

Improving Clinical Management and Outcomes of Tubo-Ovarian Abscesses: A Quality Improvement Project

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INTRODUCTION

Tubo-ovarian abscess (TOA) is a recognized and serious complication of untreated pelvic inflammatory disease (PID).

The most common cause is ascending/upper genital tract infection when purulent material can discharge through the tube directly into the peritoneal cavity causing initial PID and progression to form a TOA.

TOA carries a high morbidity and can be life threatening. When associated with severe systemic sepsis, the mortality rate is reported to be as high as 5–10%.

The diagnosis is made when the clinical findings are associated with raised inflammatory markers and radiological findings demonstrating a mass.

AIMS

1

Proportion of women having HVS and endocervical swabs taken

2

Proportion of women receiving treatment with recommended regime

3

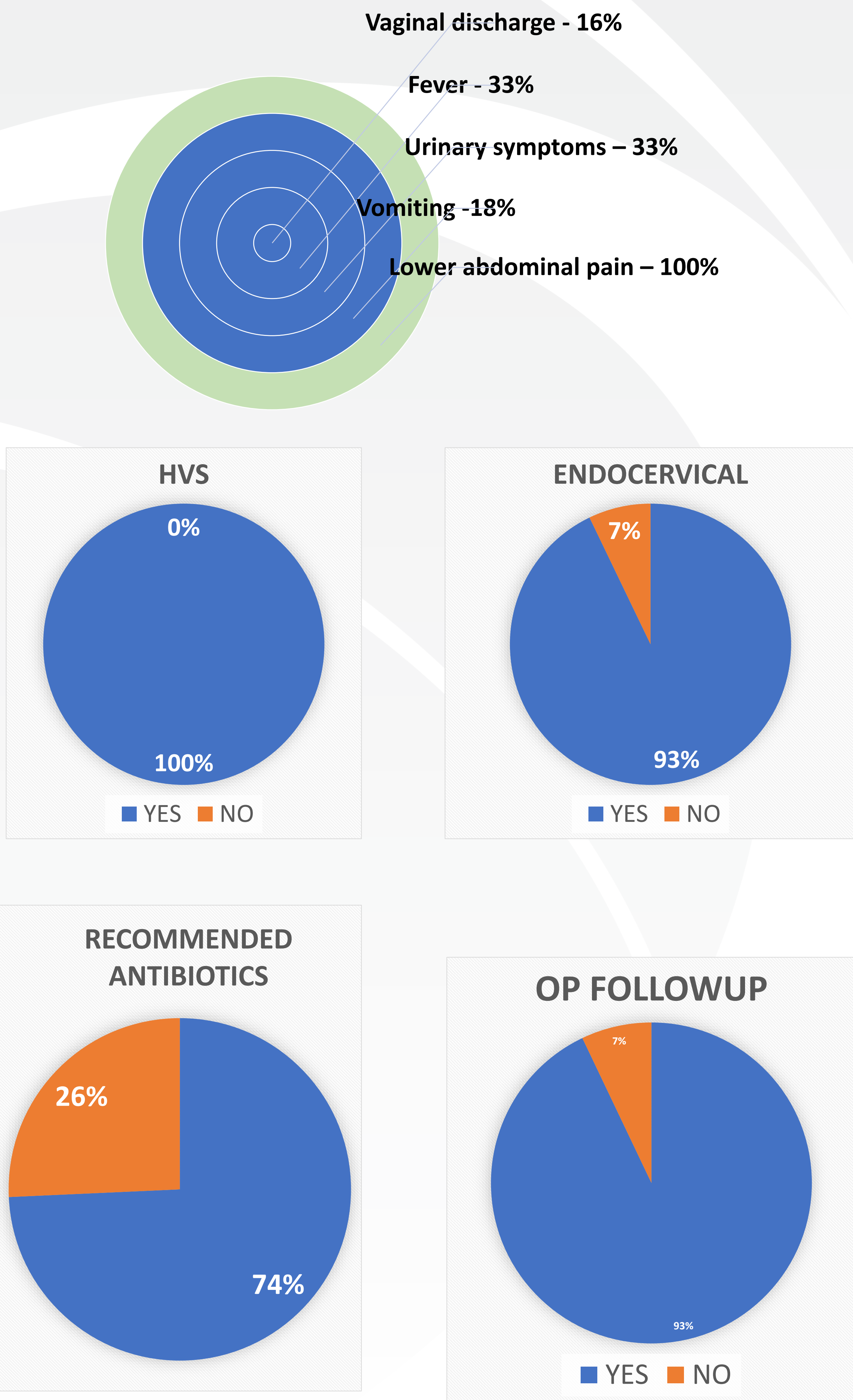
Proportion of women receiving the medical treatment before surgical intervention

4

Type of surgical intervention received

5

Proportion of women followed up after treatment



METHODS

89 patients were filtered, who were found to have TOAB required admission in the hospital. The data further filtered to 35 patient who were admitted at HGS site , excluding those who were admitted at BWH site, had duplicate entries. Also those patients were included whose reason of admission was primarily due to TOAB.

RESULTS

- ✓ Proportion of women whose swabs were taken – HVS 100%, endocervical swabs- 93%
- ✓ Proportion of women receiving recommended antibiotics – 76%
- ✓ Proportion of women receiving the medical treatment before surgical intervention – 17%
- ✓ Proportion of women who had OP followup 42% and repeat imaging – 45%
- ✓ Proportion Of Women where Pus was sent for culture – 70%

RECOMMENDATIONS

- Communication to the junior doctors regarding correct doses and drug regimes to reach the target – Friday teaching was conducted on PID explaining the management
- Follow up to be booked within 4 weeks of initiating treatment of PID/ TO abscesses.
- Ensure swabs are sent for all the women with TO abscesses in the ward / GAU.
- Ensure that Pus/ fluid is sent for culture in all patients taken to theatre for drainage of abscess