

Evaluating and Improving Benign Gynaecology Services: A Retrospective Audit Across NHS Hospitals

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OBJECTIVES

- This audit aimed to assess the benign gynaecology service within our unit by utilising the six benign gynaecology indicators proposed by RCOG and comparing our performance against national standards outlined in the RCOG Patterns of Benign Gynaecology Care Report 2015-16.
- The main goal was to identify areas for improvement of practice.

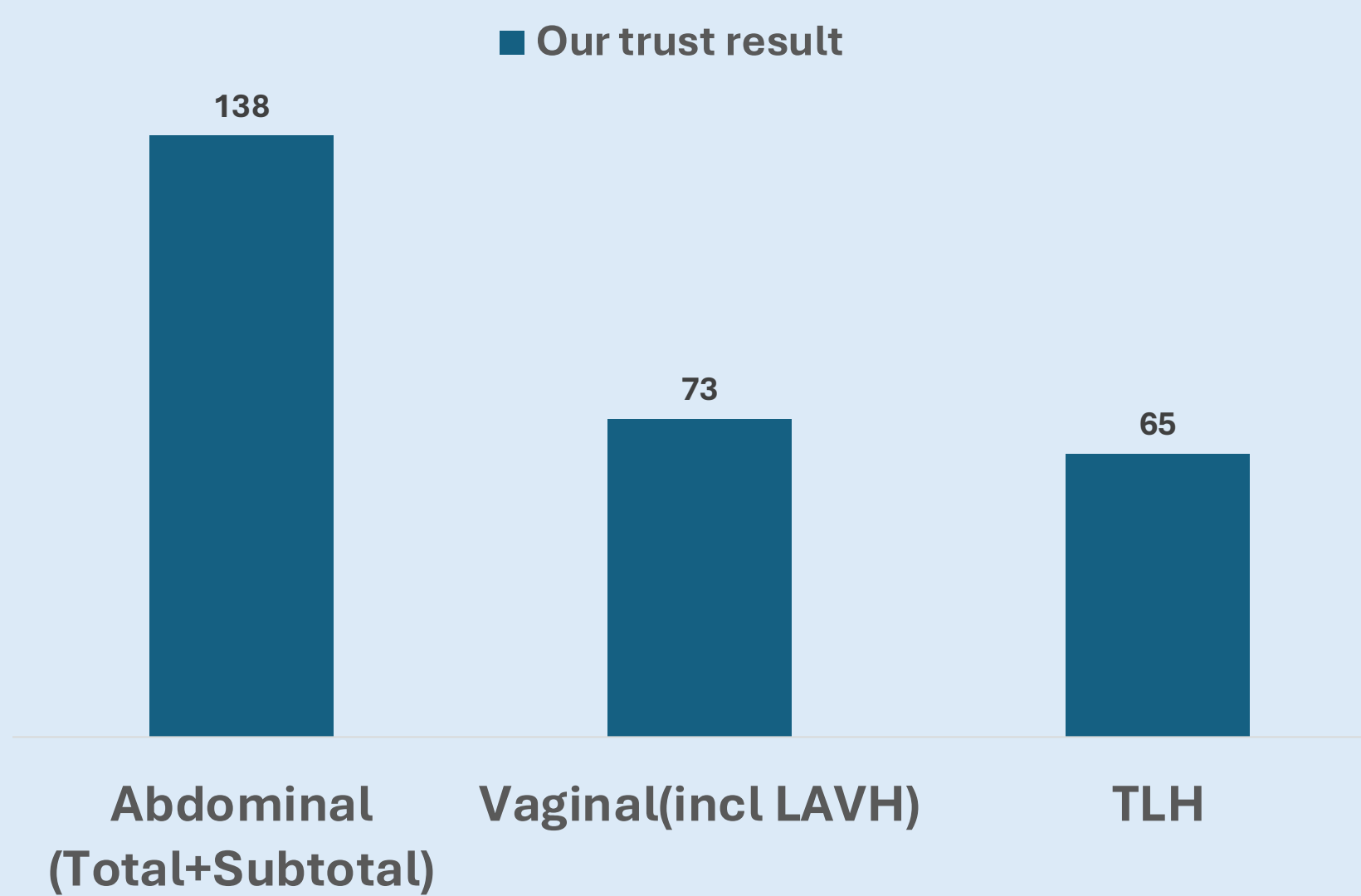
DESIGN

- A retrospective audit was conducted to analyse the trend of hysterectomies within our NHS Trust, focusing on the transition towards minimally invasive procedures.

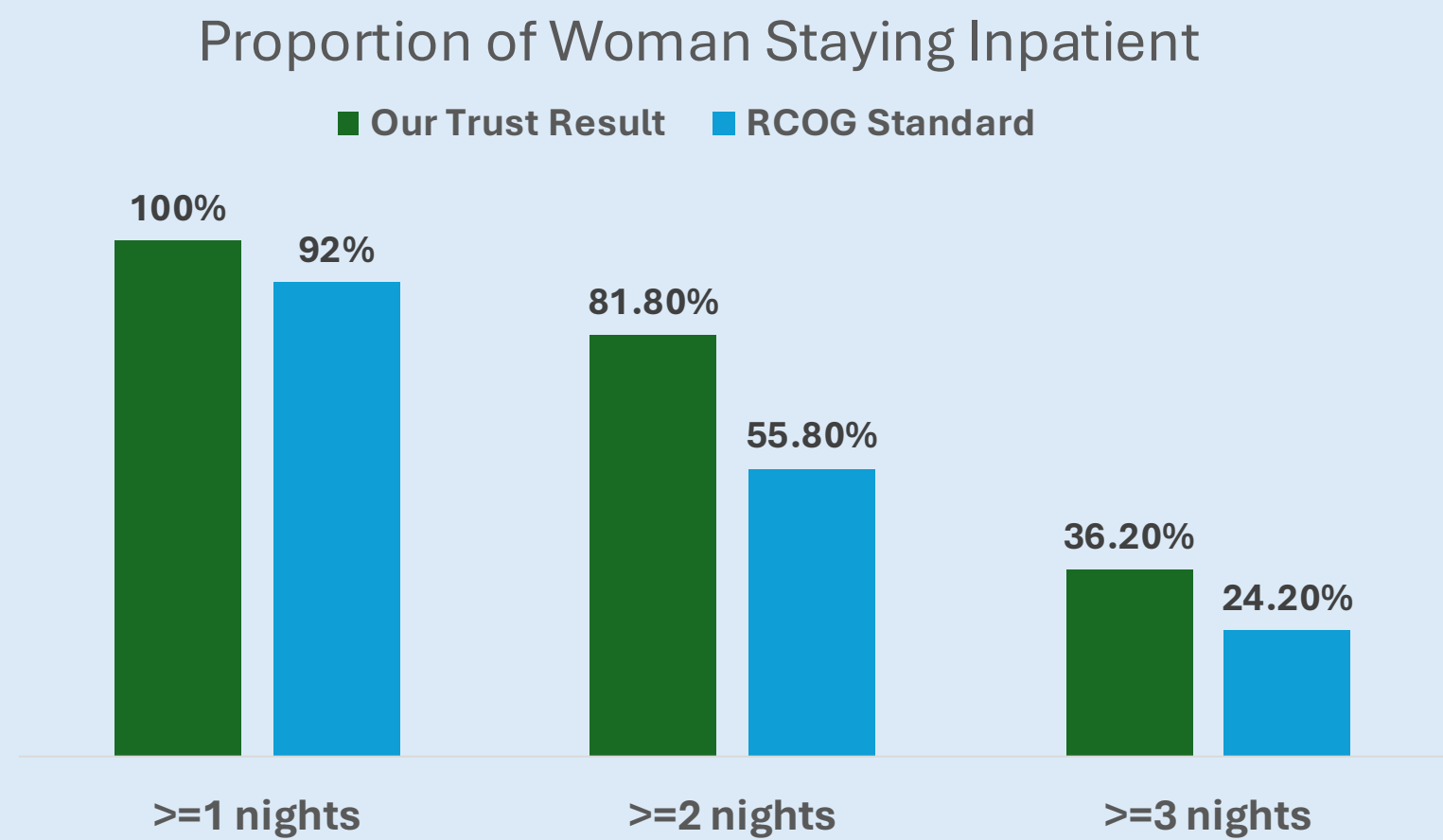
METHOD

- The audit spanned across two hospital sites of a NHS Trust, encompassing all hysterectomies performed for benign indications between January 2022 and August 2023 (total duration: 1 year 8 months), totalling 276 cases.
- Electronic data collection methods were employed, utilising various hospital systems for data retrieval.

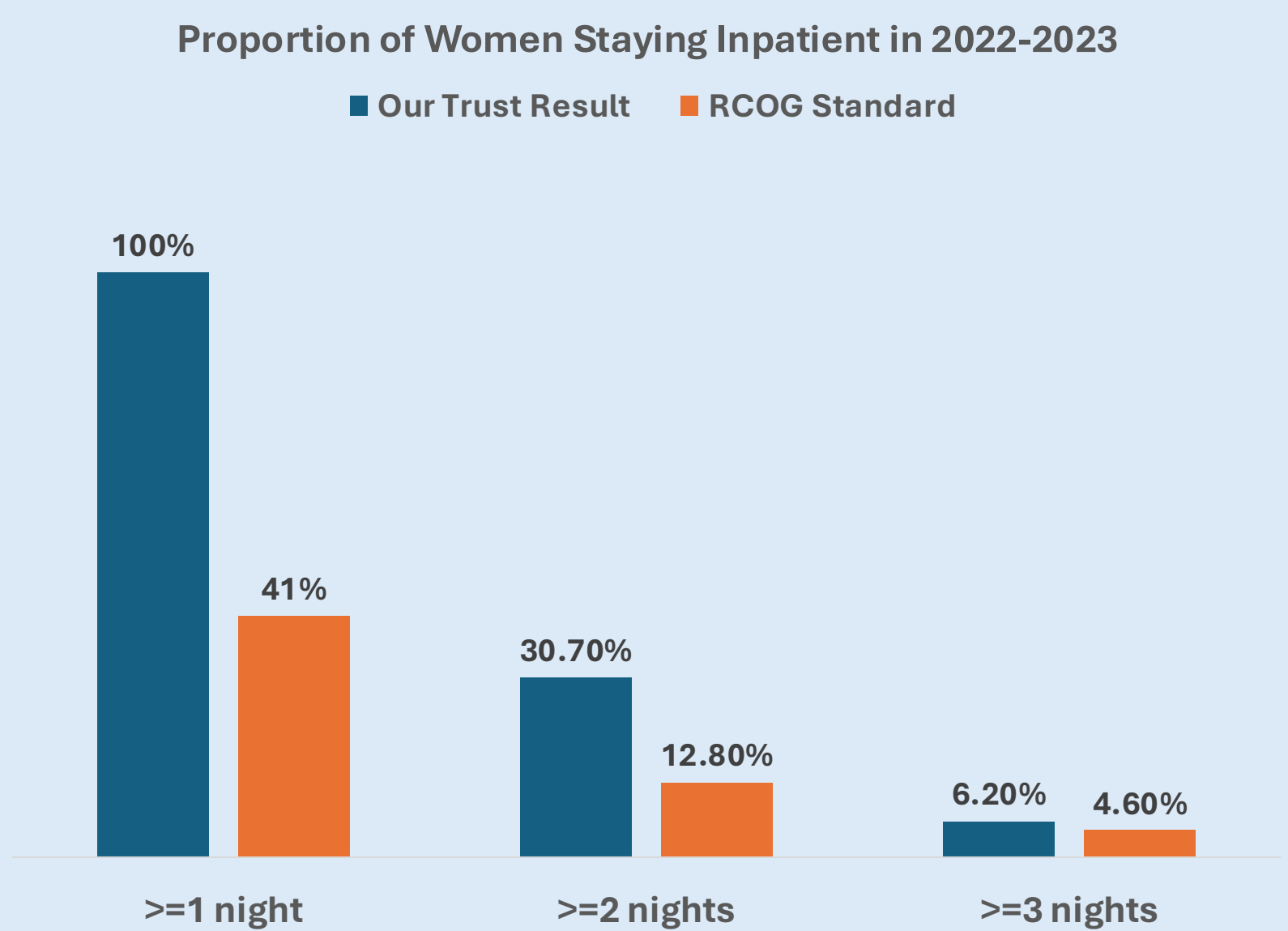
Routes of Hysterectomy in 2022-2023



Length of Inpatient Stay After Abdominal Hysterectomy in 2022-2023



Length of Inpatient Stay After TLH in 2022-2023



Proportion of each type of Hysterectomy (2022-2023) Comparing with National Figures

	OUR TRUST RESULTS	NATIONAL AVERAGE	LOWEST DECILE	HIGHEST DECILE
Abdominal Hysterectomy	50%	42.8%	17.4%	66.5%
TLH	23.6%	20.2%	0.6%	49.7%
TLH amongst all abdominal + lap	32%	32%	1.1%	72.1%
Vaginal hysterectomy, incl LAVH	26.4%	37.1%	-	-

Proportion of Emergency readmission within 30 days in 2022-2023

Type of hysterectomy	OUR TRUST RESULT	RCOG Standard
All benign hysterectomies	7.2%	5%
AH	6.5%	5.5%
TLH	9.2%	4.9%
VH	5.47%	4.3%

Synopsis of Six Audit Standards

AUDIT STANDARDS	AUDIT	NATIONAL MEANS
Proportion of hysterectomies conducted Abdominally	50%	42.8%
Proportion of hysterectomies conducted laparoscopically	23.6%	20.2%
Proportion of hysterectomy done laparoscopically amongst all abdominal + lap hysterectomy	32%	32%
Length of stay in hospital (more than equal to 3 nights)	AH=36.2% LH=6.2%	AH-24.2% LH= 4.6%
Length of stay in hospital (more than equal to 2 nights)	AH=81.8% LH=30.7%	AH-55.8% LH= 12.8%
Length of stay in hospital (more than equal to 1 nights)	AH=100% LH=100%	AH-92% LH= 41.2%
Emergency readmission rate within 30 days (National Mean Rate)	7.2%	5%

RESULTS

- Our unit met national standards for the proportion of all hysterectomies performed laparoscopically (23.6% vs. national mean of 20.2%) but exceeded the national mean among the other five indicators.
- The proportion of hysterectomies performed abdominally was significantly higher (50% vs. 42.8% national mean).
- Length of stay and emergency readmission rates within 30 days of surgery were also significantly higher than national averages (emergency readmission rate being 7.2% versus 5% national mean rate).

CONCLUSION

- While achieving national standards for one indicator, opportunities for improvement were identified in the other five areas.
- Recommendations to reduce proportion of hysterectomies performed abdominally include developing robust medical management protocols for fibroids and enhancing non-invasive treatment options for fibroid.
- In addition, training to improve surgical skills for laparoscopy and non -descent uterus vaginal hysterectomy among benign gynaecologists was identified to be crucial.
- Implementing an enhanced recovery program , with a focus on patient and staff education, could help to reduce hospital stays.
- The emergency readmission rates could be lowered by reviewing postoperative and infection control protocols along with updating surgical techniques

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