



Please reply to:

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By Email

Our ref: 5352

26 April 2019

Dear Katharine

Freedom of information request

I am writing in response to your request for information which has been handled under the Freedom of Information Act 2000 (FOIA).

Under the Freedom of Information Act please may I have answers to the following questions. This request is to audit implementation of the RCOG/BSGE statement about choice and pain-relief in hysteroscopy.

1. a) Have your hysteroscopists read the following statement issued by the RCOG in December 2018 - Y/N? [Yes](#)

b) Have your hysteroscopy managers read the following statement – Y/N? [Yes](#)

<https://www.rcog.org.uk/en/guidelines-re...>

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? No
- b) under regional anaesthetic – Y/N? No
- c) with IV sedation? Not available

3. Do your hysteroscopy consent forms contain tick-boxes to enable a patient to choose

- a) GA – Y/N? No
- b) regional anaesthesia – Y/N? No
- c) IV sedation – Y/N? Not available

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

5. Do all your hysteroscopy clinics routinely record ALL patients' VAS pain-scores

- a) as hysteroscope passes through the cervix – Y/N, No
- b) at biopsy – Y/N? No

6. Does your hysteroscopy department send all its patients the RCOG's Patient Information Leaflet, published on its website - Y/N? No

<https://www.rcog.org.uk/en/patients/pati...>

7. Does your hysteroscopy department intend to start using the RCOG leaflet – Y/N?

No If so, in which month/year? n/a

8. If your hysteroscopy department uses its own Patient Information Leaflet, please may I have a link to it? The leaflet is available on the following page of our website:

<https://www.surreyandsussex.nhs.uk/our-services/a-z-of-services/gynaecology-services/specialist-gynaecology-clinics/>

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

Key points Yes

- 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

I hope this information is helpful, but if you are unhappy with our response, or the way in which your request has been handled, you may request an independent internal review. This would be undertaken by an appropriate senior member of staff at the Trust, who has had no involvement in dealing with your original request. We aim to deal with internal reviews within 20 working days following receipt. If you wish to request one, please set out your grounds for asking for the review in writing and send it by post or email:

By post: Please address your letter to “Freedom of Information – Information Access Appeal” and send it to our address as shown on this letter.

By Email: Emails should be clearly marked ‘Information access appeal’ and sent to: sash.foi@nhs.net.

Should you remain dissatisfied following an internal review, you would have the right to appeal to the Information Commissioner’s Office (ICO). However, I should point out that under section 50 of the Freedom of Information Act, you are obliged to exhaust the Trust’s own internal review process before appealing to the ICO. The ICO’s contact details are:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113
<http://ico.org.uk>

We would also welcome your feedback on how well we met your expectations in handling your FOIA request. If you have a couple of minutes, please click on this [link](#) to complete our Freedom of Information Customer Satisfaction Survey and let us know about your experience. The survey is anonymous – unless you choose to provide your reference number.

Please contact me, quoting our reference, if you have any queries concerning this letter and I will be happy to help.

Yours sincerely

Jeanette Randall
FOI Officer