

RCOG.Hysteroscopy, Best Practice in Outpatient (Green-top Guideline No. 59)

Q1	How have you implemented these guidelines specifically 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
A1	<p>We have a well-established outpatient hysteroscopy service at Ilkeston's Diagnostic and Treatment Centre (DTC), which has been running for at least the last 15 years. They are carried out in a multipurpose room, with private changing facilities and toilet. The hysteroscopies are carried out by Consultant Gynaecologists and there is always a trained practitioner and a Health Care Assistant present. Hysteroscopy is done vaginoscopically and local anaesthetic is offered if required. Written information is given prior to the appointment and written consent gained for the procedure. We use miniature ridged hysteroscopes (2.7mm) we do not use bipolar, and conscious sedation is not used.</p> <p>We only offer hysteroscopy under local anaesthetic at Ilkeston's DTC, however all women are informed about the option of having the hysteroscopy under general anaesthetic, the risks and benefits of both are discussed prior to appointment. If the patient chooses a general anaesthetic, this is carried out at Nottingham or Derby Acute Trusts depending on the doctor's base. Patients are also advised to have a general anaesthetic if the doctor doesn't think they will tolerate the procedure under local anaesthetic. We obtain feedback from our patients and the service is very well received with the patients.</p>
Q2	If not what is your basis for ignoring the RCOG
A2	Not applicable