

Streamlining Outpatient Hysteroscopy Referrals

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Introduction: In recent years, the volume of patients referred to Gynaecology for hysteroscopy via 2ww and routine diagnostic pathways has increased exponentially.

Guidelines for the management of abnormal bleeding in Gynaecology are often unclear or misinterpreted.

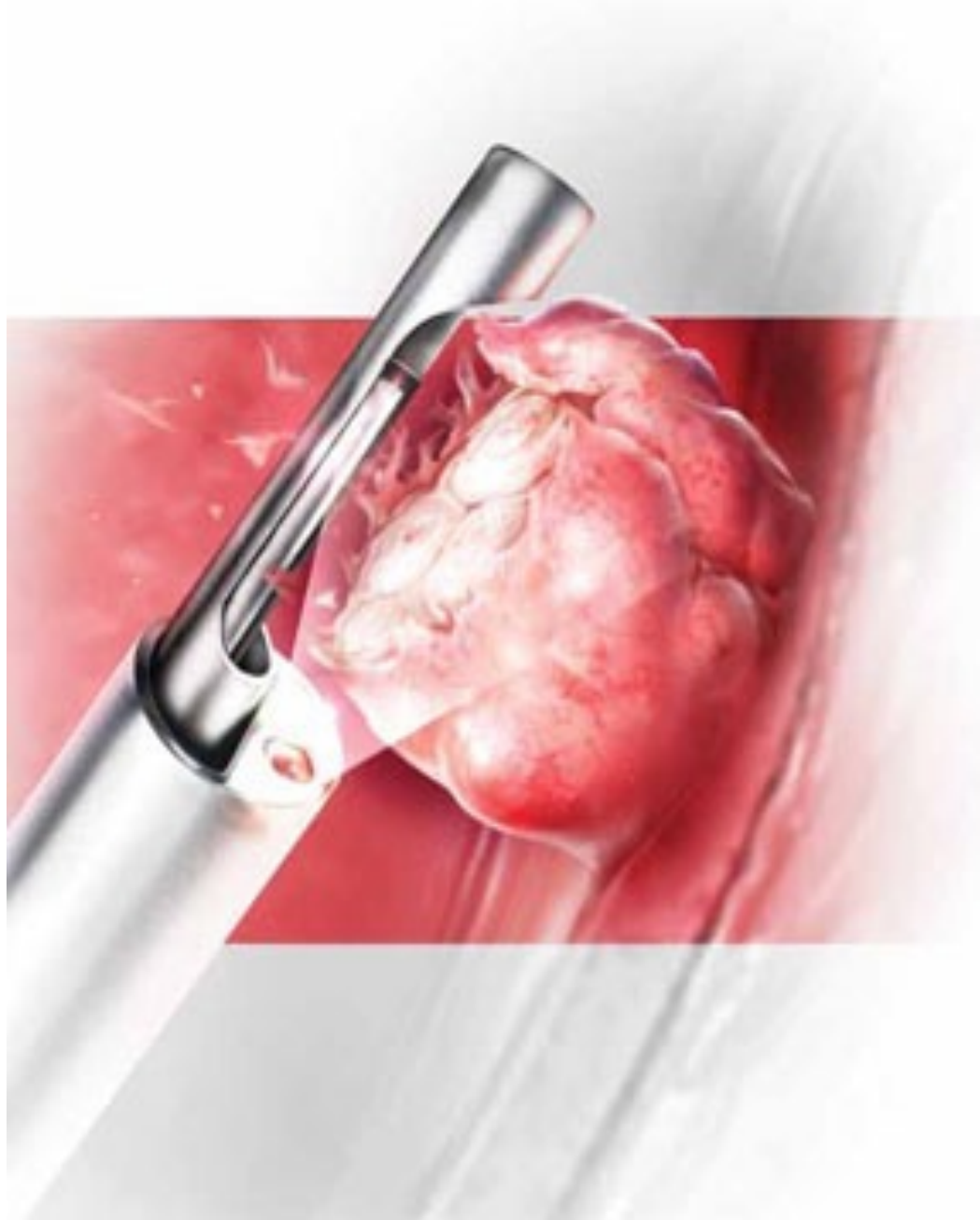
We therefore performed a series of 4 audits. The collective review was aimed at facilitating better triage and optimising patient selection for outpatient hysteroscopy.

• 4 Patient groups commonly referred for out-patient hysteroscopy (OPH) at Oxford University Hospital were included

• 281 patients in total were reviewed in these studies

• **Conclusion:** OPH is a safe and effective diagnostic and therapeutic tool which should be optimally used in patients with clear indications for investigation and /or intervention.

• **Recommendation:** To develop clear local evidence based guidelines in order reduce inappropriate referrals, create availability for the most urgent patients and minimise potential complications



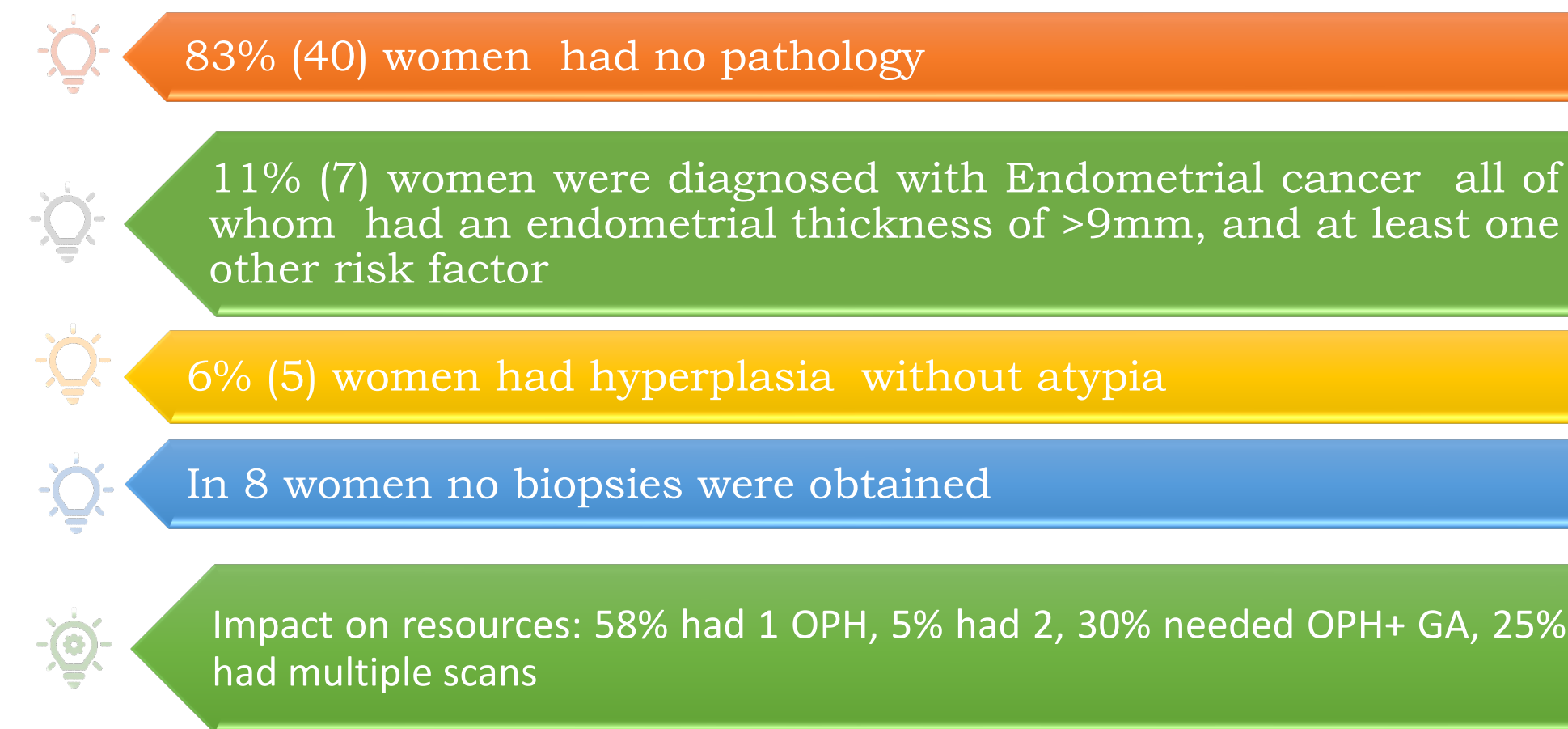
Audit 1: Asymptomatic post menopausal patients with increased endometrial measurement on USS

Aim: To review outcomes of hysteroscopic assessment for postmenopausal women with thickened endometrium for cost-benefit analysis.

Method: Retrospective

60 patients were reviewed via the Electronic Patient Record system
Inclusion criteria: Asymptomatic postmenopausal women with an incidental finding of thickened endometrium referred for hysteroscopy from 1st January to 30th June 2022

Results



Conclusion:

The cut-off to offer hysteroscopy in asymptomatic women should be ≥ 10 mm unless there are additional risk factors or focal pathology noted on USS

Audit 2: Assessing the safety and efficacy of hysteroscopic morcellation

Aim: To demonstrate provision of safe and effective treatment of patients with intrauterine polyps and/or submucosal fibroids

Method: Retrospective.

85 patients were reviewed. Data was collected for 6 months between April to September 2021 via the Trust's Electronic patient record system.

Inclusion criteria: Outpatient procedures performed under local anaesthetic for symptomatic endometrial or endocervical polyps and/or Type 0/Type 1 submucous fibroids measuring < 30mm

Results

The complete removal rate of polyps/fibroids using hysteroscopic morcellation was 96.4%.
Incomplete removal occurred in 3 (3.65%) cases with large submucosal fibroids subsequently removed by TCRF..

No intra or peri-operative complications such as excessive bleeding, infection, perforation or fluid overload were identified. No dissemination of malignant tissue occurred in our cohort. This is consistent with NICE IPG 704.

Histology: *71/85 (83.5%) benign endometrial polyps
*3/85 (3.53%) benign submucosal fibroids
*8/85 (9.41%) Endometrial hyperplasia without atypia
*1/85 (1.18%) Endometrial hyperplasia with mucinous metaplasia
*2/85 (2.35%) patients were diagnosed with cancer and needed subsequent surgery
1 FIGO Stage1 A grade 1 endometrioid endometrial cancer needing TLH BSO
1 Mixed endometrioid and serous adenocarcinoma of endometrium (FIGO IA Grade 3) with synchronous right ovarian adenocarcinoma (IA Grade 2) needing TLH BSO + BPLND

Conclusion: Outpatient hysteroscopic morcellation of polyps and small fibroids is a safe, efficient and cost effective procedure with high success (96.4%) and low complication rates (<0.1%)

Audit 4: Hysteroscopy outcomes in pre-menopausal patients

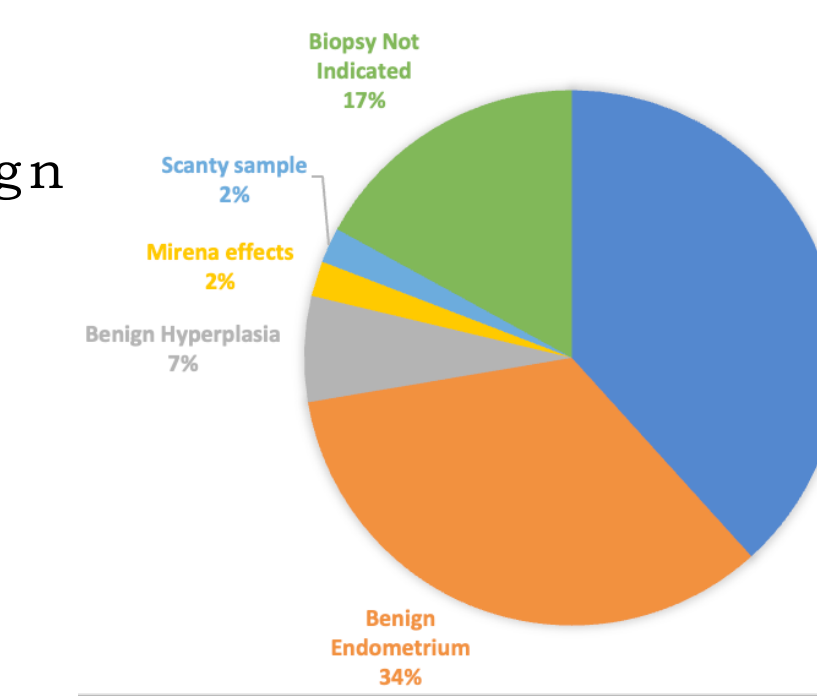
Aim: To assess outcomes in this cohort of patients who were referred for hysteroscopy - in order to reduce unnecessary intervention and improve service

Method: Retrospective. 50 patients were reviewed via the Electronic Patient Record system from between 1 June 2022 to 31 Aug 2022 (3 months)

Indications for referral: Heavy/ irregular/ post coital bleeding (84%), pain (8%), EIN and subfertility (8%)

Results:

100% Benign



Conclusion: Most patients in this age group do not require invasive investigations
Pharmacological treatment should be initiated if history and/or examination suggest a low risk of fibroids, uterine cavity abnormality, histological abnormality or adenomyosis in accordance with NICE NG88

Audit 3: Investigating referral criteria for patients on HRT

Aim: To investigate patients referred with unscheduled bleeding on HRT to assess the clinical outcomes and analyse use of resources namely hysteroscopy.

Method: Retrospective. 86 patients were reviewed via Electronic Patient Record system from 1st to 31st May 2022.

Inclusion criteria: Postmenopausal or perimenopausal women (including confirmed POI) on HRT (regardless of duration)

77 women were postmenopausal (including 1 POI aged 34 at referral), 9 were perimenopausal
82 patients were on CCHRT. Only 2 were on Sequential HRT. In 2 cases, no clear documentation of the mode of HRT administration.

Number of patients	CCHRT (82)	Sequential HRT (2)
Age	Median age was 55 years	48 and 50 years
BMI	50<30; 27>30, not documented 5	<30
HRT Duration	56>6/12; 10<6/12; 16 unclear	Case A >1 year, Case B 3/12
Endometrial thickness (ET) on USS	Median ET 6.4mm, In 6 cases - ET not seen on USS	6mm and 11mm
Other risk Factors	2 – Diabetes No PCOS/Tamoxifen 17 patients had ET<5mm	Nil

Results:

- Only 1 out of 86 patients was diagnosed with endometrial cancer (ET 11mm on USS and BMI >30).
- 60 patients (69.77%) had benign endometrial biopsies /polyps
- 6 patients (6.97%) had endometrial hyperplasia without atypia
- 17 patients had insufficient/no sample obtained due to atrophy
- In the CCHRT cohort, 10 cases (11.6%) were referred despite <6 months of HRT use
- In the CCHRT cohort, 16 out of 17 cases who showed ET <5 mm had a further hysteroscopy performed

Recommendation:

Strict criteria for accepting referrals including exact duration of HRT treatment and cut-offs for endometrial measurement (ET) should be established in order to avoid unnecessary intervention and improve service

Ref: *Audit 2:* NICE Interventional procedures guidance 704 published August 2021
BSGE /ESGE guideline on management of fluid distension media n operative hysteroscopy 2016
Audit 3: Dave FG, Adedipe T, Disu S, Laiyemo R. Unscheduled bleeding with hormone replacement therapy. The Obstetrician & Gynaecologist. 2019 Apr; 21(2): 95-101.
Hickey M, Doherty DA, Fraser IS, Sloboda DM, Salomonsen LA. Why does menopausal hormone therapy lead to irregular uterine bleeding? Changes to endometrial blood vessels. Hum Reprod 2008;23:912-8.
Audit 4: NG88: HMB (2018) NICE