FREEDOM OF INFORMATION

REF: 2026-4
Subject: Pain Control Options for Hysteroscopy

Dear Sir/Madam,

Thank you for your email dated **05/01/2026** where you requested information about **Pain Control Options for Hysteroscopy.**

The information you requested is enclosed.

<table>
<tr><th>Question</th><th>Answer</th></tr>
<tr><td colspan="2">Please note: we do not have data split to diagnostic and treatment hysteroscopy. These are also based on patients who had their pain score asked and who were offered either Entonox or Penthrox and had the forms filled in, so not everyone who attended the diagnostic/treatment hysteroscopy clinic (ie if they opted for GA from beginning, or staff forgot to fill the form in or if they weren't offered Penthrox, we cannot be certain if the patient has filled it in). Data is started from near end of May 2025 when Penthrox started being used.</td></tr>
<tr><td>1. Over the last 2 years what percentage of your hysteroscopy patients had the support of an anaesthetist giving general or regional anaesthetic or IV sedation plus analgesia for
a) diagnostic hysteroscopy?
b) operative hysteroscopy?</td><td>Please see attached</td></tr>
<tr><td>2. May I have a graph of the latest audit of pain scores of your
a) diagnostic hysteroscopy service?
b) operative hysteroscopy service?</td><td>
<table>
<tr><th>During procedure</th><th>Post</th></tr>
<tr><td colspan="2">(total so far to Nov 2025)</td></tr>
<tr><td>1 to 4 30 (23%)</td><td>105 (80%)</td></tr>
<tr><td>5 to 7 61 (46%)</td><td>20 (15%)</td></tr>
<tr><td>8 to 10 41 (31%)</td><td>6 (5%)</td></tr>
<tr><td>Average score 5.95</td><td>Average score 2.73</td></tr>
</table>
</td></tr>
<tr><td>3. Is Penthrox routinely available for your awake hysteroscopy?</td><td>YES</td></tr>
<tr><td>4. Is Entonox routinely available for your awake hysteroscopy?</td><td>YES</td></tr>
</table>

5. What percentage of your patients received no anaesthesia (inhalational or local) for a) diagnostic hysteroscopy? b) operative hysteroscopy?	Please see attached
6. Due to pain or distress, what percentage of all your hysteroscopy patients were unable to complete a) diagnostic hysteroscopy? b) operative hysteroscopy?	5/134 needed inpatient hysteroscopy as not tolerated and 1/134 reason stated is patient's preference but procedure not completed. Approx 4.5% total during these period.
7. Do you offer IV sedation + analgesia for hysteroscopy?	OTC analgesia then Penthrox and local anaesthesia as required in outpatient clinics. IV sedation/GA is day case in theatre.
8. Are you considering offering IV sedation + analgesia for hysteroscopy?	Cannot provide speculative answers under FOI
9. Do you routinely use ONLY over-the-counter medicine from home plus distraction technique aka 'vocal local' for a) diagnostic hysteroscopy? b) See & Treat polypectomy/myomectomy? c) scheduled polypectomy/myomectomy d) endometrial ablation	No Over-the-counter medicine from home Distraction technique Penthrox or Entonox Offered for ALL procedures
10. Where may I see a recent Hologic audit of your Myosure service?	Myosure no longer used at Bolton
11. Is it true that local anaesthesia is only offered if the patient is showing signs of pain from a) diagnostic hysteroscopy? b) operative hysteroscopy?	Penthrox and Entonox is offered to patients as an option BEFORE the procedure takes place to all patients for diagnostic hysteroscopies.
12. 12. May I have a copy of your consent form for a) outpatient hysteroscopy? b) hysteroscopy with an anaesthetist?	No standardised hysteroscopy specific consent form. It is Consent Form 1 which is then filled in with hysteroscopy specific risk by the clinician for theatres with anaesthetist. Outpatient is usually verbal consent but cannot confirm if some consultants practice paper consent form as well for it.

If you have any queries or concerns please do not hesitate to contact the Freedom of Information Department. It would be helpful to quote the above reference number in any future communication.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to The Chief Executive, Bolton NHS Foundation Trust, The Royal Bolton Hospital, Minerva Road, Farnworth, Bolton. BL4 0JR.

If you are not content with the outcome of your complaint you may apply directly to the Information Commissioner. Generally the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by Bolton NHS Foundation Trust. The Information Commissioner can be contacted at The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire. SK9 5AF.

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Yours sincerely,

Information Governance Department

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transforming lives...for a better Bolton