

FREEDOM OF INFORMATION ACT 2000

THE ROYAL CORNWALL HOSPITALS NHS TRUST RESPONSE TO INFORMATION REQUEST

Date Request Received: 18th March 2019

FOI Ref: 5827

Requested Information

- 1)
 - a) 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-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?
- 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?
- 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?
- 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?
- 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...>
- 7) Does your hysteroscopy department intend to start using the RCOG leaflet – Y/N? If so, in which month/year?
- 8) If your hysteroscopy department uses its own Patient Information Leaflet, please may I have a link to it?
- 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 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.

Response

- 1)
 - a) Please be advised Hysteroscopists at the Royal Cornwall Hospitals Trust have read the following statement issued by RCOG in December 2018
 - b) Please be advised Hysteroscopy Managers at the Royal Cornwall Hospitals Trust have read the following statement issued by RCOG IN December 2018
- 2) Please be advised all Hysteroscopy Patients from the outset at the Royal Cornwall Hospitals Trust are routinely offered the choice of having a Hysteroscopy as a day case procedure under General Anaesthetic. Please be advised the Royal Cornwall Hospitals Trust does not routinely offer the choice of having a Hysteroscopy as a day case procedure under regional Anaesthetic or with IV Sedation. Please be advised IV sedation would only be used if it is deemed clinically appropriate
- 3) Please be advised the Royal Cornwall Hospitals Trust Hysteroscopy consent forms contain tick boxes that enable the patient to choose having the procedure under General Anaesthetic. Please be advised the Hysteroscopy Consent Forms do not have tick boxes that enable the patient to choose having the procedure under Regional Anaesthesia or IV sedation
- 4) Please be advised the Royal Cornwall Hospitals Trust would expect the Team to monitor the patient throughout the procedure and to ask if the patient is experiencing pain or to stop the procedure if the patients asks or is showing signs of severe pain or distress as the expected standard of care. Please be advised this expected practice is implicit in the statement issued by RCOG.
- 5) Please be advised the Royal Cornwall Hospitals Trust record VAS scores on all patients together with other patient–reported outcomes, but this is a global score and is not split by the different stages
- 6) Please be advised the Royal Cornwall Hospitals Trust Hysteroscopy Department does not send all patients the RCOG'S Patient information Leaflet as the Trust's leaflet is based on this

- 7) Please be advised the Royal Cornwall Hospitals Trust Hysteroscopy Department does not intend to start providing the RCOG'S Patient information Leaflet to all patients as the Trust's leaflet is based on this
- 8) Please see Appendix 1 for the Royal Cornwall Hospitals Trust Patient Information Leaflet
- 9) Please be advised the Royal Cornwall Hospitals Trust Patient Information Leaflet includes all the key points listed by the RCOG

Attachment(s)

Appendix 1 - Ambulatory One-Stop Information

Date Response Sent:

March 2019