Dear Ms Tylko-Hill

Re: Freedom of Information Act 2000 (FOI) request ref: 5886

Further to your request dated 17 February 2019, please find our response to your enquiry below.

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

1. Have your
   a. hysteroscopists read the following statement issued by the RCOG in December 2018? Yes
   b. hysteroscopy managers read the following statement? Yes
      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."

2. 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?
   No, Patients are informed they can ask for the procedure to be stopped at any time if they are finding it painful, are frightened or just changed their minds.
Patients are informed we don’t offer sedation at Queen’s for OPH. Patients are informed that we don’t usually offer local anaesthetic but they can have it if they want it.

3. 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?
   No

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 – Y/N?
   Yes. We have a HCA present in all hysteroscopy clinics talking to patient and observing patients. This is written in the Competency for staff assisting with outpatient hysteroscopy

5. 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?
   Not in diagnostic hysteroscopy, but we do document pain scores in MyoSure clinics

   No, we have our own patient information leaflet passed by Clinical Governance Lead and is due to be reviewed again in June 2019

7. Does your hysteroscopy department intend to start using the RCOG leaflet – Y/N? If so, in which month/year?
   No plans to change from our own leaflet

8. If your hysteroscopy department uses its own Patient Information Leaflet, please may I have a link to it?
   Available by searching “Hysteroscopy” from the BHRUT Trust website [https://www.bhrhospitals.nhs.uk/search?term=Hysteroscopy&search=Search&searchType=all](https://www.bhrhospitals.nhs.uk/search?term=Hysteroscopy&search=Search&searchType=all)

9. 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.
     Yes
   - 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
   - The actual procedure usually takes 10–15 minutes. It can take longer if you are having any additional procedures.
     Patient advised verbally during consultation
   - You may feel pain or discomfort during OPH. It is recommended that you take pain relief 1–2 hours before the appointment.
     Yes
   - If it is too painful, it is important to let your healthcare professional know as the procedure can be stopped at any time.
     Patient advised verbally during consultation
   - You may choose to have the hysteroscopy under general anaesthetic. This will be done in an operating theatre, usually as a daycase procedure.
     No. There is a separate leaflet on hysteroscopy under GA (available from the Trust website)
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. 

Patient advised verbally during consultation

If you wish to discuss our answer, please contact us, quoting the above reference number. If you are unhappy with the service and wish to make a complaint or to request a decision review, please contact our Information Governance Manager within 2 months from the date of our response:
The Information Governance Manager
bhrccgs.informationgovernance@nhs.net

You may also apply directly to the Information Commissioner for a decision if you are not satisfied with the outcome of your complaint or review. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the Trust. The Information Commissioner’s details: Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF
T: 08456 30 60 60 or 01625 54 57 45 | W: www.ico.gov.uk

We value feedback from our applicants regarding their satisfaction with the FOI response and the service they receive, as such we would appreciate you taking a few minutes to complete and return the attached questionnaire.

Yours sincerely

T Rasool – Information Officer
Communications Team
Barking, Havering and Redbridge University Hospitals NHS Trust

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