



AUDIT OF FAILED OUTPATIENT HYSTEROSCOPY IN SCARBOROUGH HOSPITAL



Authors: Olusegun O. Badejoko, Chameli Subbaraj, Gargi Deshmukh, Oluwafumbi Olajide, Adam J. Brook, Tefo Mokate

Affiliations: Scarborough Hospital, UK.

Objective: To audit outpatient hysteroscopy (OPH) in Scarborough Hospital, determine its rate of failed diagnostic and operative procedures, and identify reasons for failures.

Methods: The electronic patient records of 100 consecutive women booked for OPH in Scarborough in 2024 were retrospectively audited. Data was extracted using a pretested 35-item proforma, cleaned, and analysed using SPSS v25.

Result: Three patients did not attend, and 18 were inappropriate referrals for whom upon clinic review, OPH was deemed to not have been indicated. The remaining 79 patients had OPH. Of these, 64 underwent diagnostic, while 15 underwent operative OPH. There were nine failed diagnostic and also nine failed operative OPHs, with an overall OPH failure rate of 18% (published reports 2-8%). The reasons for failed diagnostic OPH were pain(5), panic attack(3), and vasovagal attack(1); whereas for operative OPH they were pain(6), equipment failure(2), and cervical stenosis(1). Regarding the women with failed diagnostic OPH, five were booked for repeat OPH at a later date and four were booked for general anaesthetic hysteroscopy in theatre. For the failed operative OPH patients, these numbers were two and seven respectively.

Conclusions: The rate of failed OPH was higher than previously reported studies, and the foremost reasons were pain, panic attacks, and equipment problems. A high rate of inappropriate referrals not requiring hysteroscopy was also noted. Improvement in analgesic management is therefore recommended including the use of inhalational agents such as Pentrox, which has since been introduced in our clinic. Optimal vetting of referrals before appointments are offered is also recommended.

References:

- De Silva PM, Smith PP, Cooper NAM, Clark TJ. Outpatient Hysteroscopy. BJOG. 2024;131(13):e86–e110.
- Genovese F, D'Urso G, Di Guardo F, Insalaco G, Tuscano A, Ciotta L, Carbonaro A, Leanza V, Palumbo M. Failed diagnostic hysteroscopy: Analysis of 62 cases. Eur J Obstet Gynecol Reprod Biol. 2020 Feb;245:193-197. doi: 10.1016/j.ejogrb.2019.10.031. Epub 2019 Nov 9. PMID: 31864715

Failed OPH?				
Clinical Assessment		No	Yes	Total
	DNA	3	0	3
	Not indicated	18	0	18
	Operative	6	9	15
	Diagnostic	55	9	64
Total		82	18	100

Types of Failed OPH				
Main reason for failure		Diagnostic n (%)	Operative n (%)	Total n (%)
	Pain	5 (55.6)	6 (66.7)	11 (61.1)
	High BP	3 (33.3)	0 (0.0)	3 (16.6)
	Equipment failure	0 (0.0)	2 (22.2)	2 (11.1)
	False passage	0 (0.0)	1 (11.1)	1 (5.6)
	Vasovagal attack	1 (11.1)	0 (0.0)	1 (5.6)
	Total	9 (100)	9 (100)	18 (100)



NHS