University Hospitals of North Midlands NHS Trust

Royal Stoke University Hospital
**Quality, Safety and Compliance Department**
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Email foi@uhnm.nhs.uk

Ref: FOIA Reference 2018/19-698

Date: 5th March 2019

Dear

I am writing in response to your email dated 17th February 2019 (received into our office 18th February) requesting information under the Freedom of Information Act (2000) regarding implementation of the RCOG/BSGE statement on choice and pain-relief in hysteroscopy.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

**Q1** **This request is to audit implementation of the RCOG/BSGE statement on choice and pain-relief in hysteroscopy.**

**Have your hysteroscopists read the following statement issued by the RCOG in December 2018 - Y/N?**

**b) Have your hysteroscopy managers read the following statement – Y/N?**

**https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg59/**
**The British Society for Gynaecological Endoscopy published this statement in December 2018:**
**"*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."***

A1 At UHNM the answer is "yes" to part (a) and (b) as our lead ambulatory gynaecologist has read it.

**Q2** **Please are ALL your hysteroscopy patients from the outset routinely offered the choice of having hysteroscopy as a day case procedure**
**a) under GA – Y/N?**
**b) under regional anaesthetic – Y/N?**

**c) with IV sedation?**

A2 Each patient who underwent outpatient hysteroscopy had undertaken the process of informed consent by the operating hysteroscopist as is documented in their consent forms. Part of that process would be to discuss and confirm the patient's choice of procedure to be performed under local anaesthetic (as opposed to general or regional anaesthesia). As a centre we do not offer IV sedation routinely.

**Q3 Do your hysteroscopy consent forms contain tick-boxes to enable a patient to choose**
**a) GA – Y/N?**
**b) regional anaesthesia – Y/N?**
**c) IV sedation – Y/N?**

A3 On our written consent form, we have tick-box options for LA, GA/regional anaesthesia but not IV sedation

**Q4 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 – Y/N?**

A4 We have documented evidence that our outpatient hysteroscopy teams on both sites received regular training and update on how to support patients undergoing outpatient hysteroscopy and associated procedures including monitoring patients' experience of pain, and escalating that to operating surgeon including stopping procedure

**Q5 Do all your hysteroscopy clinics routinely record ALL patients' VAS pain-scores**
**a) as hysteroscope passes through the cervix – Y/N,**
**b) at biopsy – Y/N?**

A5 We do not routinely record VAS pain scores intraoperatively. These are not auditing criteria as per British Society for Gynaecological Endoscopy Surgical Information Collection System (BSGESICS) audit tool therefore we do not routinely capture that in our clinical records

**Q6 Does your hysteroscopy department send all its patients the RCOG's Patient Information Leaflet, published on its website - Y/N?**
https://www.rcog.org.uk/en/patients/patient-leaflets/outpatient-hysteroscopy/

A6 We do not yet provide our patients with the RCOG/BSGE PIL for outpatient hysteroscopy (Dec 2018). As per our current guideline, a Trust EIDO information leaflet for hysteroscopy is provided.

**Q7 Does your hysteroscopy department intend to start using the RCOG leaflet – Y/N? If so, in which month/year?**

A7 The Trust outpatient hysteroscopy guideline is currently being updated to include the use of the RCOG/BSGE Outpatient Hysteroscopy Patient Information Leaflet (Dec 2018).

**Q8 If your hysteroscopy department uses its own Patient Information Leaflet, please may I have a link to it**

A8 The Trust does not have its own Patient Information Leaflet.

**A9 Does the leaflet include ALL the key points listed (below) by the RCOG – Y/N?**

**Key points**

- **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.**
- **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.**
- **The actual procedure usually takes 10–15 minutes. It can take longer if you are having any additional procedures.**
- **You may feel pain or discomfort during OPH. It is recommended that you take pain relief 1–2 hours before the appointment.**
- **If it is too painful, it is important to let your healthcare professional know as the procedure can be stopped at any time.**
- **You may choose to have the hysteroscopy under general anaesthetic. This will be done in an operating theatre, usually as a daycase procedure.**
- **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 anaesthesia.**

A9 As answer 8

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

***UHNM NHS Trust is a public sector body and governed by EU law. FOI requestors should note that any new Trust requirements over the EU threshold will be subject to these regulations and will be advertised for open competition accordingly.***



This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

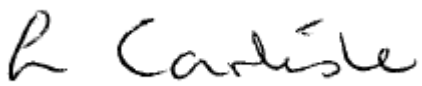
University Hospitals of North Midlands NHS Trust

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 676474.

Yours,



Leah Carlisle
**Deputy Head of Quality, Safety & Compliance**