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Women's Specialists

Proposed care delivery adjustment during temporary suspension of non-urgent appointments

1. Utilization of Telehealth appointments both video and phone visits depending on available network connectivity for video, need for physical exam, and patient preference.
2. Continuation of uninterrupted prenatal care for all pregnant patients with spacing of appointments and ultrasound in alignment with proposed ACOG modifications during COVID19.
3. Continuation of office procedures including: assessment and treatment of cervical dysplasia with LEEP and colposcopy for high grade cervical lesions, endometrial biopsy for abnormal and postmenopausal bleeding, and biopsy of concerning vulvar/vaginal lesions.
4. Initiation and/or continuation of contraceptive management via telehealth when possible with ongoing procedural contraceptive management (Nexplanon, IUD insertion/removal) in-office.
5. Postponement of annual GYN health maintenance evaluations following nurse phone triage to assess for any acute issues, needed medication refills, or other patient concerns.
6. Postpartum and postoperative evaluations via Telehealth as possible.
7. In-office evaluation of new and established patients with acute GYN concerns requiring physical exam, new patient referrals for acute GYN concerns requiring physical exam, and ER follow up patients as clinically indicated.
8. Schedules to be reviewed daily by providers to see which patients may be candidates for Telehealth versus in-office evaluation versus RN phone triage to postpone appointment.
9. Non-acute GYN surgery and associated pre-op appointments are currently being postponed and will be rescheduled when the OR re-opens to all cases.
10. GYN surgery for ectopic pregnancy, biopsy of concerning lesions, ovarian torsion, suspicious adnexal mass, endometrial assessment for hyperplasia/cancer, uterine bleeding resulting in significant anemia or requiring transfusion and similar cases will proceed as usual.

The above proposal is being modified daily as we interact with patients and staff within this new paradigm.

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