



Audit on Colposcopy Services at the Noble's Hospital 2019

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Aims and Objectives

- To audit the abnormal smears in the year 2019
 - Borderline change
 - Low grade
 - High grade
- Focusing on and with the aim to improve upon
- Time to first appointment
- Waiting time for the results
- The histological failures

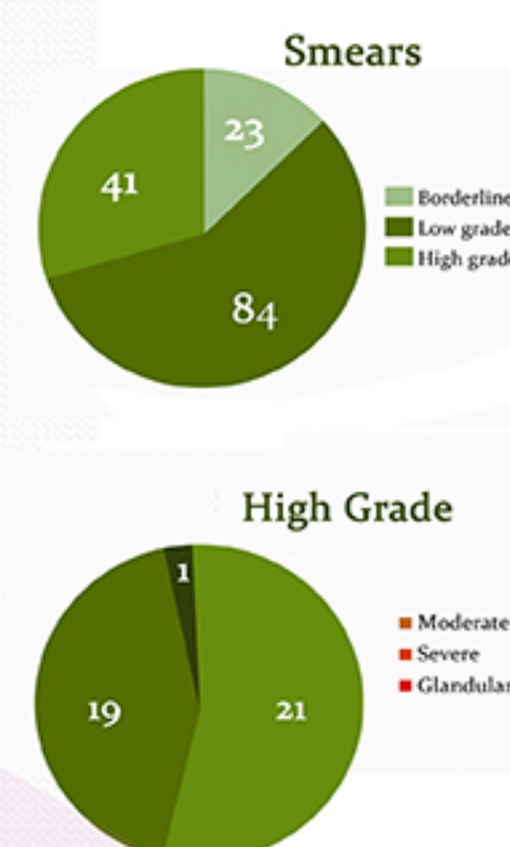
Standard	Target compliance
Borderline and low grade smears should be seen within 6 weeks	99%
High grade smears should be seen within 2 weeks	93%
DNA Rates	<15%
Patient should know the results in 4 weeks	90%
Patient should know the results within 8 weeks	100%
Histological failure rates after treatment of high grade CIN at 6 months follow up	<5%

Data Collection

- Retrospective Data Collection from 01/01/2019 to 31/12/2019
- List of all new patients with
 - borderline
 - low grade and
 - high grade (mod, severe, glandular) cervical smears
- Data collected
 - Results of initial smear
 - Date of referral to colposcopy
 - Date of first appointment
 - Histology and the date that patients were informed of the results by letter
 - Test of cure smear and result for high grade smears

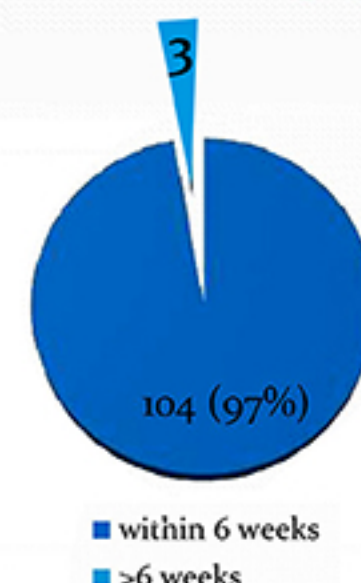
Cervical smears

- Borderline** – 23(16%)
 - 1 from endocervical cells
- Low grade**-84 (57%)
 - 1 case found to have **SCC stage 4**
 - Had irregular & postcoital bleedin abnormal looking cervix
- High grade** -41 (27%)
 - Moderate 21(53%)
 - Severe 19 (45%)
 - Glandular 1 (2%)
- Total- 148



Time to first appointment

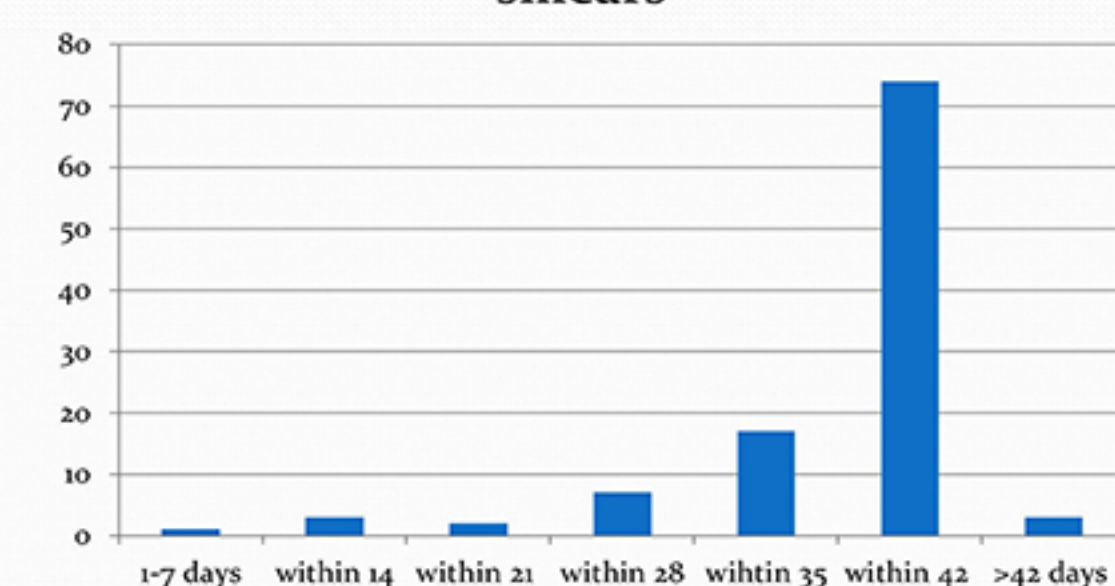
- Borderline /Low grade-107** (standard- 6 weeks/42 days)
- Within 6 weeks
 - First 7 days -1
 - 8- 14 days- 3
 - 15-21 days - 2
 - 22-28 days- 7
 - 29-35 days- 17
 - 36- 42 days -74
 - Within 42 days- **97%**



> 6 weeks

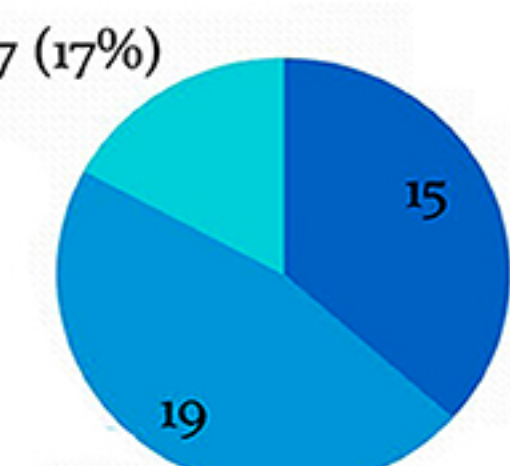
- >42 days – **3**
 - (2 at 48 days- 1 DNA)
 - 1 at 50 days

Appointment timing of borderline and low grade smears



Time to first appointment

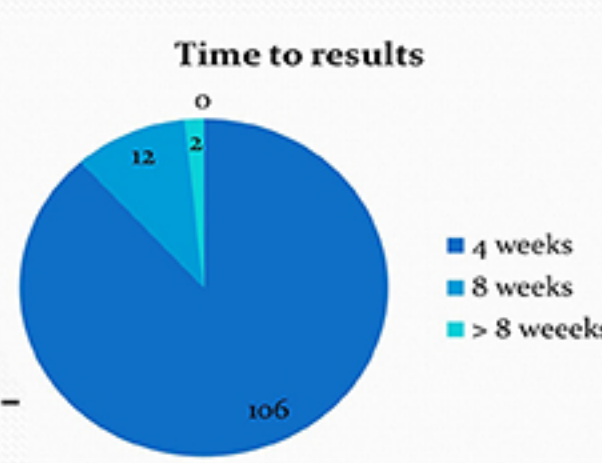
- High grade- total 41** (standard-14 days)
 - first 7 days- 15 (37%)
 - 7- 14 days – 19 (46%)
 - within 14 days- **83%**
 - >14 days- **7 (17%)** (4 at 15 days, 2 at 18 days)
 - 1 –recurrent bleeding second trimester (**6 months** wait until 3/12 postnatal)
 - 1- **cervical polyp biopsy(CIN3) referred from GOPD (18 days wait)**



Time to results

Total biopsies- 120

- 4 weeks – 106 (88%)
- 8 weeks- 14 (12%)



- 24 borderline and low grade smears-
 - No abnormal findings in colposcopy/ biopsy not needed
 - 1 declined for examination (B/L)
 - 1 declined for biopsy (B/L)
 - 1 DNA (low grade)
 - 1 had treatment in China

Summary of results

standard	Standard result	Results of 2019	Standard met
Borderline and Low grade smears should be seen with in 6 weeks	99%	97	No
High grade smears should be seen witin 2 weeks	93%	83	No
Patient should know the result within 4 weeks	90%	88	No
Patient should know the result whtin 8 weeks	100%	100	Yes
DNA rates	<15%	13.4%	Yes
Histological failure rates after treatment of high grade CIN	<5%	1.75%	Yes

Comparisons to previous audits

Standard	Standard result	Results of 2019	Results of 2017	Results of 2016
Borderline and Low grade smears should be seen with in 6 weeks	99%	97	NA	NA
High grade smears should be seen witin 2 weeks	93%	83	60	65
Patient should know the result within 4 weeks	90%	88	90	95
Patient should know the result whtin 8 weeks	100%	100	100	100
DNA rates	<15%	13.4%	14	NA
Histological failure rates after treatment of high grade CIN	<5%	1.75%	3	3

- LLETZ**- total 58
- Borderline- 7 (CIN 2/3 in biopsies)
- Low grade- 10 (CIN2/3 in biopsies)

- High grade smears- total 40 (1 treatment at China)
 - 1 – SCC stage 1B1- had Radical Hysterectomy+ BSO+b/l lymphadenectomy
 - 1- SCC stage 1A1 – TAH

- 1- **cervical polyp biopsy(CIN3) referred from GOPD (18 days wait)**

Histological failure rates

- Standard met at <5%
- 1 out of 58 needs second treatment
 - TOC smear – Low grade
 - Biopsy- CIN2
 - Had cold coagulation (28 yrs, P1)
 - Repeat TOC smear – HPV+ , no dyskaryosis

- Histological failure rates cont
- 4 TOC smears- HPV +, no dyskaryosis
- 1 declined for further examinations and smears
- 2- no TOC –unknown reason

Colposcopy clinic statistics 2019

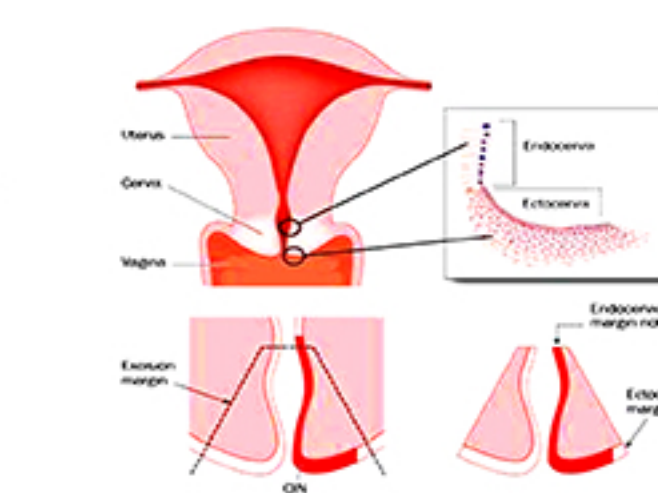
Total appointments-**552**

Total attended- **478**

- New patients- 292 + 25 DNA
- Follow up cases- 186 +49 DNA
- DNA rate -**13.4%**

TOC smears of LLETZ

- 4 HPV+ , cytology negative
- 1 CIN 2- cold coagulation
- 53- negative cytology



- 2 cold coagulations
 - 1 borderline smear, CIN3 in biopsy
 - 1 low grade smear, CIN 2 in biopsy

TOC smears – negative



Recommendations and discussions

- Only three criteria met the standard
- Areas to improve are offering patients appointments mainly in 2 weeks.
- Running ad hoc clinic whenever necessary but
- (only one ad hoc clinic in 2019), possibly missing data because 14 ad hoc clinics were run between 1.1.2018 to 31.1.2021.
- Extra ad hoc clinic on weekends whenever necessary.
- A better way of recording in hospital computer systems.
- Regular updates of patients data in compuscope and electronic records after every clinic

Abbreviations

DNA - did not attend
LLETZ - large loop excision of the transformation zone
CIN - cervical intra-epithelial neoplasia

TOC - test of cure
GOPD- Gynaecology Outpatient Department
TAH - Total Abdominal Hysterectomy
BSO -Bilateral Salpingo-Oophrectomy

References :

<https://www.gov.uk/government/statistics/cervical-screening-programme-england-2019-20>
<https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management/2-providing-a-quality-colposcopy-clinic>
Audit on Colposcopy services at the Noble's Hospital 2016
Audit on Colposcopy services at the Noble's Hospital 2017