 weeks)
- Pelvic floor disorders postpartum
 - Urinary incontinence
 - Anorectal symptoms (fecal urgency, fecal incontinence, and/or flatal incontinence)
 - Pelvic organ prolapse
 - Voiding dysfunction
- Levator avulsion
- Pain within 12 months postpartum
 - Pelvic floor pain
 - Perineal wound complication
 - Dyspareunia
 - Pudendal neuralgia
 - Cesarean section scar pain
- Rectovaginal fistula

Details