

Patient information for outpatient hysteroscopy: a proposed generic leaflet

Alexandra Sutcliffe* Nurse Hysteroscopist, Katharine Tylko Patient Representative, Macmillan CancerVOICE, Elaine Falkner Patient Advocate, Mary Connor* Consultant Gynaecologist

*Sheffield Teaching Hospitals, NHS FT

Introduction

Diagnostic and Operative Hysteroscopy are frequently performed as outpatient (OP) procedures and they are actively encouraged by the recent change in tariffs^[1]. The National HMB audit identified that 95% of hospitals provide at least a OP diagnostic service^[2]. KT gave an oral presentation at the BSGE ASM in Norwich entitled 'A Freedom of Information Act survey and analysis of OP

Hysteroscopy/Biopsy: Pain control and Patient Choice in English NHS Trusts 2013-4'.

Included was an analysis of patient information leaflets. Many failed to a) warn about the risk of severe pain, b) advise about taking pain relief beforehand, or c) about the right to ask for a general anaesthetic or other inpatient analgesia.

In response to the presentation MEC initiated a Patient and Public Involvement project to produce a patient-centred leaflet on OP hysteroscopy.

The Problem

As a consequence of inadequate information and choice hundreds of women have recently complained to their hospitals, the media, MPs or lawyers about their experience of severely painful outpatient hysteroscopy (figure 1). They were not made aware beforehand of the risk of severe pain, and so were not prepared for this possibility. Current patient information leaflets do not routinely inform women of this risk. It is felt that some hysteroscopists are under-estimating the physical and emotional trauma of severely painful invasive and intimate endoscopy. In addition, there appears to be a mistaken belief that moderate to severe pain can be completely relieved by the vocal-local and a hot drink.

Other concerns are that there is no national written information for patients detailing the risks and benefits of outpatient diagnostic and operative hysteroscopy, and that many women are unaware that there is still the option of an inpatient procedure with either conscious sedation or general anaesthesia (GA).

Some women with abnormal bleeding are scared that their lack of compliance with an outpatient procedure may cause significant delay and have a detrimental effect upon any subsequent diagnosis and treatment of cancer.

What are we doing about it?

We want to make OP hysteroscopy as stress and pain free as modern dentistry by using adequate analgesia and anaesthetic. Fully informing patients of the procedure will ensure that patients who are unlikely to tolerate OP hysteroscopy are readily given a choice of either GA or conscious sedation for their subsequent hysteroscopy. We have sought feedback from patients who have had severely painful hysteroscopies and worked closely together to prepare a patient-centred leaflet to be piloted in the outpatient hysteroscopy clinic in Sheffield.

Patients' descriptions of severe pain

*'Medieval',
'Went on for ages'
'The doctor ignored my pain and carried on'
'They said it would be just like period cramps'
'They said it wouldn't hurt'
'It was worse than when I gave birth'
'Barbaric'*

Fig 1. Patients' comments

The evidence

Severe pain limits the success of diagnostic hysteroscopy in 5–11%^[3], with some 4% having to be repeated under GA^[4].

In the OPT trial half of the of unsuccessful OP polypectomies (17%) were due to pain; a vasovagal reaction occurred in 7%^[5].

Many recent NHS patients are complaining about painful hysteroscopy to their Trusts, some with the involvement of lawyers.

Two speeches to the House of Commons have brought to light the widespread problem of unacceptably painful outpatient hysteroscopy (Lyn Brown MP, 2013, 2014).

Hundreds of responses to two Daily Mail articles describe severely painful hysteroscopy and endometrial biopsy^[1]

Patient Action Groups report women needing counselling for post-traumatic stress syndrome after bad OP hysteroscopy experiences. Some women diagnosed with uterine cancer are reluctant to undergo future investigations as their previous experiences were so traumatic.

Contraindications for outpatient hysteroscopy may include:

- *patient request*
- *never sexually active*
- *vaginismus*
- *previous traumatic gynaecological outpatient procedure*
- *learning disabilities*
- *history of sexual abuse*

Recommendations from Patient groups

- A detailed written patient information leaflet provided to all patients before their procedure.
- Accurate details included with risks and benefits of OP hysteroscopy.
- Include the possibility of severe pain, vasovagal reaction (nausea, vomiting, fainting), and failed procedure
- Detail the use of a speculum, local anaesthesia with multiple injections into the cervix, cervical dilatation, fluid distension, biopsies, electro surgical instruments,
- The right to choose a strong or weak pre-medication and/or oral sedation
- The choice of local anaesthetic or inpatient with general anaesthetic, conscious sedation, or regional analgesia (spinal).

Summary

The aim is for an improved patient information leaflet for OP hysteroscopy incorporating patients' recommendations for a compassionate and pain-controlled procedure.

The patients' recommendations to be included in the next revision of the RCOG/BSGE Green Top Guideline for OP hysteroscopy.

References

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- [2] National HMB Audit. First Annual Report. May 2011. RCOG press.
- [3] Ahmad G et al. Pain relief for outpatient hysteroscopy. Cochrane Database of Systematic Reviews 2010, Issue 11. Art. No.: CD007710. DOI: 10.1002/14651858.CD007710.pub2.
- [4] Nagele et al. 2,500 Outpatient Diagnostic Hysteroscopies. Obstet Gynecol. 1996 88;87-92.
- [5] Cooper et al. Outpatient versus inpatient uterine polyp treatment for abnormal uterine bleeding: randomised controlled non-inferiority study. *BMJ* 2015;350:h1398 doi:10.1136/bmj.h1398