

2019-137 - FOI Request - Outpatient hysteroscopy/biopsy

1. a) Have your hysteroscopists read the following statement issued by the RCOG in December 2018?	Yes
1. b) Have your hysteroscopy managers read the following statement?	
<p>The British Society for Gynaecological Endoscopy published this statement in December 2018:</p> <p>"Diagnostic hysteroscopy is a commonly performed investigation; it is safe and of short duration. Most women are able to have the procedure in an outpatient setting, with or without local anaesthesia, and find it convenient and acceptable. However, it is important that women are offered, from the outset, the choice of having the procedure performed as a day case procedure under general or regional anaesthetic. Some centres are also able to offer a conscious sedation service in a safe and monitored environment. It is important that the procedure is stopped if a woman finds the outpatient experience too painful for it to be continued. This may be at the request of the patient or nursing staff in attendance, or at the discretion of the clinician performing the investigation."</p> <p>Source: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg59/</p>	
2. a) Please are ALL your hysteroscopy patients from the outset routinely offered the choice of having hysteroscopy as a day case procedure under GA?	Yes. First line management is outpatient unless contraindicated or patient choice.
2. b) Please are ALL your hysteroscopy patients from the outset routinely offered the choice of having hysteroscopy as a day case procedure under regional anaesthetic?	Yes. If required.
2. c) Please are ALL your hysteroscopy patients from the outset routinely offered the choice of having hysteroscopy as a day case procedure with IV sedation?	Presently under discussions for service development.

<p>3. a) Do your hysteroscopy consent forms contain tick-boxes to enable a patient to choose GA?</p>	<p>The choice of anaesthesia is clinically decided by the anaesthetist - either when they are high risk and we refer for pre-anaes check or on the day of op when anaes see them.</p>
<p>3. b) Do your hysteroscopy consent forms contain tick-boxes to enable a patient to choose regional anaesthesia?</p>	<p>Less commonly, patient would have a preference for regional etc. - which would be made available.</p>
<p>3. c) Do your hysteroscopy consent forms contain tick-boxes to enable a patient to choose IV sedation?</p>	<p>Less commonly, patient would have a preference for regional etc. - which would be made available.</p>
<p>4. Have all your outpatient hysteroscopy teams received written instruction to monitor the patient throughout the procedure, to ask if she is experiencing pain, and to stop if the patient asks or is showing signs of severe pain or distress?</p>	<p>Yes - OPH Guideline in place.</p>
<p>5. a) Do all your hysteroscopy clinics routinely record ALL patients' VAS pain-scores as hysteroscope passes through the cervix?</p>	<p>Verbally only.</p>
<p>5. b) Do all your hysteroscopy clinics routinely record ALL patients' VAS pain-scores at biopsy?</p>	<p>Verbally only.</p>
<p>6. Does your hysteroscopy department send all its patients the RCOG's Patient Information Leaflet, published on its website?</p> <p>https://www.rcog.org.uk/en/patients/patient-leaflets/outpatient-hysteroscopy/</p>	<p>In the process of changing to the RCOG Patient Information Leaflet due to usual leaflet being under review.</p>
<p>7. Does your hysteroscopy department intend to start using the RCOG leaflet? If so, in which month/year?</p>	<p>Yes. Once ratified via Quality Forum next month.</p>
<p>8. If your hysteroscopy department uses its own Patient Information Leaflet,</p>	<p>This is currently under review to be archived once replaced by RCOG Version.</p>

please may I have a link to it?	
9. Does the leaflet include ALL the key points listed (below) by the RCOG?	Please see answers for each key point below:
<ul style="list-style-type: none"> • Outpatient hysteroscopy (OPH) is a procedure carried out in the outpatient clinic that involves examination of the inside of your uterus (womb) with a thin telescope. 	Yes
<ul style="list-style-type: none"> • There are many reasons why you may be referred for OPH, such as to investigate and/or treat abnormal bleeding, to remove a polyp seen on a scan or to remove a coil with missing threads. 	Yes
<ul style="list-style-type: none"> • The actual procedure usually takes 10-15 minutes. It can take longer if you are having any additional procedures. 	No
<ul style="list-style-type: none"> • You may feel pain or discomfort during OPH. It is recommended that you take pain relief 1-2 hours before the appointment. 	Yes
<ul style="list-style-type: none"> • If it is too painful, it is important to let your healthcare professional know as the procedure can be stopped at any time. 	Yes
<ul style="list-style-type: none"> • You may choose to have the hysteroscopy under general anaesthetic. This will be done in an operating theatre, usually as a day case procedure. 	No
<ul style="list-style-type: none"> • Possible risks with hysteroscopy include pain, feeling faint or sick, bleeding, infection and rarely uterine perforation (damage to the wall of the uterus). The risk of uterine perforation is lower during OPH than during hysteroscopy under general 	Yes



Bolton
NHS Foundation Trust



anaesthesia.	
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