



CENTRE FOR OBSTETRIC PELVIC
HEALTH & RECONSTRUCTIVE SURGERY

WWW.CENTREFOROASIS.COM

Dr. Maria Giroux

BSC MD FRCSC

FEMALE PELVIC MEDICINE &
RECONSTRUCTIVE SURGERY (FPMRS)

Referral Form



Please fax to: (604)609-0538

Date of Referral: _____

Referring Physician

Patient Information

Or affix label

Name: _____

Name: _____

MSP #: _____

PHN: _____

Phone: _____

DOB: _____

Fax: _____

Address: _____

Phone #: _____

Email: _____

Provider(s) to include on reports: _____

I am a maternity provider referring patient for OASIS. Please CC providers above only and do not CC me on the reports

Requested Priority

Regular

Urgent (Reason: _____)



P: (604)682-5288

F: (604)609-0538



Suite 250, 2184 West Broadway,

Vancouver, BC, V6K 2E1



centreforoasis@gmail.com



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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 together with urogynecological complaints
 - 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

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



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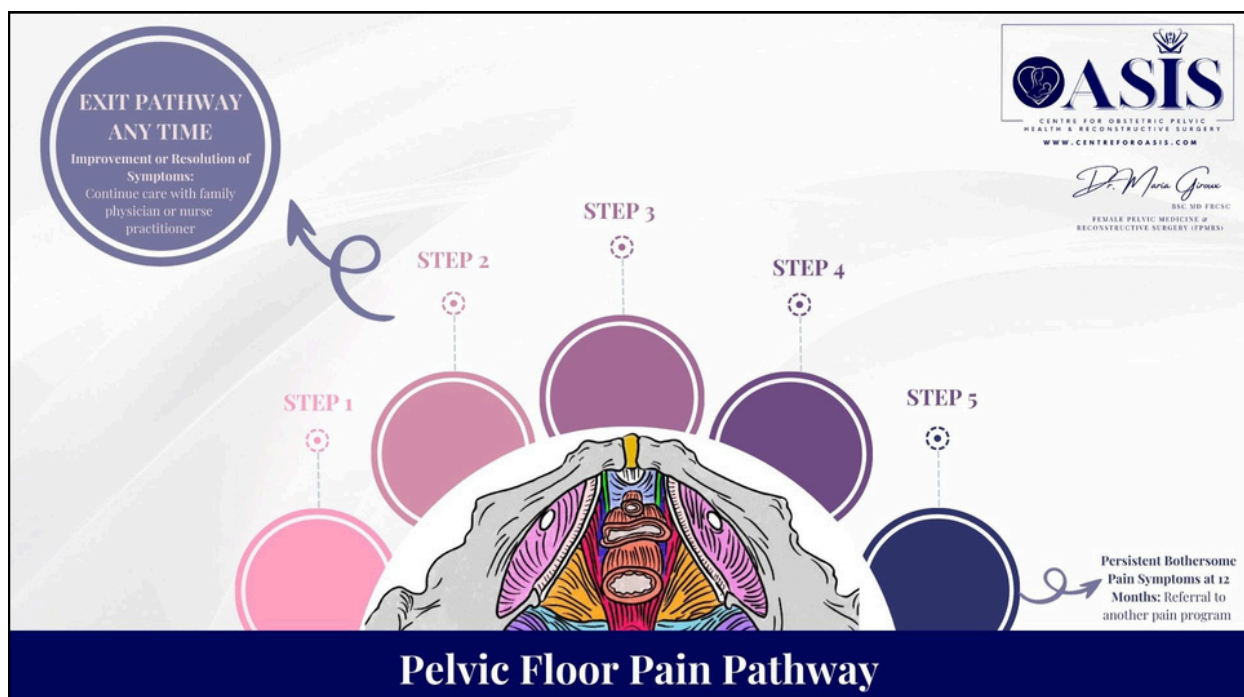
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Dr. Maria Giroux is a **Female Pelvic Medicine and Reconstructive Surgeon (FPMRS)** who provides diagnosis and management of pelvic floor disorders and obstetrical trauma for females at St. Paul's Hospital and the Centre for Obstetric Pelvic Health & 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, and mesh complications. Giroux provides consultations, investigations, treatment (including pessary fitting and care), counselling, and patient education.

There is a dedicated Pelvic Floor Pain Pathway for patients with pain related to the pelvic floor occurring together with urogynecological complaints. She does not treat patients with chronic pelvic or vulvar pain without urogynecological complaints.



Pelvic Floor Pain Pathway



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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) and anorectal manometry in-clinic and provides consistent patient counselling regarding management of complications related to obstetrical trauma and mode of subsequent delivery post-OASIS.

The OASIS Care Pathway is a part of the overarching Obstetrical Trauma Pathway. There is also a **dedicated pathway for patients with postpartum pain**. There are also dedicated clinics for patients with **anorectal symptoms remote from delivery**.



SUBSEQUENT PREGNANCY POST-OASIS

Counselling Regarding Mode of
Subsequent Delivery
Pelvic Floor Disorders in Pregnancy
Pain in Pregnancy

POSTPARTUM

OASIS Care Pathway
Postpartum Pelvic Floor Disorders
Perineal Wound Complications
Postpartum Pain Pathway

LONG-TERM CONSEQUENCES OF OBSTETRICAL TRAUMA

Pelvic Floor Disorders
Dedicated Anorectal Symptoms Clinic
Pelvic Floor Pain Pathway



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The Obstetrical Trauma Pathway



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For OASIS Care Pathway, 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**.



Patients continue to be under the care of their healthcare provider for their postpartum/antenatal appointments. This pathway is in addition to the usual care.



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