

Trust-wide OP Hysteroscopy Audit & Indicators for a GA Hysteroscopy



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Objective

- Audit the OP hysteroscopy service pre and post COVID19 pandemic
- Assess the number and indication of cases re-referred for a GA hysteroscopy
- Analyse the waiting time from referral to diagnosis and if using a operative hysteroscopic tissue removal system in the OP setting would improve the patient experience

Design

Retrospective data collection at three hospitals within Barts Health Trust:

1. Newham Hospital
2. Royal London Hospital
3. Whipps Cross Hospital

Method

Using our shared Clinical Record System we identified all women who presented at OP hysteroscopy in May 2019 (117) and May 2021 (129).
Electronic notes were retrieved onto a spreadsheet and data analysed.

Results

In all three hospitals approximately 27% of patients undergoing an OP hysteroscopy required a referral for GA hysteroscopy. Indications:

- Pain (42%)
- Resection of a polyp or fibroid (32%)
- Cervical stenosis (26%)

Conclusions

- This audit demonstrates that a significant number of women are having a prolonged duration from their referral to investigation and/or treatment, irrespective of the COVID19 pandemic
- The implementation of a operative hysteroscopic tissue removal system in the outpatient setting would reduce this incidence if indicated for certain endometrial polyp or fibroid resections. A business case to get Truclear device has been put forward.
- The importance to optimise opportunities of “See and Treat” procedures is highlighted in the current backlog of elective gynaecology cases
- However, the need a for a GA hysteroscopy is still significant for those with intolerable pain or cervical stenosis

