Referral Guide

Dysmenorrhoea

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Clinical presentation: Suspected primary or secondary dysmenorrhoea
Refer to: Gynaecologist

Dysmenorrhoea is painful menstruation that can significantly impact quality of life, daily functioning, education and work participation. While primary dysmenorrhoea is common, secondary causes such as endometriosis, adenomyosis or pelvic pathology should be considered, particularly when symptoms are severe, progressive or refractory to first-line treatment. Early recognition of underlying pathology may reduce long-term morbidity and diagnostic delay.

When to refer

- Moderate to severe menstrual pain affecting daily activities or quality of life
- Symptoms not adequately controlled with NSAIDs and/or hormonal therapy
- Progressive worsening of dysmenorrhoea over time
- Dysmenorrhoea associated with chronic pelvic pain
- Deep dyspareunia
- Dyschezia or cyclical bowel symptoms
- Cyclical urinary symptoms
- Heavy menstrual bleeding or abnormal uterine bleeding
- Suspected endometriosis or adenomyosis
- Pelvic mass or abnormal pelvic examination findings
- Fertility concerns associated with pelvic pain

When to refer urgently

Urgent gynaecology assessment or Emergency Department referral if any of the following:

- Acute severe pelvic or abdominal pain with diagnostic uncertainty
- Suspected ovarian torsion
- Suspected ectopic pregnancy
- Haemodynamic instability
- Severe pain requiring hospital-level analgesia
- Signs of significant intra-abdominal pathology or sepsis
- New pelvic mass associated with severe pain

While dysmenorrhoea itself is not usually an emergency, alternative diagnoses requiring urgent intervention should be excluded when red flag features are present.

Initial GP workup

Where clinically appropriate and without delaying referral:

- [ ] Menstrual and pain history
- [ ] Assessment of impact on daily function and quality of life
- [ ] Pregnancy test if clinically indicated
- [ ] STI screening where appropriate
- [ ] Cervical screening test if due
- [ ] Pelvic examination (if appropriate and acceptable to the patient)
- [ ] Pelvic ultrasound, particularly if secondary causes are suspected
- [ ] Trial of NSAIDs and/or hormonal therapy if not already undertaken

Information to include in referral

- [ ] Duration and severity of symptoms
- [ ] Age at symptom onset
- [ ] Menstrual history and cycle characteristics
- [ ] Response to NSAIDs, hormonal therapy or other treatments
- [ ] Presence of chronic pelvic pain, dyspareunia, bowel or urinary symptoms
- [ ] Fertility history and pregnancy intentions
- [ ] Relevant examination findings
- [ ] Ultrasound and investigation results (if performed)
- [ ] Most recent cervical screening test results
- [ ] Relevant medical, surgical and family history
- [ ] Current medications

Your referral is always welcome.

Create Health

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