




## Freedom Of Information request

### Outpatient Hysteroscopy/Biopsy- Pain Control and patient choice

	Query	Response
1	The Patient information leaflet/s	<div>   </div> <p>Gyn 010 V5      Gyn 011 V6 Hysteroscopy.pdf   Endometrial Biopsy.pdf</p> <p>Updated April 2017</p>
2	The Consent form/s	<p>Pre-printed consent for OP Hysteroscopy and endometrial biopsy.</p> <div>  </div> <p>Consent Form 3.pdf</p> <p>Clinician adds any further procedures at time of consent if agreed following option discussion</p>
	For the last 3 financial years	
3.1.	All audits of OP Hysteroscopy adverse events ( including Infection, Perforation, pain equal to or above 7/10 on VAS)	No formal audits
3.2	All surveys of patients outpatient	17949: Patient Satisfaction Survey – Outpatient Hysteroscopy Clinic (April 2014) Monthly Outpatient patient satisfaction survey.

	hysteroscopy experiences. Are patient’s allowed to complete satisfaction surveys at home	Monthly Outpatient Friends and family Test feedback which has an option of reporting from home
3.3	The number of patients having a) GA b) spinal anaesthesia c)monitored procedural sedation d) local anaesthetic e) no anaesthetic	Data not collected
iv	% of your a) diagnostics b) operative hysteroscopies that were done in the OPD.  <	

4.2	Is local Entonox available in all your outpatient clinics	Yes
5.1	Are all you Hysteroscopy patient (including see & treat/one stop/late cancellations offered local anaesthetic Y/N	Yes
5.2	Are all your Hysteroscopy patient (including see & treat/one stop/late cancellations offered GA Y/N	<i>See &amp; Treat patients</i> are offered option of GA. <i>One Stop diagnostics</i> – patients attend OPH <i>expecting</i> procedure in clinic, so GA offered only <i>selectively</i> to those who do not wish to be examined or highly anxious
5.3	Are all your Hysteroscopy patient (including see & treat/one stop/late cancellations offered Spinal anaesthetic Y/N	As above – decision made at Anaesthetic assessment when listed as inpatient or day case.
5.4	Are all you Hysteroscopy patient (including see & treat/one stop/late cancellations offered IV sedation Y/N	Only for in patients / Day case - decision made by anaesthetist
6.	Do you use electro – surgery in any of your outpatient clinics? Y/N	No
7.	What type and diameter of scopes do you use in a)	Outpatients Rigid Karl STORZ 2.9 Hysteroscope with a 4.1 diagnostic sheath.

	Outpatients b) For GA patients? Rigid, semi rigid, Flexible?	<p>Theatres</p> <p>Rigid Karl STORZ</p> <p>2.8mm &amp; 4.5 mm</p>
8.	What is the minimum training and accreditation ( e.g RCOG ATSM) that all your NEW hysteroscopists must have?	<p>Nurse: Post Graduate Certificate in Diagnostic Hysteroscopy</p> <p>Doctors:</p> <ul style="list-style-type: none"> <li>- For Diagnostic hysteroscopy - doctors in training complete OSAT's to assess their competence. The minimum requirement is 3 competent ones before they can do a procedure independently.</li> <li>- For Treatment procedures eg See &amp; Treat - ideally RCOG ATSM, but due to simplicity of Truclear equipment, 4 competent OSATs</li> <li>- For Essure – RCOG ATSM + Theory course + Preceptor based supervised competency assessment/ certification</li> </ul>
9.	What % diagnostic outpatient hysteroscopy/biopsy patients has an incomplete procedure which was repeated with epidural , GA, Sedation	Please could we request clarity regarding this question
10.	Does you Trust have a psychosexual service for PTSD caused by severe procedural pain?	No