

**FOI 5835 – Q and A Response**

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.		
1a)	Have your hysteroscopists read the following statement issued by the RCOG in December 2018	Yes
1b)	Have your hysteroscopy managers read the following statement	Not expressly though the content is very familiar to us in the sense that we know the rights of our patients in relation for this procedure
<p align="center"> <a href="https://www.rcog.org.uk/en/guidelines-re...">https://www.rcog.org.uk/en/guidelines-re...</a>            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."         </p>		
2)	Please are ALL your hysteroscopy patients from the outset routinely offered the choice of having hysteroscopy as a day case procedure	
2a)	under GA	Yes
2b)	under regional anaesthetic	No
2c)	with IV sedation	No
3)	Do your hysteroscopy consent forms contain tick-boxes to enable a patient to choose	
3a)	Under GA	Yes
3b)	regional anaesthesia	No
3c)	IV sedation	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	Yes
5)	Do all your hysteroscopy clinics routinely record ALL patients' VAS pain-scores	
5a)	as hysteroscope passes through the cervix	Yes
5b)	at biopsy	Yes

6)	Does your hysteroscopy department send all its patients the RCOG's Patient Information Leaflet, published on its website - <a href="https://www.rcog.org.uk/en/patients/pati...">https://www.rcog.org.uk/en/patients/pati...</a>	We have our own leaflets but in discussion regarding introducing the RCOG PIL.
7)	Does your hysteroscopy department intend to start using the RCOG leaflet	Yes, this is in discussion
	If so, in which month / year	Undecided
8)	If your hysteroscopy department uses its own Patient Information Leaflet, please may I have a link to it?	Please see the attached leaflet
9)	<p>Does the leaflet include ALL the key points listed (below) by the RCOG – Y</p> <p>Key points</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The actual procedure usually takes 10–15 minutes. It can take longer if you are having any additional procedures.</li> <li>• You may feel pain or discomfort during OPH. It is recommended that you take pain relief 1–2 hours before the appointment.</li> <li>• If it is too painful, it is important to let your healthcare professional know as the procedure can be stopped at any time.</li> <li>• You may choose to have the hysteroscopy under general anaesthetic. This will be done in an operating theatre, usually as a daycase procedure.</li> <li>• 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.</li> </ul>	Yes