

Freedom of Information
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FREEDOM OF INFORMATION REQUEST

REF GEH/1819/492

February 2019

Dear Ms Tylko-Hill,

Thank you for your Freedom of Information request.

[Please see the response to your query below;](#)

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? **Not recorded**

b) Have your hysteroscopy managers read the following statement – Y/N? **Not recorded**
<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? b) Under regional anaesthetic – Y/N? c) with IV sedation? **Not recorded – information would only be available through case note review / audit**

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? **Not recorded**

5. Do all your hysteroscopy clinics routinely record ALL patients' VAS pain-scores a) as hysteroscopy passes through the cervix – Y/N, b) at biopsy – Y/N? **No to both**

6. 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/pati...> **No**

7. Does your hysteroscopy department intend to start using the RCOG leaflet – Y/N? If so, in which month/year? **Currently no plans – we use our own**

8. If your hysteroscopy department uses its own Patient Information Leaflet, please may I have a link to it? **Copy attached**

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.
- 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 known 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 day case 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.

Please see the attached leaflet

If you are unhappy with the service you have received in relation to your request and wish to request a review of our response please write to:

Caldicott Guardian (Medical Director)
George Eliot Hospital NHS Trust
College Street
Nuneaton
CV10 7DJ

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the George Eliot Hospital NHS Trust. The Information Commissioner can be contacted at:

FOI/EIR Complaints Resolution
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

The Trust always seeks feedback on how it handles requests made under the Freedom of Information Act. If you wish to provide feedback please e-mail freedom.ofinformation@geh.nhs.uk

Yours sincerely
FOI Team

George Eliot Hospital NHS Trust

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