

Perceptions of Pain Experienced during Outpatient Hysteroscopy

Mecia L., Rose B., Justin W.

Introduction

Objective: To better understand experiences of women undergoing outpatient hysteroscopy performed at Harrogate District Hospital, in particular, experiences of pain. Patient experience is of paramount importance in healthcare. Understanding pain experienced during outpatient hysteroscopy from this study could subsequently inform improvements to the service currently offered, in particular improving expectations of pain, pain experienced, and willingness to undergo a repeat procedure.

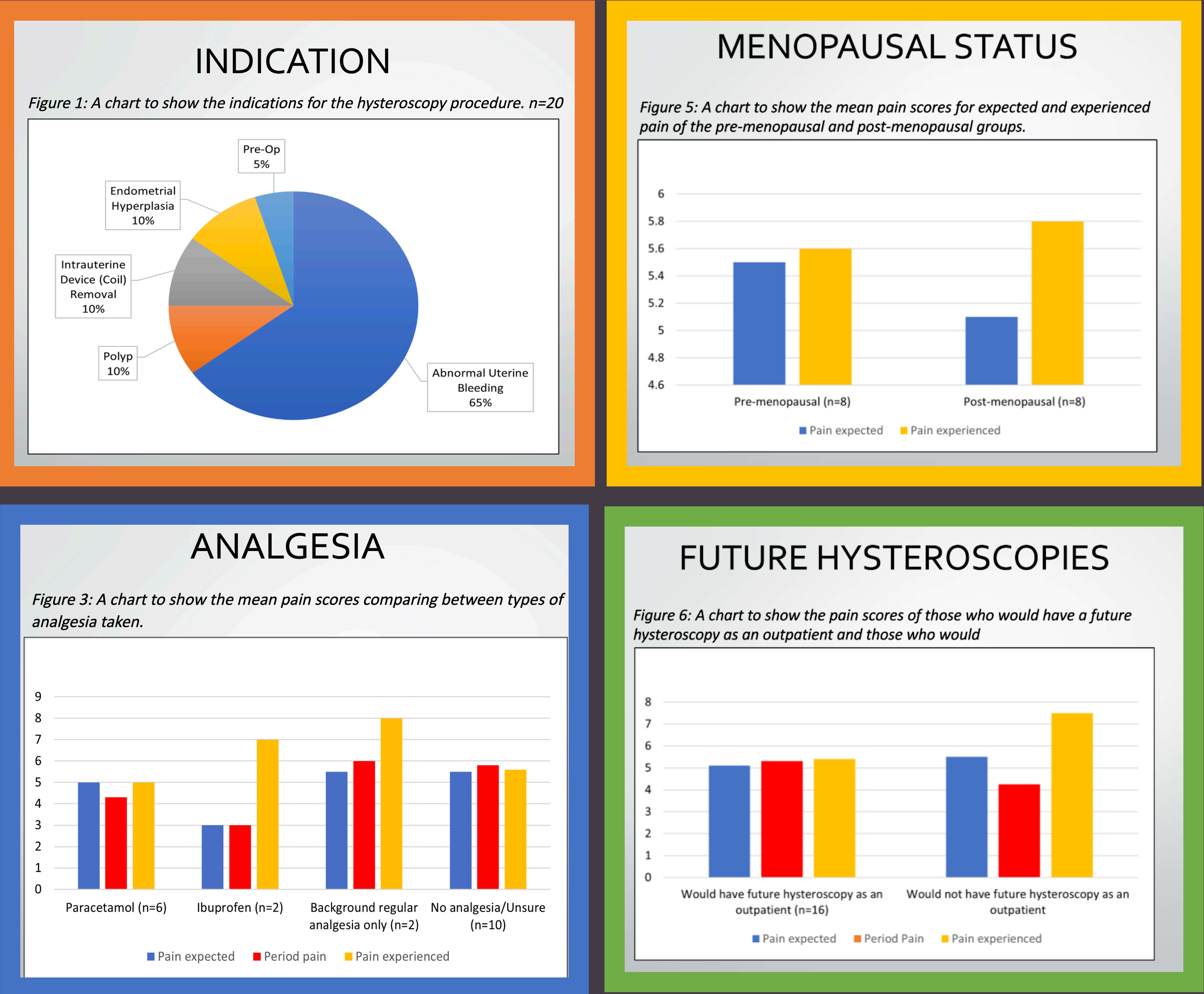
Methods

This was a retrospective observational study. The target population was patients undergoing outpatient hysteroscopy at Harrogate District 10/8/21-24/8/21 (n=76). Participants (n=20). Data were collected from an internal hospital database and paper hospital records. Patients completed a telephone patient experience survey.

Discussion

The main indication for hysteroscopy was abnormal uterine bleeding (65%). Where a tenaculum was used (n=2), topical anaesthetic was always applied.

Results



The hysteroscopy procedure was completed successfully in 90% of cases. Pain was the main reason for the remaining 10% who did not complete the procedure. These patients would also decline the procedure as an outpatient in future. The pain expected and experienced was reported as similar to menstrual-related pain. More pain was experienced on average by those taking background regular analgesia prior to the procedure than those taking no analgesia. The procedure was generally more painful for postmenopausal women. 80% of patients would agree to outpatient hysteroscopy in future themselves, and 80% would recommend to a friend to have the procedure as an outpatient. 75% of the patient cohort that would not recommend the procedure as an outpatient in future had taken simple analgesia as advised prior to the procedure.

Conclusion

This study reinforces a strong case for continuing to perform outpatient hysteroscopy although inpatient theatre facilities should exist for a minority who require it. Future research could expand to qualitative studies of patient experience. Future practice should ensure all women are informed of the expected pain, variation of pain and that prior administration of simple analgesia may be effective to prevent this.