

Intrauterine device insertion in outpatient hysteroscopy: a cross-site audit into clinician compliance with local and national guidelines

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BACKGROUND

- The insertion of intrauterine devices (IUDs), particularly the **Mirena®**, is commonly performed in outpatient hysteroscopy (OPH) settings for a range of gynaecological indications including abnormal uterine bleeding, hormonal replacement therapy, and contraception.
- To ensure patient safety and procedural success, national guidelines from the Royal College of Obstetrics and Gynaecologists (RCOG), Faculty of Sexual and Reproductive Healthcare (FSRH), and the British Menopause Society (BMS) provide standards for clinical assessment, documentation and post-insertion care for this procedure.

OBJECTIVES

- The aim of this audit was to evaluate clinician compliance with national and local guidelines in the insertion of IUDs at Chelsea and Westminster Hospital (CWH) and West Middlesex Hospital (WMH) in London, UK.

METHODS

- A retrospective audit conducted, involving 122 electronic patient records (Cerner) for all patients who underwent Mirena IUD insertion in OPH setting at CWH (April – October 2024) and WMH (April – November 2024).
- Key metrics included indication for insertion, clinical assessments (e.g. urine pregnancy test, last menstrual period, parity), consent and chaperone documentation, IUD characteristics (type, strength, off-licence use), procedural details (e.g. uterine cavity and thread length), clinical grade, and post-procedure care.

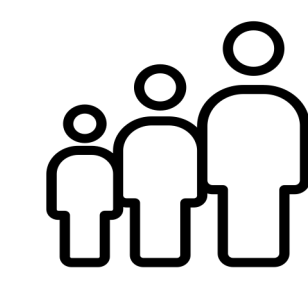
CONCLUSIONS

- IUD type was documented in majority of patient records, however, the IUD strength was not specified as often.
- Overall, post-procedure information is well-documented, including informational leaflets, advice, and a follow-up plan.
- Details relating to the procedure was not well documented, as uterine cavity length was only documented 37% of the time and thread length 2% of the time.

RECOMMENDATION

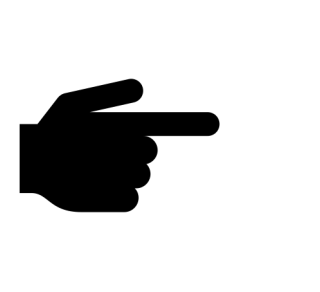
- A pro forma, based on the RCOG, FSRH and BMS guidelines, would prove beneficial to assisting clinicians in documentation and improving overall clinical practice and patient care.

RESULTS

**Mean Age 50**

**Most performed by consultant (64%)**

- Trainee hysteroscopy nurse specialist (19%)
- Advanced hysteroscopy nurse specialist (16%)
- Registrar (1%)

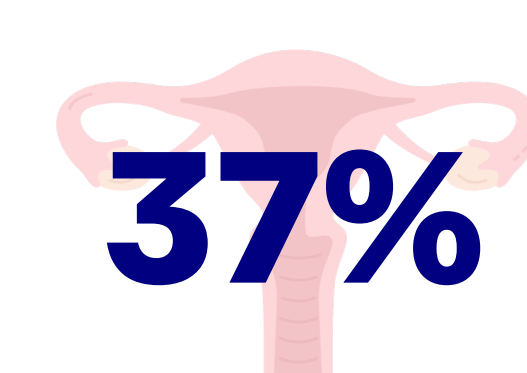
**Main indications:**

- Postmenopausal bleeding
- Menstrual irregularity
- Menorrhagia

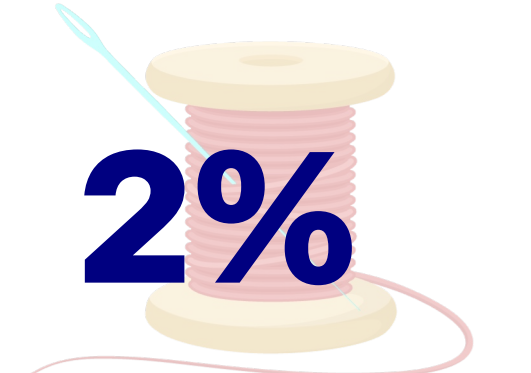
COMPLIANCE

% = documented on patient record

PROCEDURE DETAILS

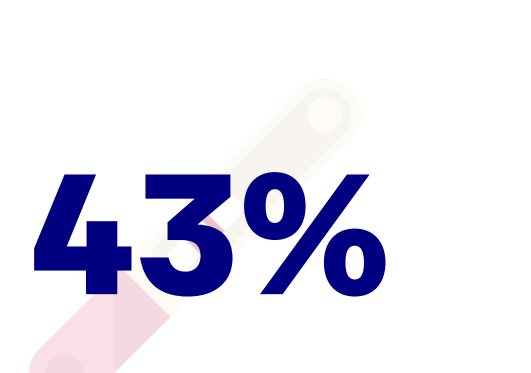
**37%**

Uterine Cavity Length

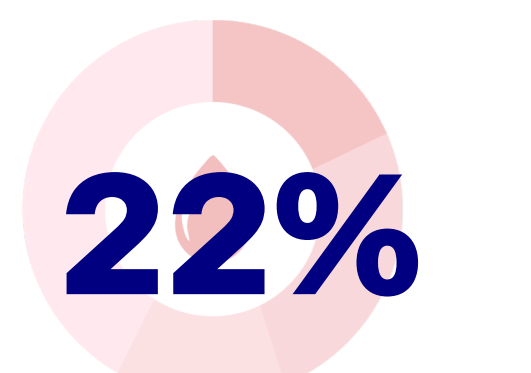
**2%**

Thread Length

CLINICAL ASSESSMENT

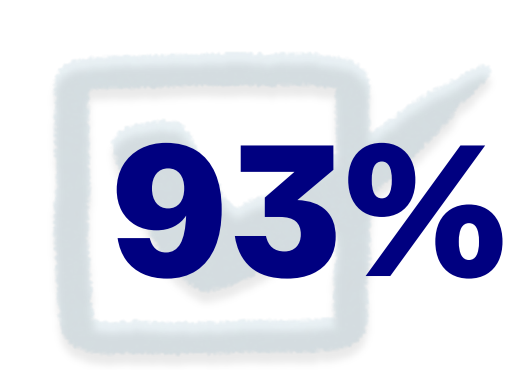
**43%**

Urine Pregnancy Test

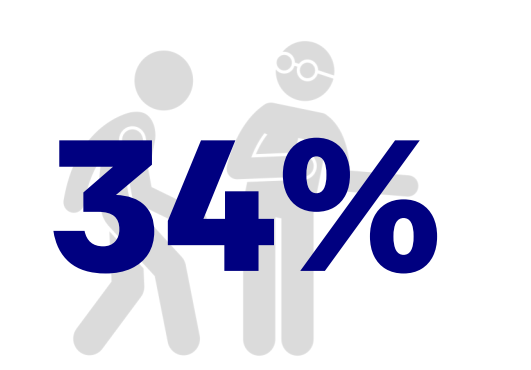
**22%**

Last Menstrual Period

MEDICO-LEGAL

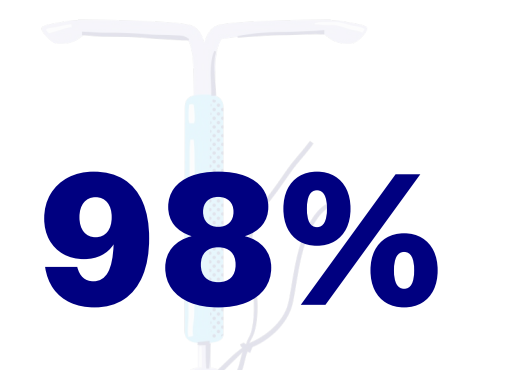
**93%**

Consent

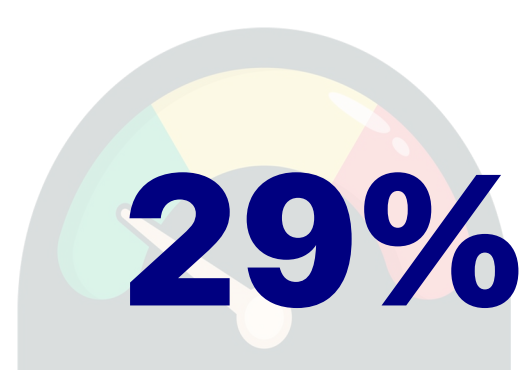
**34%**

Chaperone

IUD CHARACTERISTICS

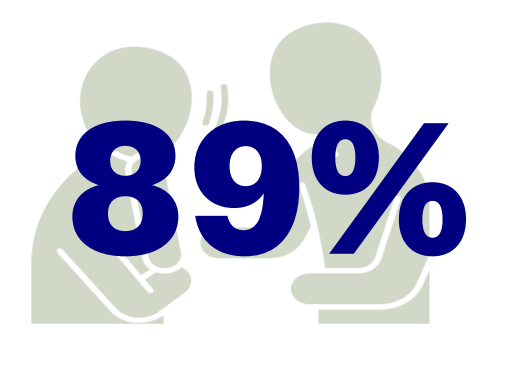
**98%**

IUD Type

**29%**

IUD Strength

POST-PROCEDURE CARE

**89%**

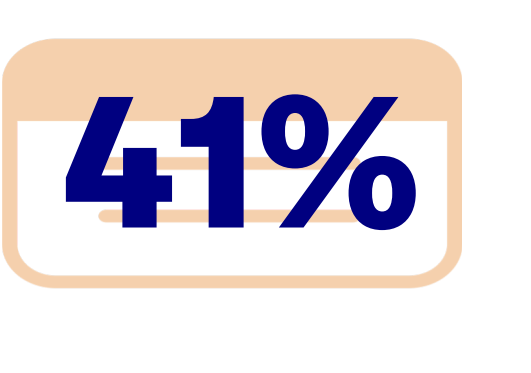
Post-procedure advice

**95%**

Follow-up plan

**72%**

Information Leaflet

**41%**

Coil Card

REFERENCES

1. De Silva PM, Smith PP, Cooper NAM, Clark TJ. Outpatient Hysteroscopy. BJOG. 2024; 131(13): e86–e110. <https://doi.org/10.1111/1471-0528.17907>

2. FSRH Guideline (March 2023) Intrauterine Contraception. BMJ Sexual & Reproductive Health 2023; 49:Suppl 1. <https://doi.org/10.1136/bmjshr-2023-IUC>