

‘What do I do next?’: Creating a Complex Benign Gynae Case-Discussion-meeting

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Objective

Evidence for Multidisciplinary working being pivotal in improving patient outcomes is well established (1). Within Gynaecology we see positive outcomes in gynaecology cancer patients (2) and complex endometriosis (3).

At our DGH in Exeter, we created a Benign Gynaecology complex case discussion meeting (BGCD) to facilitate an inclusive experienced approach for the management of complex gynaecological cases.

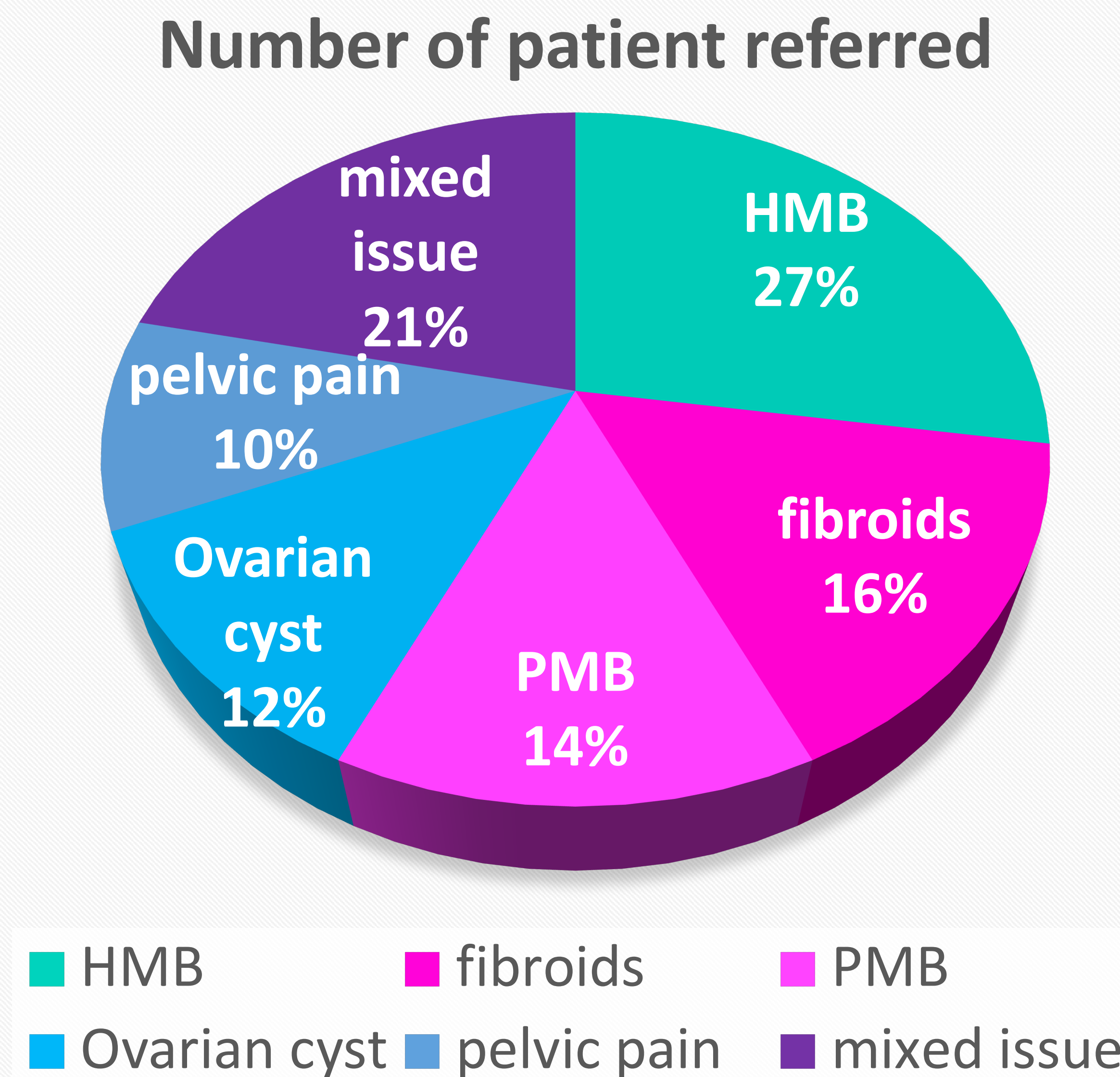
In addition, we hoped this forum would offer operative support to the more junior consultants and provide an educational/training experience for junior doctors and allied health professionals in attendance.

Design

Design: Retrospective review of patients who have been referred and discussed at the benign gynae case discussion meeting.

Method In total between May 2020 and May 2022, 49 patients were discussed during the Complex benign gynaecology case discussion meeting. Data was collected regarding patient demographics, their presenting complaint, previous

What patients were referred with.



- There were 49 patients who were discussed at the BGCD meeting between May 2020-22
- Age ranged between 20-70, with a mean age 39.7 years
- Quoracy was achieved by at least 2 consultants at least being in attendance.
- Attending the meeting – consultants, sonographers, registrars, and fetal medicine.

Into the future.

- ☐ Expansion of the multidisciplinary team attending the meeting to enhance patient care and management, following discussion at meetings.
- ☐ In particular recruiting a specialist radiologist to attend or review images prior to meetings.
- ☐ Discussion of imaging is essential in the management of more complex patients
- ☐ Improved referral pathways for patients to be discussed at the meeting.
- ☐ Preposed method for referral utilises current EPIC/My care electronic
- ☐ Standardise a way to encourage buddy operating and availability of this.

References

1. https://www.hee.nhs.uk/sites/default/files/documents/HEE_MDT_Toolkit_V1.1.p
2. [MDTM transformation :: East of England Cancer Alliance](#)
3. L. Ugwumadu, R. Chakrabarti, E. Williams-Brown, J. Rendall, I. Swift, B. John, H. Allen-coward and E. Ofusua. The