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OUTPATIENT HYSTEROSCOPY SURVEY / CWM TAF University HEALTH BOARD / NOVEMBER 2021

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Abstract

Aim of the Survey:

Survey was conducted at Royal Glamorgan Hospital (RGH), 71 patients involved over the month of November 2021.

Planned to improve our cancer services at RGH as well as improving the process of histopathology investigations for urgent suspected cancer (USC) cases.

We designed this survey also to investigate the following:

Indications for outpatient hysteroscopy, success rate , failure reasons , time from histology referral to histology reports.

Standards : Hysteroscopy, Best Practice in Outpatient (Green-top Guideline No. 59), TOG Article / Failed hysteroscopy and further management strategies , TOG Article / Ambulatory Hysteroscopy.

Reasons for Urgent suspected cancer referral :

20 patients referred with post-menopausal bleeding, 19 with heavy menstrual bleeding, one with post coital bleeding, 16 patients had intermenstrual bleeding,4 patients referred for coil removal, one post-menopausal patient was referred mainly with bloating, but the ultrasound examination was reporting increased endometrial thickness to 8.5 mm, 2 patient referred with incidental findings of cervical polyps during smear test examination in primary care.

Survey Results:

71 patients in total , 63/ 71 were referred as urgent suspected cancer and 8 patients referred as routine.

32 successful outpatient hysteroscopy procedures, while 38 patients had failed outpatient hysteroscopy, one cancelled with positive pregnancy test.

23/ 38 patients had failed procedures because of pain , in 6/38 patients there was problems with the distension media ,9/38 patients referred for diagnostic hysteroscopy only with findings of endometrial polyps, referred for Myosure clinics.

Histology results (Referred as USC):

27 Patients histology results were in progress 6 months following hysteroscopy.

Histology within 6 weeks of referral : 31normal histology ,2 insufficient and one with Grade one Endometrial Cancer.

Results:

Criteria for USC outpatient hysteroscopy referral not followed in majority of patients.

Guidelines for the implementation of the national histopathology also not followed in majority of cases.

Conclusions / Recommendations:

Women referred for outpatient Hysteroscopy department as USC should not be waiting more than 32 days from time of referral to diagnosis, The most important recommendation is to obtain a proper pre procedure consent from the patient this should include risk of cervical stenosis and stopping the procedure specifically in nulliparous women as well as possible use of 400 micrograms of misoprostol vaginally to reduce the failure rate and discomfort.

Planning for another survey following recommendations particularly after liaising with the histopathology department about delaying histology samples for USC cases(following this survey improvements noticed in the histopathology investigation process).