A Freedom of Information Act (2000) survey and analysis of Outpatient Hysteroscopy/Biopsy – Pain control and Patient Choice in English NHS Hospital Trusts 2013-14

Katharine Tylko-Hill

Macmillan CancerVOICE

Cochrane Gynae Group Consumer Reviewer

WHO, WHY?

- Macmillan CancerVOICE, Cochrane Gynae Group Consumer P ient safety campaigner. Concerned by the UK's late diagnosis **1,930 deaths in 2011.**

- My womb cancer diagnosis (3c) was delayed by about a ye ed why my GP hadn't referred me for investigation, she said, **"I was protect you. You'd freak out at an NHS gynae clinic."**
- As a member of various patient groups - particularly Womb Cancer Support UK - I've collected numerous recent patient stories (appended) of inhumane NHS OP hysteroscopies in which **nurses have held down patients in order to complete a procedure that was causing a woman to cry with pain, faint or vomit.**

- Had previously used the Freedom of Info Act to investigate English NHS radiotherapy safety. This provoked debate and contributed towards higher radiotherapy safety standards and hopefully less harm to patients. Am trying to do the same for hysteroscopy.

WHAT?

With Debbie Vince (NCIN Womb Cancer User Rep) and fellow patients am campaigning via social media, the press, Parliament and the Law for all NHS hysteroscopy patients to have the right to choose to have:

- GA
- Safely monitored IV conscious sedation
- OP procedure with or without: midazolam, lignocaine spray, LA
- The OP procedure stopped at any point
- A strong pre-med, e.g. diclofenac
- Truthful written information about the % incidence in OP hysteroscopy of severe pain, nausea and vaso-vagal reaction

The 12 FOIA Questions sent to all English NHS Acute Trusts, Nov 2013

Under the Freedom of Information Act (2000) please would you supply the following information relating to your Trust's practice of

OUTPATIENT HYSTEROSCOPY/BIOPSY – PAIN CONTROL AND PATIENT CHOICE

1. The current patient information leaflet

2. The current consent form

3. The current surgical protocol

4. Does the leaflet advise the patient to ask her GP to prescribe
gynae-specific painkillers to be taken BEFORE the procedure - Y/N?

5. What type and dose of painkillers does your Trust advise patients to take before the procedure?

6. Are ALL your hysteroscopy/biopsy patients given the following
choices BEFORE the procedure is attempted:
a) General Anaesthesia – Y/N?
b) spinal anaesthesia – Y/N?
c) conscious sedation – Y/N?

7. For each of the last 3 financial years, how many of your hysteroscopy/biopsy patients had
a) GA with overnight stay?
b) GA day-case ?
c) spinal anaesthesia?
d) conscious sedation?
e) local anaesthetic?
f) no anaesthetic?

8. What width hysteroscopes do you use? Rigid or flexible?

9. For each of the last 3 financial years what % patients DNA outpatient hysteroscopy/biopsy?

10. For each of the last 3 financial years what % OP hysteroscopy/biopsy patients had a failed procedure that had to be
repeated with epidural, GA or conscious sedation?

11. All audits of adverse events, e.g. infection, perforation during the last 3 financial years

12. All surveys of patients' experiences during the last 3 financial years

Full set of Q's and A's from 124 Acute Trusts are in the public domain at:

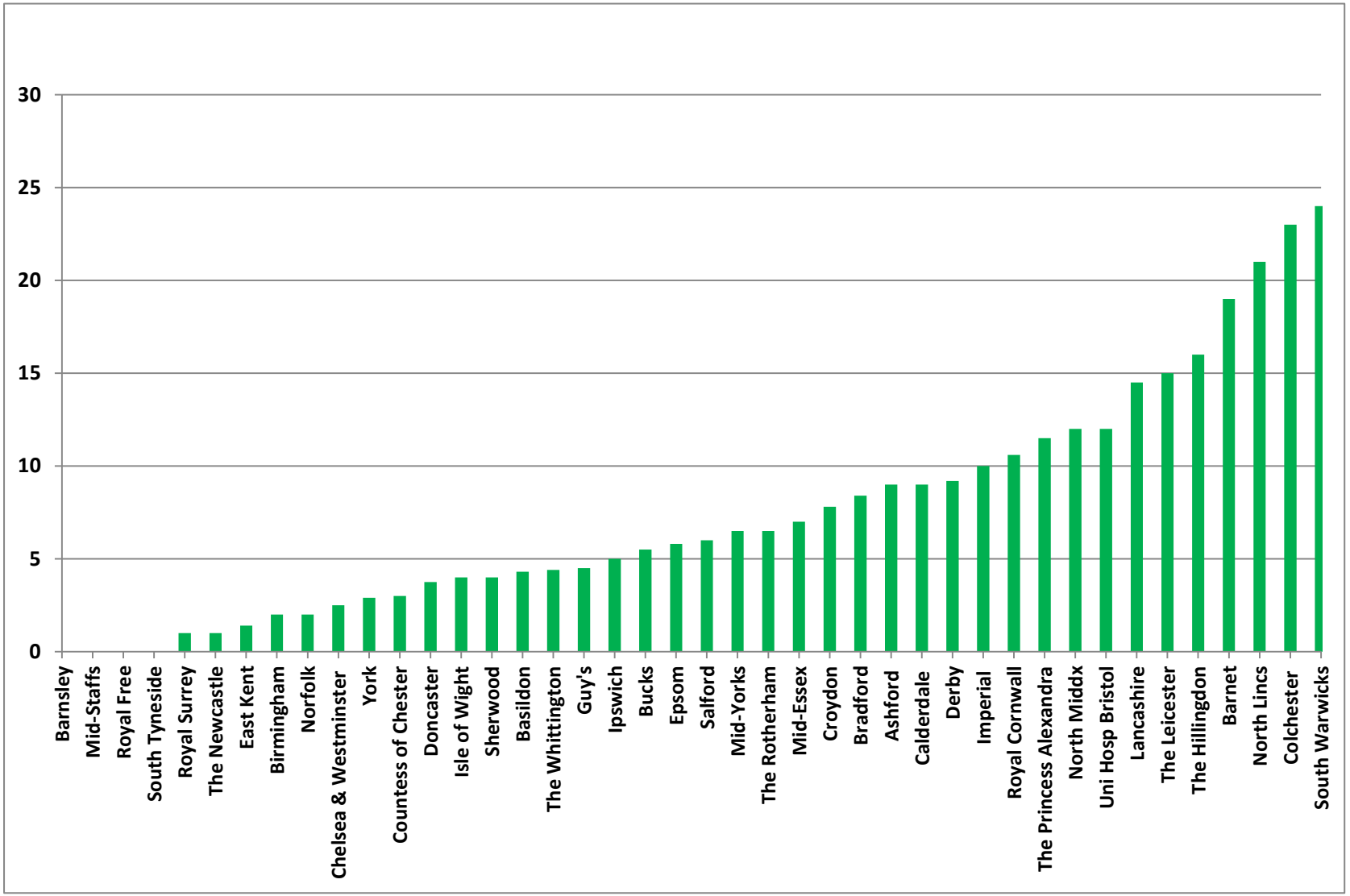
- www.whatdotheyknow.com Each Trust's answers
- www.wombcancervoice.co.uk Excel file + this ppt

- **Only Taunton & Somerset Trust refused to reply**
- 6 Trusts - Barts, Bolton, Chesterfield, Gateshead, Sandwell & West Birmingham, Shrewsbury & Telford - acknowledged the request but by April 2014 still hadn't replied

Survey Snapshot

- 66 Trusts follow RCOG/BSGE Green-top Guideline No. 59 and advise pre-med painkillers. 47 Trusts don't
- 86 Trusts take formal written consent. 29 Trusts don't. Northumbria has an excellent checklist consent form
- 73 Trusts give patients the choice of a GA before attempting OP hysteroscopy. 32 don't
- 30 Trusts offer conscious sedation. Newcastle has done a recent positive survey. Birmingham, on the basis of a misunderstood Italian paper by Guida, erroneously claims that conscious sedation confers no benefit. (But Guida gave his patients sedation with no LA!!!)
- 8 Trusts exclusively use less painful flexible hysteroscopes. 72 exclusively use rigid scopes
- 42 Trusts could say what % outpatients had a failed procedure that had to be repeated with epidural, GA or conscious sedation
- In the last 3 years, 16 Trusts conducted a patient experience survey. Some of the response rates were very low. A high % York patients experienced bad pain but the Trust decided to move to OP hysteroscopy regardless.

Approx % OP hysteroscopies repeated with GA/epidural/sedation

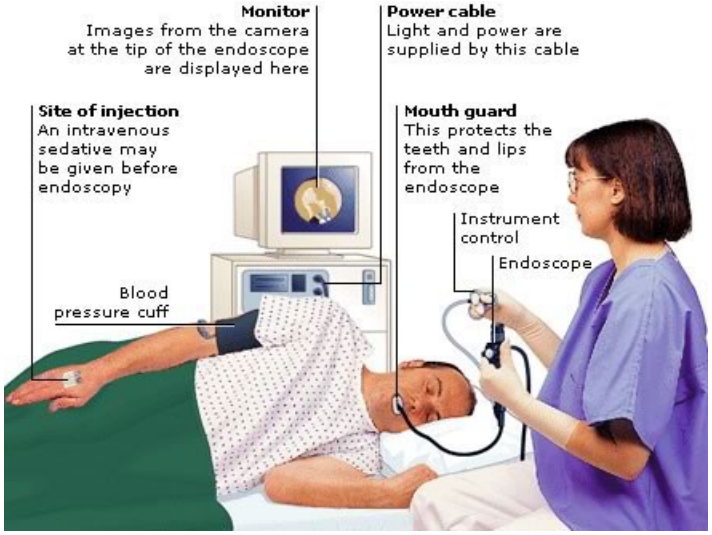


Does the severe pain of 10-20% patients matter?

- Countless studies (e.g. Nick Panay's BSGE Sheffield 2006) state that at least 10% patients are currently having traumatically painful hysteroscopies. The psychological and medical impact on these patients is major and lasting. When these patients contact the press there is also damage to their hospitals' reputations.
- Many of these patients are found to have cancer, and their traumatic hysteroscopy increases their anxiety and jeopardizes their willingness to comply with further cancer treatment.
- Our current NHS Cancer Tsar - Sean Duffy - BMJ. Jan 6, 2001; 322(7277): 47 has written that "**Overall we think that too much emphasis is put on the issue of pain surrounding outpatient hysteroscopy.** A small proportion of patients do, undeniably, experience considerable pain, but most patients do not, and they trade off the minimal discomfort they experience with the convenience and interaction of outpatient hysteroscopy."
- **We patients beg to differ. Have we abandonned "First do no harm" and NHS Choices for a cheap and nasty hysteroscopy conveyor-belt that harms up to 20% patients?**

Endoscopy for men v. Endoscopy for women

The NHS routinely offers men the choice of conscious sedation for bronchoscopy, gastroscopy and colonoscopy, and a GA for adult circumcision



For an OP hysteroscopy many Trusts in 2014 routinely only offer women 'vocal local' distraction, then tea and a custard cream for shock.

Please remove the QIPP which gives Trusts a large financial reward to persuade over 80% women to have OP hysteroscopy with no GA, epidural or sedation.
Give back choice and dignity to hysteroscopy patients!

- The choice of a GA
- The choice of safely monitored IV sedation
- The choice of OP hysteroscopy with midazolam/ lignocaine spray/ LA/ effective pre-meds
- Truthful written information about the % outpatients who suffer severe pain, nausea, vaso-vagal reaction.

Hope for the 10-20% from …

Mr Ertan Saridogan – President Elect BSGE

Personal treatment philosophy:

I am a believer in the philosophy of 'patient-centred' practice, I believe in enabling women to decide on their own management plan.

THANK YOU

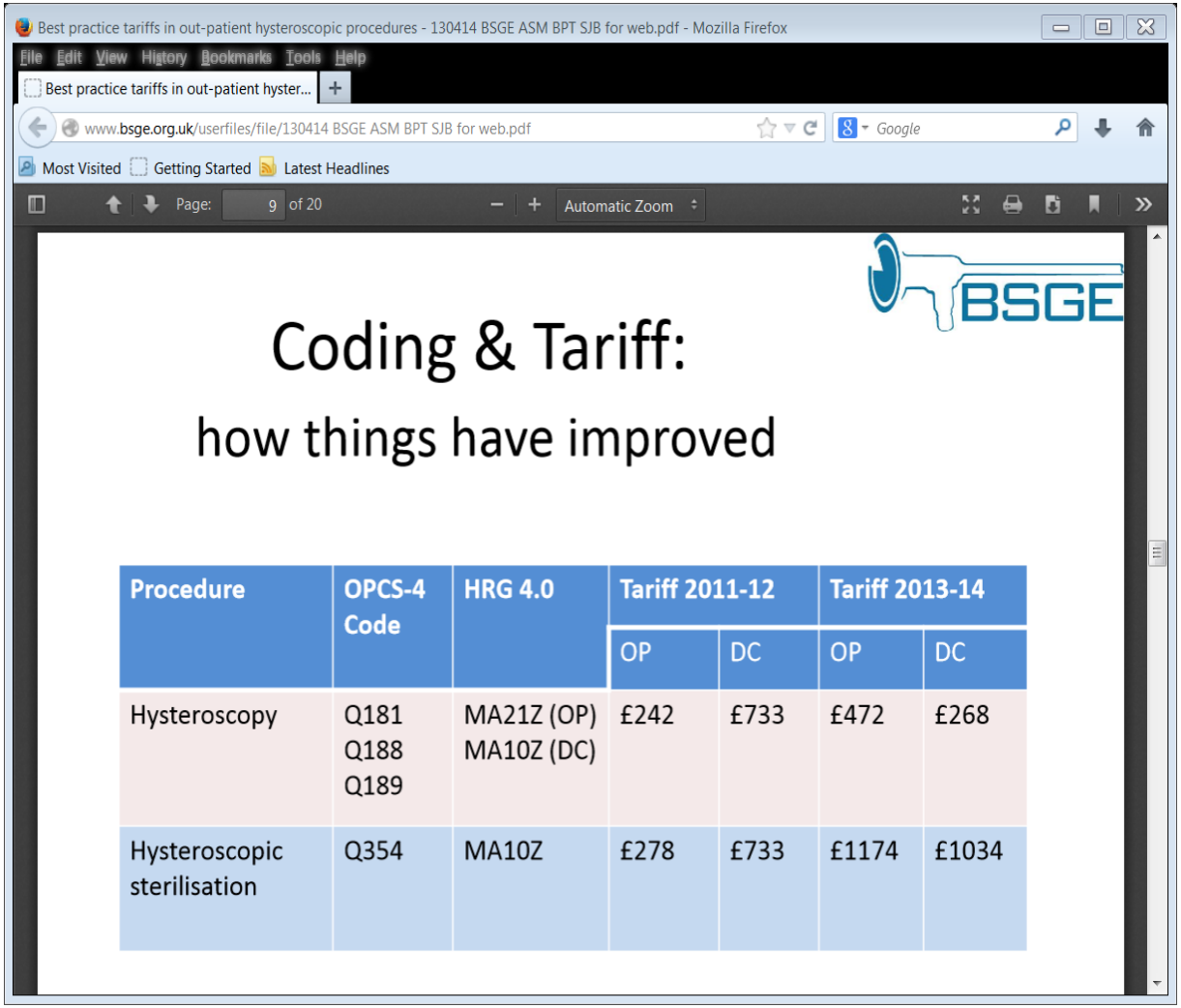
Appendix to the 7minute ppt containing

- ‘Normal’ women (13)
- Money (14)
- Parliament (16)
- Patients’ stories (18)
- FGM-LITE? (33)
- NHS Choices (34)
- Pain studies (35)
- The FOIA survey in detail (42)

‘Normal women’ are suffering acute pain during and after NHS OP hysteroscopy

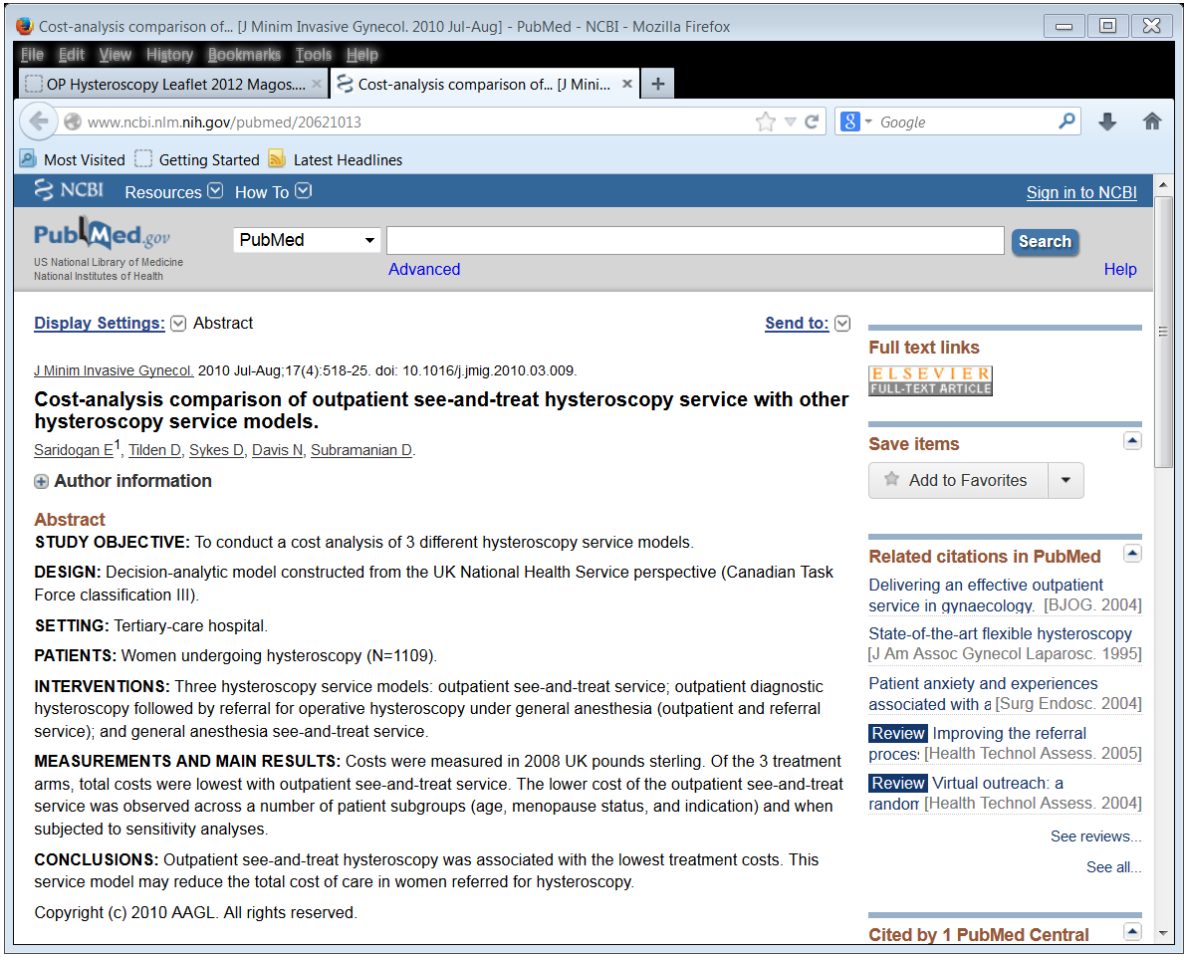
- I assumed only nulliparous and/or anxious or vaginismic pts can’t tolerate OP hysteroscopy/biopsy
- Locally was surprised by a significant number of ‘normal’ multiparous pts reporting acute pain and distress during OP hysteroscopy/biopsy
- As member of Womb Cancer Support UK discovered many ‘normal’ women nationwide experiencing horrific OP hysteroscopies

The DH's hysteroscopy QIPP offers hospitals a large reward to persuade over 80% women to have OP hysteroscopy with no GA, epidural or sedation



Procedure	OPCS-4 Code	HRG 4.0	Tariff 2011-12		Tariff 2013-14	
			OP	DC	OP	DC
Hysteroscopy	Q181 Q188 Q189	MA21Z (OP) MA10Z (DC)	£242	£733	£472	£268
Hysteroscopic sterilisation	Q354	MA10Z	£278	£733	£1174	£1034

Cost analysis comparison: OP See-and-Treat hysteroscopy was associated with the lowest treatment costs



Cost-analysis comparison of... [J Minim Invasive Gynecol. 2010 Jul-Aug] - PubMed - NCBI - Mozilla Firefox

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J Minim Invasive Gynecol. 2010 Jul-Aug;17(4):518-25. doi: 10.1016/j.jmig.2010.03.009.

Cost-analysis comparison of outpatient see-and-treat hysteroscopy service with other hysteroscopy service models.

Saridogan E[1], Tilden D, Sykes D, Davis N, Subramanian D.

Author information

Abstract

STUDY OBJECTIVE: To conduct a cost analysis of 3 different hysteroscopy service models.

DESIGN: Decision-analytic model constructed from the UK National Health Service perspective (Canadian Task Force classification III).

SETTING: Tertiary-care hospital.

PATIENTS: Women undergoing hysteroscopy (N=1109).

INTERVENTIONS: Three hysteroscopy service models: outpatient see-and-treat service; outpatient diagnostic hysteroscopy followed by referral for operative hysteroscopy under general anesthesia (outpatient and referral service); and general anesthesia see-and-treat service.

MEASUREMENTS AND MAIN RESULTS: Costs were measured in 2008 UK pounds sterling. Of the 3 treatment arms, total costs were lowest with outpatient see-and-treat service. The lower cost of the outpatient see-and-treat service was observed across a number of patient subgroups (age, menopause status, and indication) and when subjected to sensitivity analyses.

CONCLUSIONS: Outpatient see-and-treat hysteroscopy was associated with the lowest treatment costs. This service model may reduce the total cost of care in women referred for hysteroscopy.

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Lyn Brown, MP (West Ham, Lab) campaigns to end painful Outpatient Hysteroscopy
House of Commons debates - Thursday 19 December 2013

http://www.parliament.uk/business/publications/hansard/commons/todays-commons-debates/read/unknown/507/

2.31 pm

I want to talk about hysteroscopy, particularly when undertaken without anaesthetic. This topic was brought to my attention by my constituent, Debbie, who lives in Plaistow. She was diagnosed with womb cancer or uterine cancer last year. She contacted me because the process of diagnosis, rather than the cancer itself, caused her “the most distressing and painful experience” of her life.

thank you for your indulgence.

2.31 pm

Lyn Brown (West Ham) (Lab): It is an honour to follow the hon. Member for Stafford (Jeremy Lefroy), who has entertained us with a very thoughtful speech this afternoon. I am going to follow up the health theme, but my discussion of it is going to be a little more graphic. If any hon. Ladies or hon. Gentlemen wish to leave, I shall not take it as a personal affront. They might find it more comfortable to go off and get a cup of tea.

I want to talk about hysteroscopy, particularly when undertaken without anaesthetic. This topic was brought to my attention by my constituent, Debbie, who lives in Plaistow. She was diagnosed with womb cancer or uterine cancer last year. She contacted me because the process of diagnosis, rather than the cancer itself, caused her

"the most distressing and painful experience"

of her life. Debbie underwent a procedure called hysteroscopy, which looks inside a patient's uterus and is used to investigate symptoms such as pelvic pain, abnormal bleeding and infertility. Biopsies are often taken and tissue is often removed. The patient's vagina is opened with a speculum, as during a cervical smear test, and a hysteroscope is inserted. A hysteroscope is a thin tube with a light and camera on the end, as well as any other instruments that might be needed. As I am sure I need hardly point out, this procedure is highly uncomfortable and clearly has the potential to be very painful indeed.

At present, the NHS Choices website explains,

"a hysteroscopy should not hurt, but women may want to take a pain killer such as ibuprofen beforehand".

As well as having a hysteroscopy as an out-patient procedure, the NHS website says that

"the procedure can also be carried out under general anaesthetic, which may be recommended if your surgeon expects to do extensive treatment at the same time or if you request it."

So far, this sounds fairly reasonable: it will not necessarily be pleasant, but there are options and the procedure can be carried out with or without pain relief and with or without local or general anaesthetic.

Let me tell Debbie's story in more detail. Through Debbie, I have also heard stories from other women across the country. Debbie told me:

"I was in absolute agony. The consultant who performed my procedure knew I was in pain but carried on regardless. A nurse had to push me back down on the bed as I stiffened like a board. She had to hold me there and had hold of my hands too as I was

Female check-up that can be more painful than giving birth - and 'barbaric' clinics that don't give pain relief

By PAT HAGAN

PUBLISHED: 03:47, 18 March 2014 | **UPDATED:** 03:47, 18 March 2014

Debbie Vince knew that the menopause signalled the end of her regular periods, so when she began to experience severe pain and bleeding episodes again a few months later, alarm bells rang.

'Initially, I thought maybe my body was taking time to settle down from the menopause,' says Debbie, 55, a secretary from Plaistow, East London.

However, by December 2011, two months after her symptoms began, the pain and bleeding were worse, and Debbie also felt sleepy all the time.

Her GP referred her for an ultrasound scan, which revealed that the lining of her womb was thicker than normal — a condition called endometrial hyperplasia.

This can be an early sign of womb cancer, a disease that affects 8,500 women in Britain

Debbie – mother of 2 – and experienced marathon-runner

Debbie from Plaistow: I was in absolute agony. The consultant knew I was in pain but carried on regardless

“A nurse had to push me back down on the bed as I stiffened like a board. She had to hold me there and had hold of my hands too as I was trying to reach down and stop the procedure. All I could think was that if I made the consultant stop, I would have to come back and endure the whole thing again. This procedure, without anaesthesia, is barbaric. It is absolute torture. It needs to be stopped. At the very least, the patient should be informed that it could be extremely painful and have options explained and open for her. That way, she can make an informed decision as to whether to go ahead without anaesthesia. I was given no options. **I have complained to the PALS department and to be quite honest I am not happy with their reply. At one point it mentions that the hospital gets more money for the procedure to be done as an outpatient! Is this what it boils down to? Money? Disgusting!”**

Margaret from Somerset: one of the most horrific experiences of my life

There was no advice about it being advisable to take painkillers or about any cases of pain experienced. As far as I can remember there was also no advice about having someone to assist and drive you back home. In fact after the procedure I was told I should be fine driving home myself despite what had happened in the procedure. Therefore, apart from being obviously anxious about the outcome, I was in no way prepared for what I was going to experience.

I am a mother of 4 and have never before experienced such excruciating pain. I was not offered any sedative or painkiller and was told it would be very quick and it may be A LITTLE uncomfortable. A nurse held my hand while I tried to endure the horrifying pain of feeling being invaded with instruments and violated. I asked repeatedly how much longer it would take. As I am writing and whenever I read about the experiences of other women it all comes back in waves and I feel dizzy as I did then. **I thought I would pass out, I was concentrating not to faint**, talking to myself and trying to think it would end in a second but it didn't, hearing patronising statements of the nurse that I was doing really well. I was not even told or informed in the leaflet to bring pads as I could experience bleeding after, which would beforehand be a warning to me. Continued …

Margaret's story ctd.

After a long procedure, which I don't know how long it lasted, I was given an uncomfortable pad, told that most women don't find it that painful, told to sit and rest a moment**. I was shaking uncontrollably all over, could not stand up from the chair for a moment, head down between my legs to prevent myself from fainting, wondering if my clothes were not dirty with blood, focussing, thinking I did not want to faint. I felt prompted to come up to the consultant's table and told not many women experience such pain and have such symptoms, feeling doubted that I could feel this bad.**

I got out of the room and felt faint again having to sit outside in the corridor for probably more than an hour, sideways, with my feet on some chairs too. I felt I would not be able to get home, drive or do anything, I just dreamt of lying in bed. I felt cold and shaking (I know now I was in shock). After the procedure I was in terrible pain, womb and stomach, and developed a high temperature. I went to see my GP, told him about my experience, was prescribed antibiotics as he said I must have developed an infection after the procedure and he was visibly surprised about how the procedure was carried out and referred me back to the hospital.

It took me 2 weeks to get back to work and feel better.

The follow up appointment was a disgrace with **a very matter-of-fact arrogant consultant saying the infection I had would have nothing to do with the procedure and it was not possible for me to have been in such pain. AND HOW ON EARTH WOULD HE KNOW?** I would not have spoken out if I had not mentioned this to another woman who had a very similar experience and I certainly do not want my daughters to ever have to fight for being heard as we are."

Gillian in Leeds has been badly traumatised by a horrible NHS OP hysteroscopy

"Before the procedure, I received a leaflet with my appointment letter—no mention of any general or local anaesthetic, but **after what the doctor had told me I wasn't expecting it to be too bad".**

The nurse "managed to get the hysteroscope through my cervical opening…**when she took each sample—6 in total—my pain level shot through the roof.**

What infuriates me most is the fact that SOME people are given pain relief as a matter of course at their hospitals…why the hell should I, and others, have to suffer just because of which hospital we went to?"

Cancer patient Jan from Cheshire: even though I had a local anaesthetic the procedure was still very uncomfortable and painful.

I was given a local anaesthetic, but after several attempts at performing the hysteroscopy, the consultant apologised and said that she was unable to perform the procedure and did not want to attempt it again under a local anaesthetic as, in her words, 'it would be inhumane to continue under a local'. I was sent home and told to take co-codamol for pain relief, and that I was to return the next day for the procedure to be done under a general anaesthetic. I have got to say that even though I had a local anaesthetic the procedure was still very uncomfortable and painful. I have to say that I think **offering a hysteroscopy without any form of anaesthetic is barbaric.**

Cancer patient Jo from Chesterfield: I have never felt such pain. I felt like my whole abdomen had been blown up.

I had been given a leaflet to outline the procedure but it mentioned nothing about pain or discomfort.

I have never felt such pain. I felt like my whole abdomen had been blown up, the pressure was so intense, then sharp prodding pains, I had tears in my eyes, the nurse did come and hold my hand. I just looked at the ceiling and held my breath, praying for it to be over.

When he'd done, the doctor asked 'did you find that a bit painful?'. I replied 'no it was excruciating', he just remarked that most women are fine with it but perhaps I had a low pain threshold and that if I were to need further treatment I would need a General Anaesthetic as I was sensitive. I was quite gob smacked and in so much pain I didn't really reply. I struggled to my car and drove home, I was in agony for days. **I felt almost like I'd been violated, like a piece of meat, but thought perhaps it was just me, perhaps I was being a wuss. It wasn't till I spoke to other ladies that I discovered it needn't have been this way. My treatment on a whole I feel was done very wrongly, cutting corners and saving money, at my expense. The hysteroscopy should not have been done this way, it's almost inhumane."**

Cancer patient Maureen from Norwich: felt very sick and was in pain

“The letter…advised I took either ibuprofen, or paracetamol about two hours before the appointment.

The scan showed something abnormal, so I waited and then saw a very nice lady doctor. I then went on to endure the procedure, it took about fifteen minutes and it was certainly a lot more than uncomfortable.”

She felt very sick, and was in pain, but “the nurse who was there kept saying how well I was doing. I was at the limit of my endurance, only the thought of having to go back again stopped me from asking the procedure to be stopped.”

Cancer patient Patricia from Fife: very traumatic and painful

"I was offered no pain relief and the Dr. who did it didn't get enough in the end so I had to go under general anaesthetic to get it done again."

The procedure that she experienced, while conscious, "was very traumatic and painful…I felt them cutting away the biopsy inside … afterwards **the nurse who had held me down said to me *'I wouldn't have let them do that to me without a general anaesthetic'* so why did she let me go through it?'"**

“A nurse on either side holding my arms down …

Sue D, Worthing, UK, (MailOnline)

I too had this procedure and i was made to feel it was me not relaxing because i was in pain. It was excrutiating and i cried out several times. **I had a nurse on either side holding my arms down and the doctor saying relax or i cant do it. No anaesthetic until i had been in there about 20 mins in agony. When i went for results to my doctor i said i thought it was barbaric, the exact same words as Debbie and she ignored my comment.** These hospitals need to be named and shamed. Pain to save money!!!!

“Shame on a government that gives payment by results at the expense of women being in pain.”

Elliemay25, Sandhurst, UK (DailyMailOnline)

Well done on bringing this to light - it's time women's voices were heard on this! (the system smacks of divide and conquer - "it must be just me").

I had this procedure recently and it was the most excruciatingly painful experience of my life and this was with a local anaesthetic! I've had 2 babies with just gas and air so am not a wimp where pain is concerned.

The only reason I stayed with the procedure was because I was desperate to know whether or not I had cancer. **At the end of the procedure I laid there and cried and spent the rest of the day wrapped in a blanket feeling shocked and violated. How could this happen in an NHS service in 2014??** Shame on a government that gives payment by results at the expense of women being in pain. **And shame on the NHS that goes along with it! Time to listen to women's voices!!**

The 21-year-old sister of Michelle, from Scotland: went into shock in the car park and passed out

The 21-year-old sister of Michelle, from Scotland, went for a hysteroscopy after noticing some bleeding after intercourse. The gynaecologist asked a nurse to assist while he proceeded to perform a rather forceful examination, and then carried out the hysteroscopy with no warning or pain relief. Michelle received a phone call from her distraught sister, who had gone into shock in the car park, had passed out next to her car, and was bleeding.

Tara: I went home very upset, scared, and a little angry.

The hysteroscopy experience was awful; the male consultant was brusque and offered no real info on what the proceedure entailed. I asked if local anaesthetic would be used, and he said no. **As soon as he began, the pain was worse than labour pain**, but a nurse let me squeeze her hand, and she talked to me to help with a distraction.

The proceedure took less than 1 minute, and I wondered if I had hurried the consultant, by letting him know I was in pain. He stood up, puffed, and said "I'll let you go into the recovery room, and then I'll let you know what I could see and what I couldn't see"

I was told to lie down and given painkillers, and after more than an hour had passed, the nurse came back with another nurse who hadn't even been present throughout the proceedure, and she said "Mr ** said to tell you that a biospy was taken and that he couldn't see any polyps. The test results will take approx 3 weeks to come back, and if there's nothing untoward, then there's no need to worry about the discharge" I really wanted to speak to the person who had seen the inside of my womb.

I went home very upset, scared, and a little angry.

Dandelion, Poppy field (Daily MailOnline) I had 2 children without pain relief but nearly fainted from pain when I had this procedure done a year ago. Easily the most painful experience I ever had. I think part of the problem is there was no warning of it being painful. **My (male) gynaecologist reassured me the uterus 'has no feeling'. Next time I will propose to chop off his little finger without pain relief and see how well he handles it!**

CleverGirl, UK (DailyMailOnline)

My mum had this, why is there no pain relief?! oh yes, money!

If this procedure was done to a man's parts you can bet he would be knocked out and away with the fairies until over with !

FGM-LITE?

Common features of painful NHS OP hysteroscopies and FGM – with many thanks to FORWARD

- Anaesthetics are not generally used
- Severe pain and shock
- Psychological damage and subsequent sexual dysfunction
- “The justifications given for the practice are multiple and reflect the ideological and historical situation of the societies in which it has developed. Reasons cited generally relate to tradition, power inequalities and the ensuing compliance of women to the dictates of their communities”
- The custom is ‘traditional’ and has become socially accepted
- “It gives a sense of belonging to the group and conversely the fear of social exclusion”
- “Many women believe that the practice is necessary to ensure acceptance by their community; they are unaware that the practice is not practised in most of the world”
- “Lack of reliable data on the practice’s prevalence has until now marginalised the issue”

Hysteroscopy - How it is performed

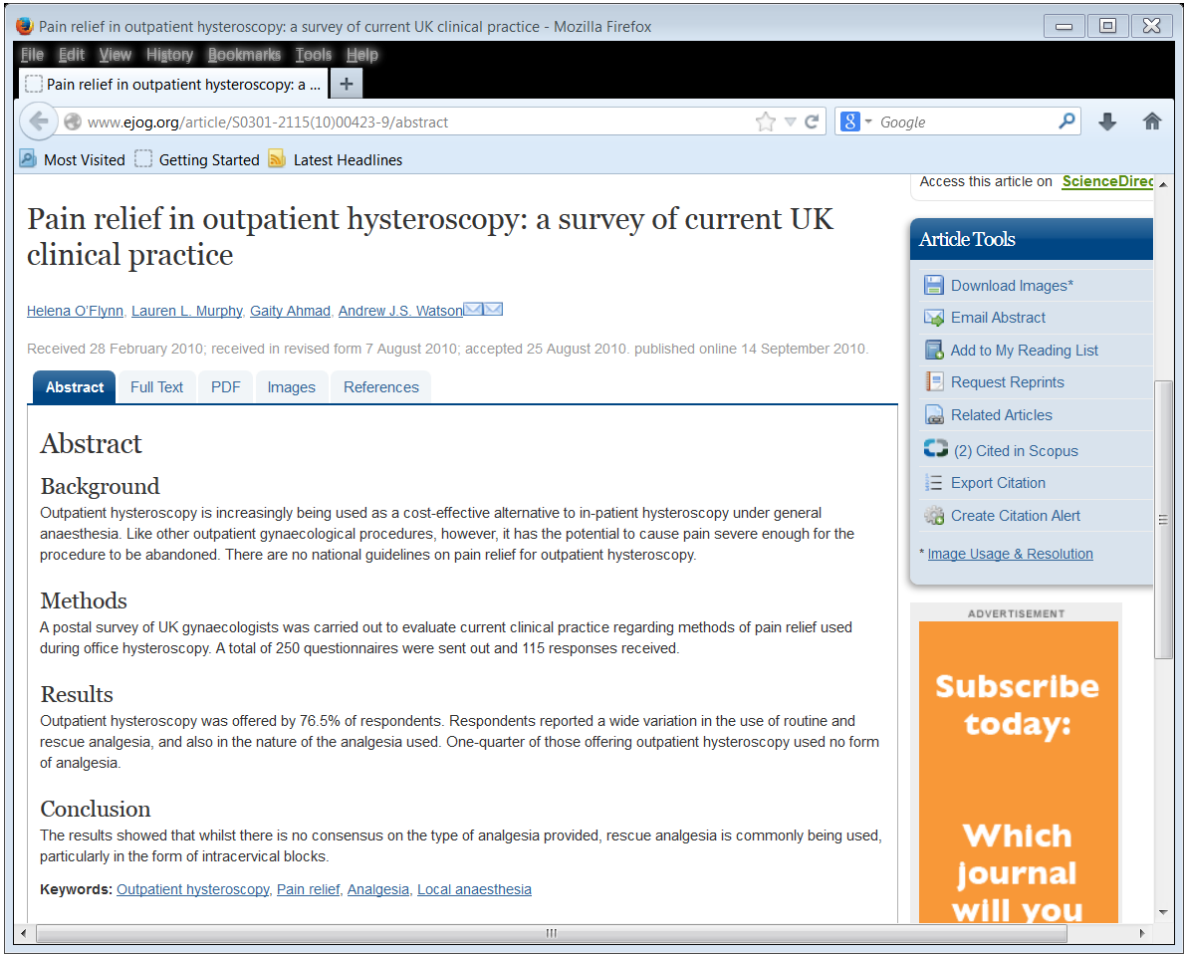
Choice of anaesthetic

You can have a hysteroscopy either with or without a local anaesthetic, depending on what type of procedure you are having. It will usually be carried out in the outpatients department of a hospital.

Having a hysteroscopy is similar to having a smear test, but takes a little longer. **It should not hurt**. There is usually some discomfort, similar to period pain. If you are not having any anaesthetic, you may wish to take a painkiller, such as ibuprofen, beforehand.

The procedure can also be carried out under general anaesthetic as a day case operation. This may be recommended if your surgeon expects to do extensive treatment at the same time, or if you request it.

“Rescue analgesia is commonly being used, particularly in the form of intracervical blocks …”



Cochrane Database Syst Rev. 2010 Nov 10;(11):CD007710. doi: 10.1002/14651858.CD007710.pub2.

Pain relief for outpatient hysteroscopy.

Ahmad G[1], O'Flynn H, Attarbashi S, Duffy JM, Watson A.

Author information

Abstract

BACKGROUND: Hysteroscopy is increasingly performed in an outpatient setting. The primary reason for failure is pain. There is no consensus upon the routine use of analgesia during hysteroscopy.

OBJECTIVES: The aim of the study was to compare the effectiveness of different types of pharmacological interventions for pain relief in patients undergoing hysteroscopy.

SEARCH STRATEGY: A search of medical literature databases including PubMed, EMBASE, PsycINFO and CINHAL (to February 2010).

SELECTION CRITERIA: Randomised controlled trials (RCTs) investigating pharmacological interventions for pain relief during hysteroscopy were investigated.

DATA COLLECTION AND ANALYSIS: Results for each study were expressed as a standardised mean difference with 95% confidence interval and combined for meta-analysis with Revman 5 software.

MAIN RESULTS: Twenty-four RCTS were identified involving a total of 3155 participants, with 15 studies included in the meta-analysis.Meta-analysis (nine RCTs, 1296 participants) revealed a significant reduction in the mean pain score for the use of local anaesthetics during the procedure compared with placebo (SMD -0.45, 95% CI -0.73 to -0.17, I(2) = 82%).Meta-analysis (4 RCTs, 454 participants) demonstrated a significant reduction in the mean pain score for the use of local anaesthetics within 30 minutes after the procedure compared with placebo (SMD -0.51, 95% CI -0.81 to -0.21, I(2) = 54%).There was no significant reduction in the mean pain score with the use of NSAIDS or opioid analgesics compared with placebo during or within 30 minutes after the procedure.There was no significant reduction in the mean pain score with the use of local anaesthetics, NSAIDS or opioid analgesics compared with

Cochrane Review - Ahmad G.: Several causes of pain during and after hysteroscopy

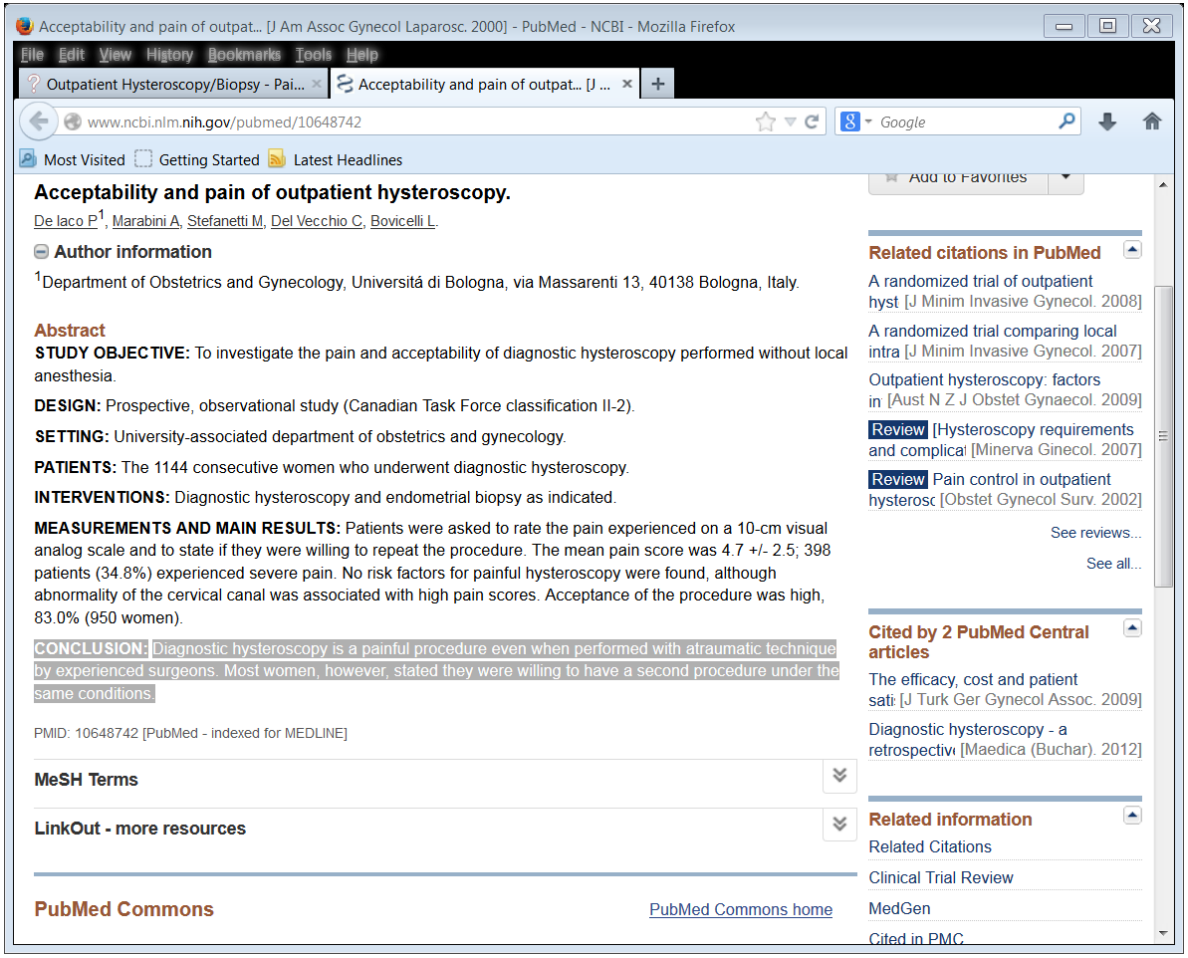
There are several causes of pain during and after hysteroscopy. During hysteroscopy, the first cause of pain is usually cervical manipulation. The cervix is often grasped with an instrument, such as a tenaculum, and may be cannulated and dilated to allow a hysteroscope to pass through.

Pain stimuli from the cervix and vagina are conducted by visceral afferent fibres to the **S2 to S4 spinal ganglia** via the pudendal and pelvic splanchnic nerves, along with parasympathetic fibres (Moore 2006).

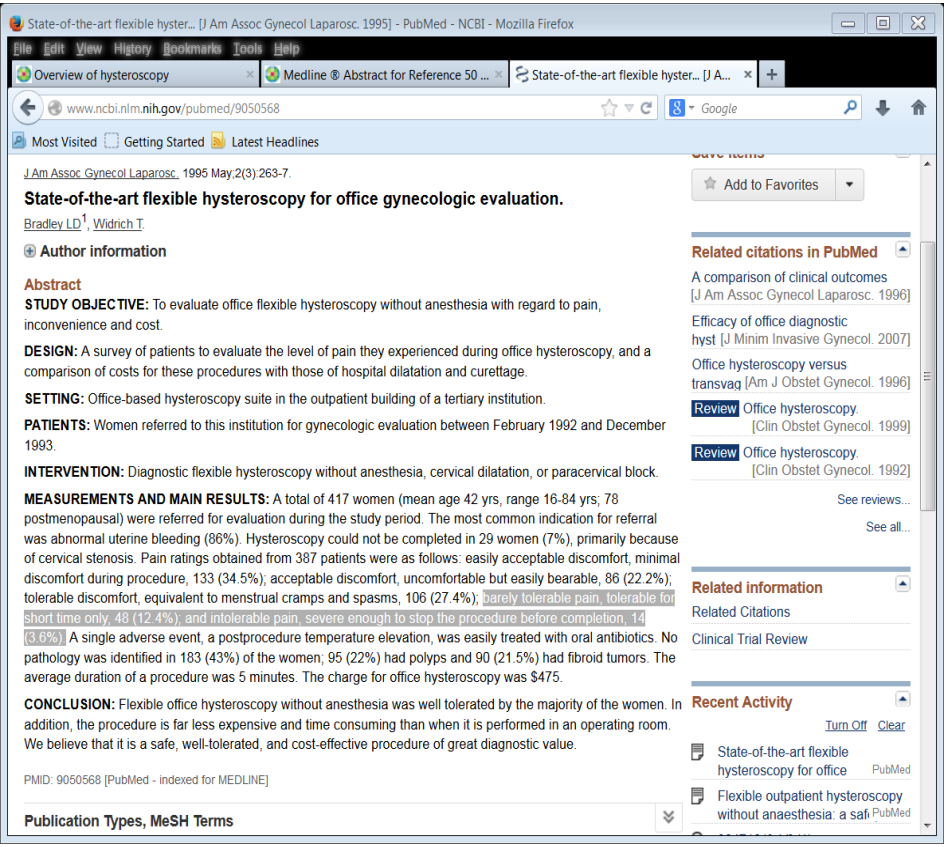
Following cervical manipulation, cannulation and dilatation, distention of the uterus during hysteroscopy can also cause pain. During hysterosalpingography (HSG), pain peaks from the time of instillation of the contrast media until five minutes after the procedure; the pain starts to decrease rapidly between five and 10 minutes after the procedure so that at 30 minutes most patients classify it as a 'discomfort' (Owens 1985).

Pain from intraperitoneal structures, such as the uterine body, is conducted by visceral afferent fibres with sympathetic fibres via the hypogastric nerves to the **T12 to L2 spinal ganglia** (Moore 2006). Destruction of the endometrium and endometrial biopsy can cause further pain as they may induce **uterine contraction** (Zupi 1995). There may also be additional delayed pain caused by the **release of prostaglandins** from the cervical manipulation as well as distension of the uterus.

“Diagnostic hysteroscopy (without local anaesthesia) is a painful procedure even when performed with atraumatic technique by experienced surgeons. Most women, however, stated they were willing to have a second procedure under the same conditions.” **De Iaco, J Am Assoc Gynecol Laparosc, 2000**



"… barely tolerable pain, tolerable for short time only, 48 (12.4%); and intolerable pain, severe enough to stop the procedure before completion, 14 (3.6%)" Bradley & Widrich 1995 J Am Assoc Gynecol Laparosc



State-of-the-art flexible hyster... [J Am Assoc Gynecol Laparosc. 1995] - PubMed - NCBI - Mozilla Firefox

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Overview of hysteroscopy | Medline ® Abstract for Reference 50 ... | State-of-the-art flexible hyster... [J A...

www.ncbi.nlm.nih.gov/pubmed/9050568

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J Am Assoc Gynecol Laparosc. 1995 May;2(3):263-7.

State-of-the-art flexible hysteroscopy for office gynecologic evaluation.

Bradley LD[1], Widrich T.

Author information

Abstract

STUDY OBJECTIVE: To evaluate office flexible hysteroscopy without anesthesia with regard to pain, inconvenience and cost.

DESIGN: A survey of patients to evaluate the level of pain they experienced during office hysteroscopy, and a comparison of costs for these procedures with those of hospital dilatation and curettage.

SETTING: Office-based hysteroscopy suite in the outpatient building of a tertiary institution.

PATIENTS: Women referred to this institution for gynecologic evaluation between February 1992 and December 1993.

INTERVENTION: Diagnostic flexible hysteroscopy without anesthesia, cervical dilatation, or paracervical block.

MEASUREMENTS AND MAIN RESULTS: A total of 417 women (mean age 42 yrs, range 16-84 yrs; 78 postmenopausal) were referred for evaluation during the study period. The most common indication for referral was abnormal uterine bleeding (86%). Hysteroscopy could not be completed in 29 women (7%), primarily because of cervical stenosis. Pain ratings obtained from 387 patients were as follows: easily acceptable discomfort, minimal discomfort during procedure, 133 (34.5%); acceptable discomfort, uncomfortable but easily bearable, 86 (22.2%); tolerable discomfort, equivalent to menstrual cramps and spasms, 106 (27.4%); barely tolerable pain, tolerable for short time only, 48 (12.4%); and intolerable pain, severe enough to stop the procedure before completion, 14 (3.6%). A single adverse event, a postprocedure temperature elevation, was easily treated with oral antibiotics. No pathology was identified in 183 (43%) of the women; 95 (22%) had polyps and 90 (21.5%) had fibroid tumors. The average duration of a procedure was 5 minutes. The charge for office hysteroscopy was $475.

CONCLUSION: Flexible office hysteroscopy without anesthesia was well tolerated by the majority of the women. In addition, the procedure is far less expensive and time consuming than when it is performed in an operating room. We believe that it is a safe, well-tolerated, and cost-effective procedure of great diagnostic value.

PMID: 9050568 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

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CONCLUSION:

Flexible office hysteroscopy without anesthesia was well tolerated by the majority of the women. In addition, the procedure is far less expensive and time consuming than when it is performed in an operating room. **We believe that it is a safe, well-tolerated, and cost-effective procedure of great diagnostic value. (KTH adds "but not for 16% patients.")**

UNIVERSITY OF BIRMINGHAM

Best Practice in Outpatient Hysteroscopy: Seven systematic reviews and meta-analyses

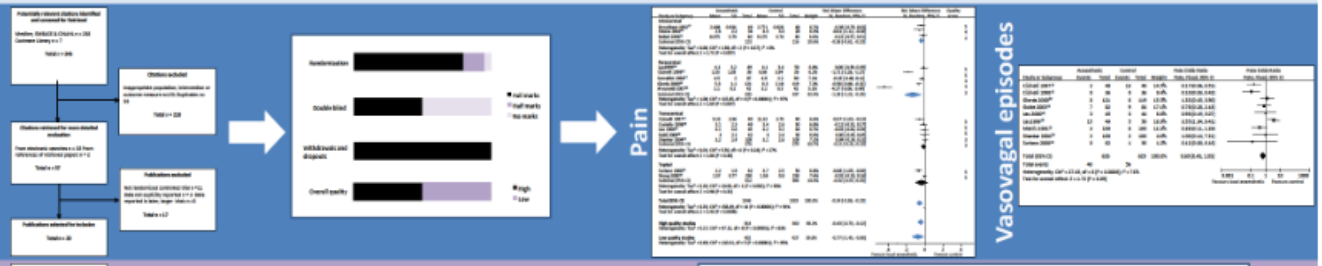
Natalie A.M. Cooper [a], Paul Smith [b], Jane Daniels [c], Khalid S. Khan [d], T. Justin Clark [e]

[a] Academic clinical research fellow, Clinical and Experimental Medicine, University of Birmingham, [b] Specialist trainee, Obstetrics and Gynaecology, City Hospital, Birmingham, [c] Senior clinical research fellow, Birmingham Clinical Trials Unit, University of Birmingham, [d] Professor of women's health and clinical epidemiology, Barts and the London School of Medicine, [e] Consultant obstetrician and gynaecologist, Birmingham Women's Hospital.

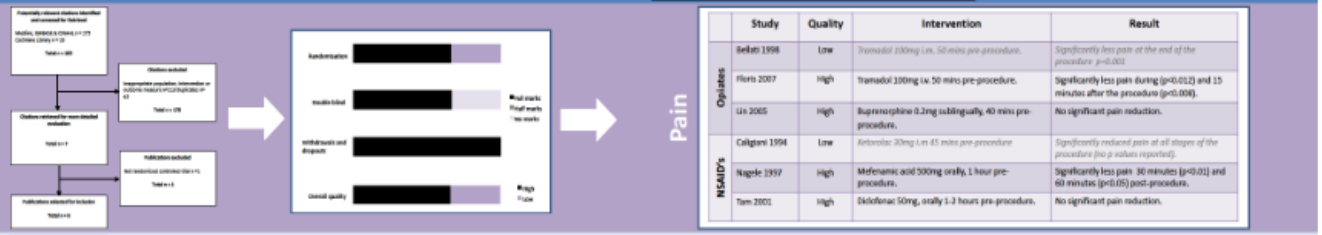
Clinical question: How can we minimise pain during outpatient hysteroscopy?

STUDY SELECTION STUDY QUALITY RESULTS

Local anaesthesia

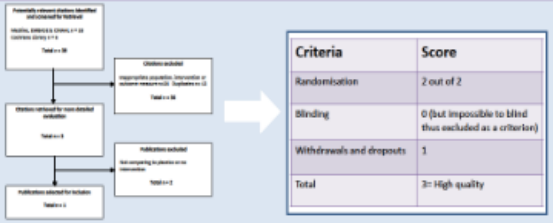


Analgesia



	Study	Quality	Intervention	Result
Opiates	Bellati 1998	Low	*Tramadol 100mg i.m. 50 mins pre-procedure.*	*Significantly less pain at the end of the procedure p=0.001*
	Floris 2007	High	Tramadol 100mg i.v. 50 mins pre-procedure.	Significantly less pain during (p<0.012) and 15 minutes after the procedure (p<0.008).
	Lin 2005	High	Buprenorphine 0.2mg sublingually, 40 mins pre-procedure.	No significant pain reduction.
NSAID's	Caligaris 1994	Low	*Ketorolac 30mg i.m 45 mins pre-procedure*	*Significantly reduced pain at all stages of the procedure (no p values reported).*
	Nagele 1997	High	Mefenamic acid 500mg orally, 1 hour pre-procedure.	Significantly less pain 30 minutes (p<0.01) and 60 minutes (p<0.05) post-procedure.
	Tam 2001	High	Diclofenac 50mg, orally 1-2 hours pre-procedure.	No significant pain reduction.

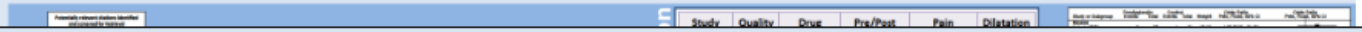
Conscious sedation

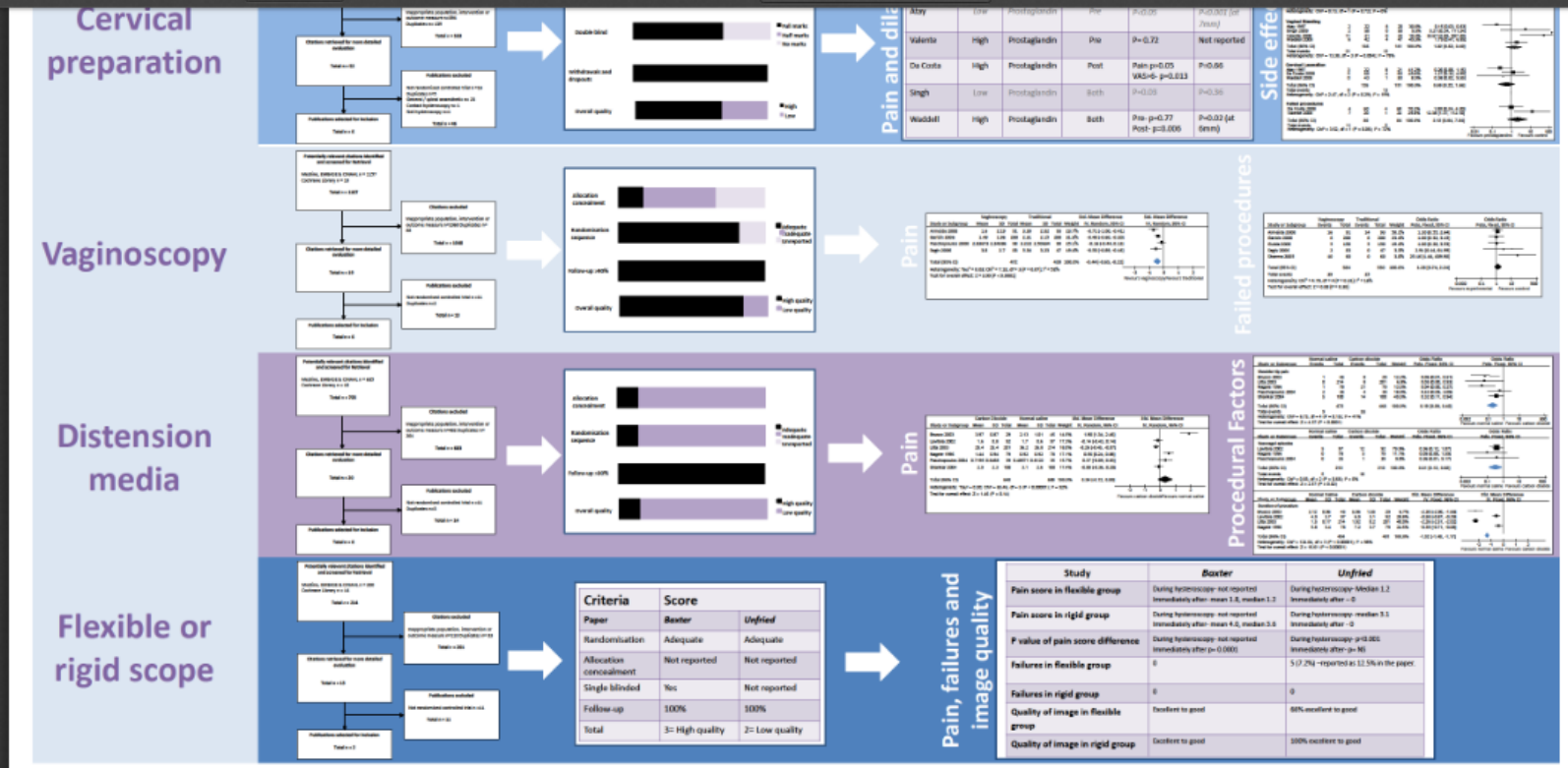


Criteria	Score
Randomisation	2 out of 2
Blinding	0 (but impossible to blind thus excluded as a criterion)
Withdrawals and dropouts	1
Total	3= High quality

Pain

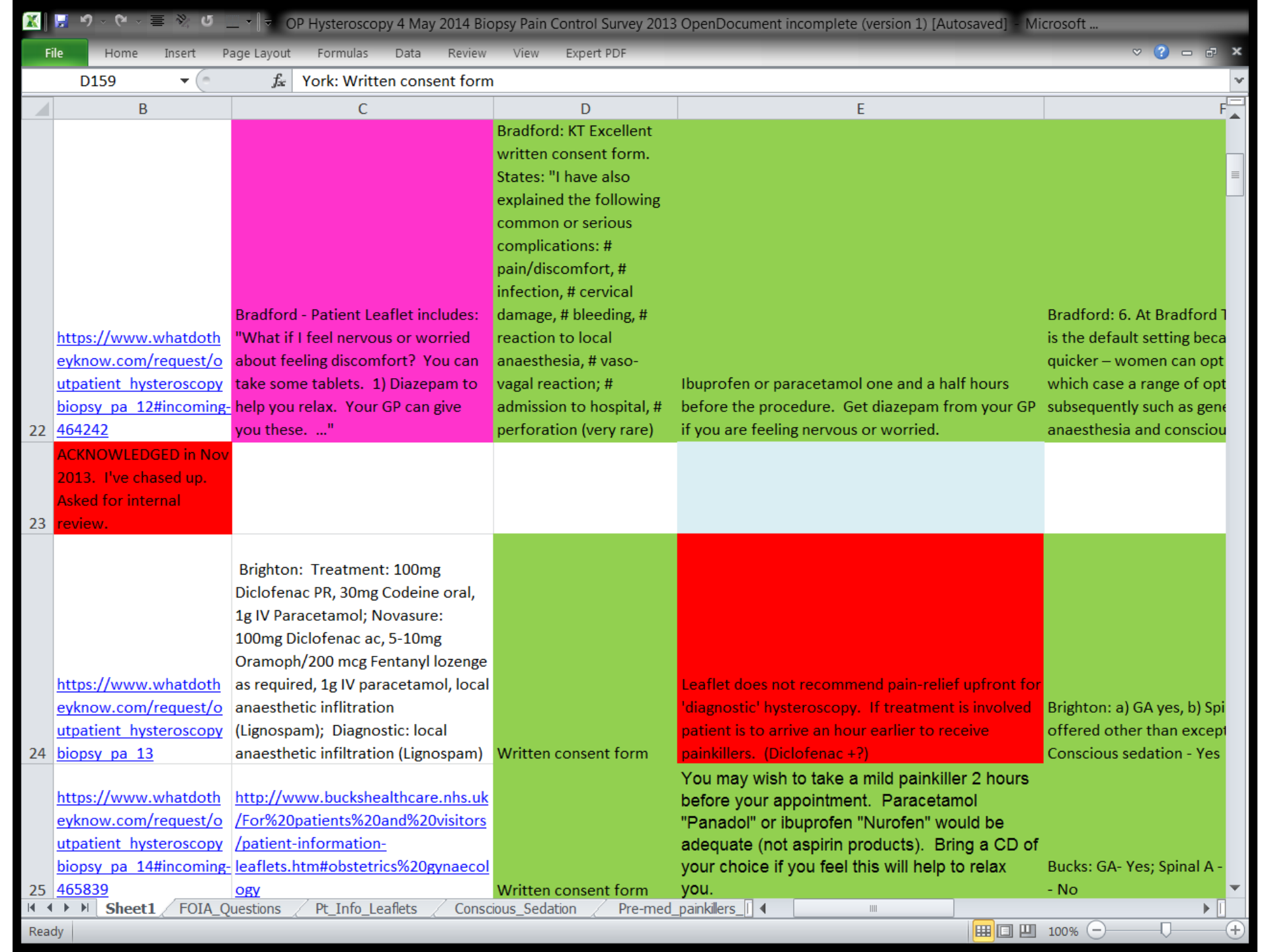
"There were no significant differences between local anaesthesia and conscious sedation in terms of pain control during the procedure" (Guida 2003)





Answer: Advise the patient to take an NSAID before attending for the procedure (unless contraindicated), use a vaginoscopic approach with normal saline and a rigid hysteroscope. This will ensure maximum pain reduction as well as minimising failed/inconclusive procedures. Use injectable local anaesthesia if required. Conscious sedation and cervical preparation should not be used routinely.

References: Al-Suradi, M. & Tulandi, T. 2007. A randomized trial comparing local intracervical and combined local and paracervical anesthesia in outpatient hysteroscopy. Journal of Minimally Invasive Gynecology, 14, (2) 153-155. Almeida, E.M., Freitas, R., & Costa, N.G. 2006. Evaluation of pain in diagnostic hysteroscopy by vaginoscopy using normal saline at body temperature vs distension medium: a randomized controlled trial). [Portuguese] Avaliacao da dor na histeroscopia diagnostica por vaginoscopia utilizando ou...


OP Hysteroscopy 4 May 2014 Biopsy Pain Control Survey 2013 OpenDocument incomplete (version 1) [Autosaved] - Microsoft ...
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https://www.whatdotheyknow.com/request/outpatient_hysteroscopy_biopsy_pa_12#incoming-464242
Bradford - Patient Leaflet includes: "What if I feel nervous or worried about feeling discomfort? You can take some tablets. 1) Diazepam to help you relax. Your GP can give you these. ..."
Bradford: KT Excellent written consent form. States: "I have also explained the following common or serious complications: # pain/discomfort, # infection, # cervical damage, # bleeding, # reaction to local anaesthesia, # vaso-vagal reaction; # admission to hospital, # perforation (very rare)
Ibuprofen or paracetamol one and a half hours before the procedure. Get diazepam from your GP if you are feeling nervous or worried.
Bradford: 6. At Bradford T is the default setting beca quicker – women can opt which case a range of opt subsequently such as gene anaesthesia and consciou
23
ACKNOWLEDGED in Nov 2013. I've chased up. Asked for internal review.
24
https://www.whatdotheyknow.com/request/outpatient_hysteroscopy_biopsy_pa_13
Brighton: Treatment: 100mg Diclofenac PR, 30mg Codeine oral, 1g IV Paracetamol; Novasure: 100mg Diclofenac ac, 5-10mg Oramoph/200 mcg Fentanyl lozenge as required, 1g IV paracetamol, local anaesthetic inflitration (Lignospam); Diagnostic: local anaesthetic infiltration (Lignospam)
Written consent form
Leaflet does not recommend pain-relief upfront for 'diagnostic' hysteroscopy. If treatment is involved patient is to arrive an hour earlier to receive painkillers. (Diclofenac +?)
Brighton: a) GA yes, b) Spi offered other than except Conscious sedation - Yes
25
https://www.whatdotheyknow.com/request/outpatient_hysteroscopy_biopsy_pa_14#incoming-465839
http://www.buckshealthcare.nhs.uk/For%20patients%20and%20visitors/patient-information-leaflets.htm#obstetrics%20gynaecology
Written consent form
You may wish to take a mild painkiller 2 hours before your appointment. Paracetamol "Panadol" or ibuprofen "Nurofen" would be adequate (not aspirin products). Bring a CD of your choice if you feel this will help to relax you.
Bucks: GA- Yes; Spinal A - - No
Sheet1
FOIA_Questions
Pt_Info_Leaflets
Conscious_Sedation
Pre-med_painkillers_
Ready
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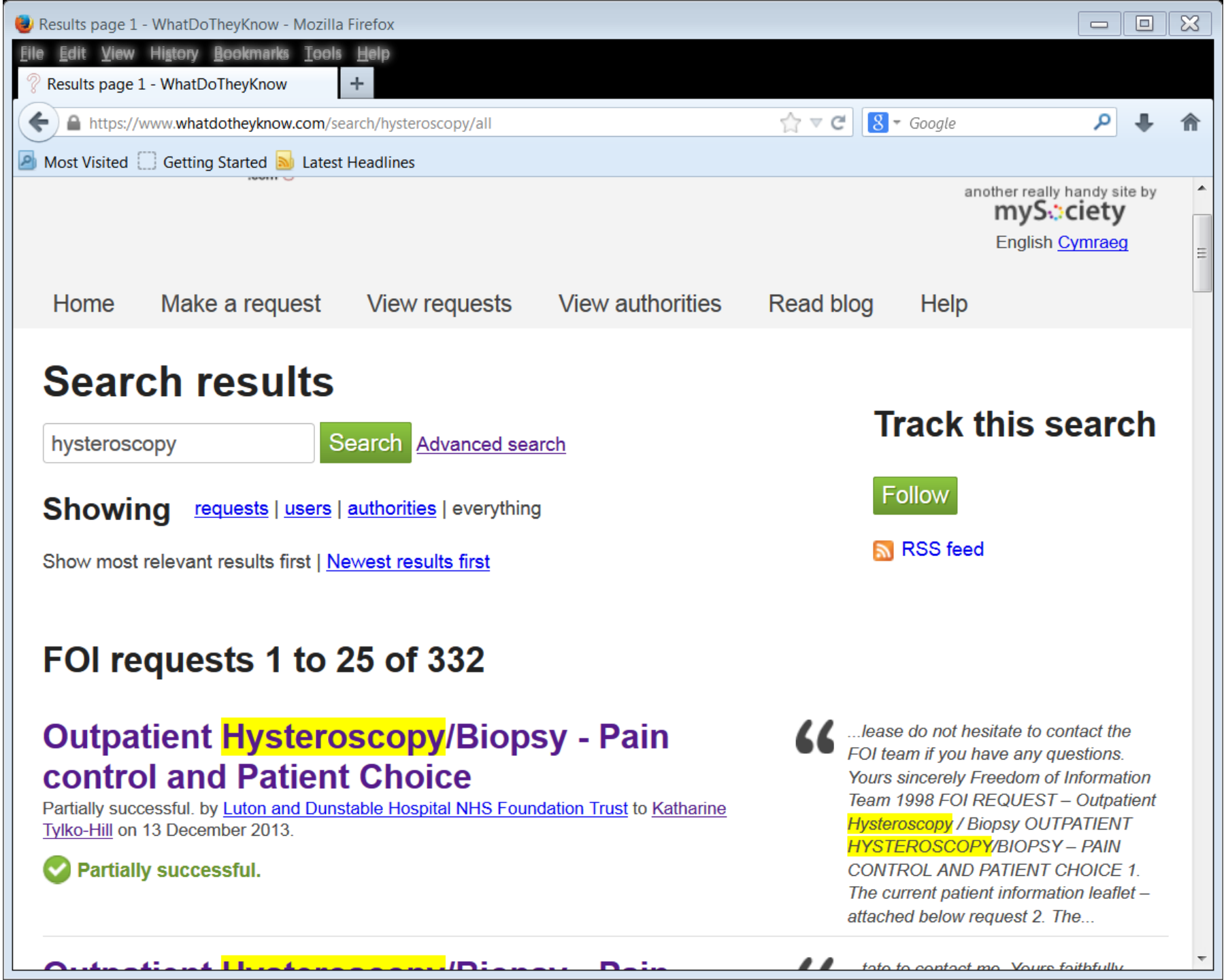
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Outpatient Hysteroscopy/Biopsy - Pain control and Patient Choice
Partially successful. by Luton and Dunstable Hospital NHS Foundation Trust to Katharine Tylko-Hill on 13 December 2013.
Partially successful.
...lease do not hesitate to contact the FOI team if you have any questions. Yours sincerely Freedom of Information Team 1998 FOI REQUEST – Outpatient Hysteroscopy / Biopsy OUTPATIENT HYSTEROSCOPY/BIOPSY – PAIN CONTROL AND PATIENT CHOICE 1. The current patient information leaflet – attached below request 2. The...

WombCancerVoice.co.uk

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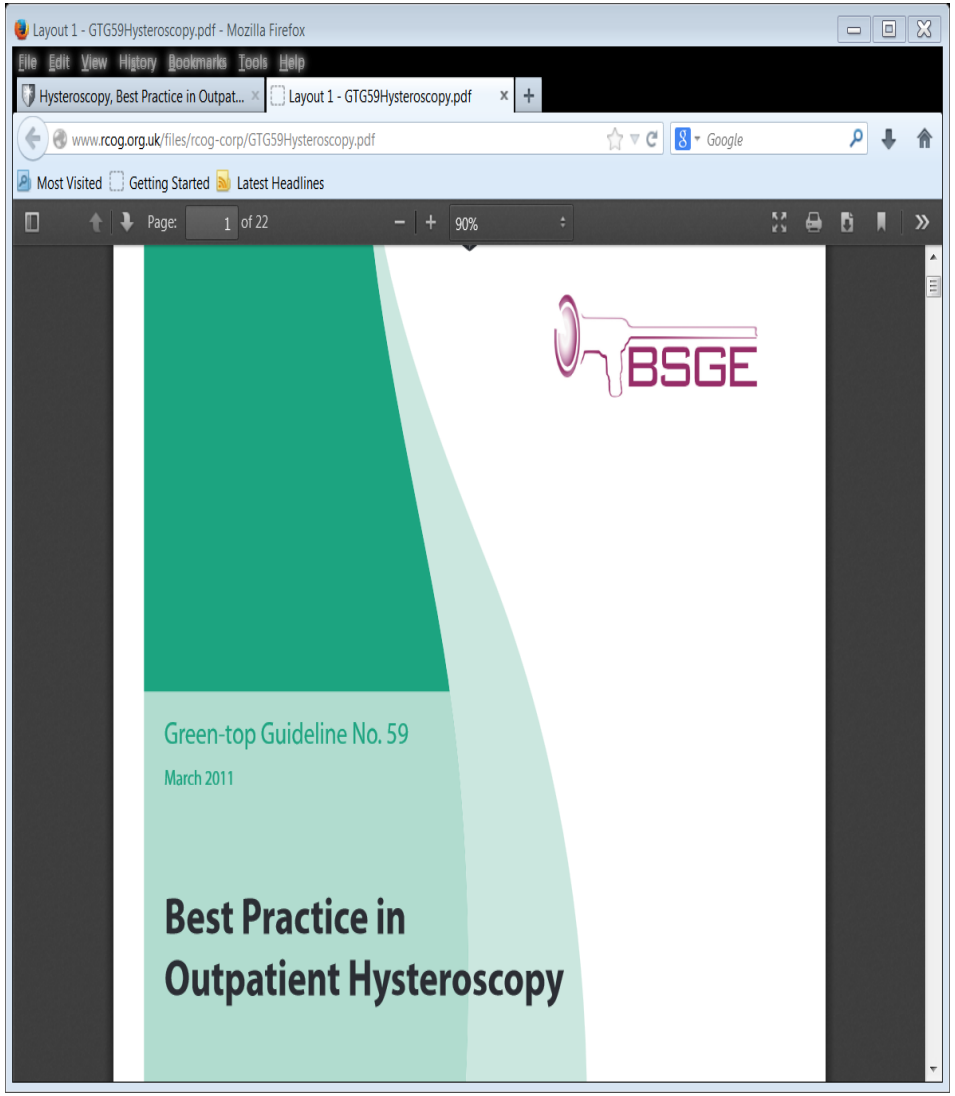
OP Hysteroscopy pain-control

In November 2013 I sent 12 questions under the Freedom of Information Act 2000 to over 150 English NHS Trusts asking them about a woman's choice of pain control for Outpatient Hysteroscopy. The results are shocking.

A woman's choice of pain relief for OP hysteroscopy in the English NHS is a post-code lottery. Many Trusts fail to use a written consent form. Many Trusts blatantly ignore the RCOG/BGSE guidance which recommends that painkillers are taken before the procedure.

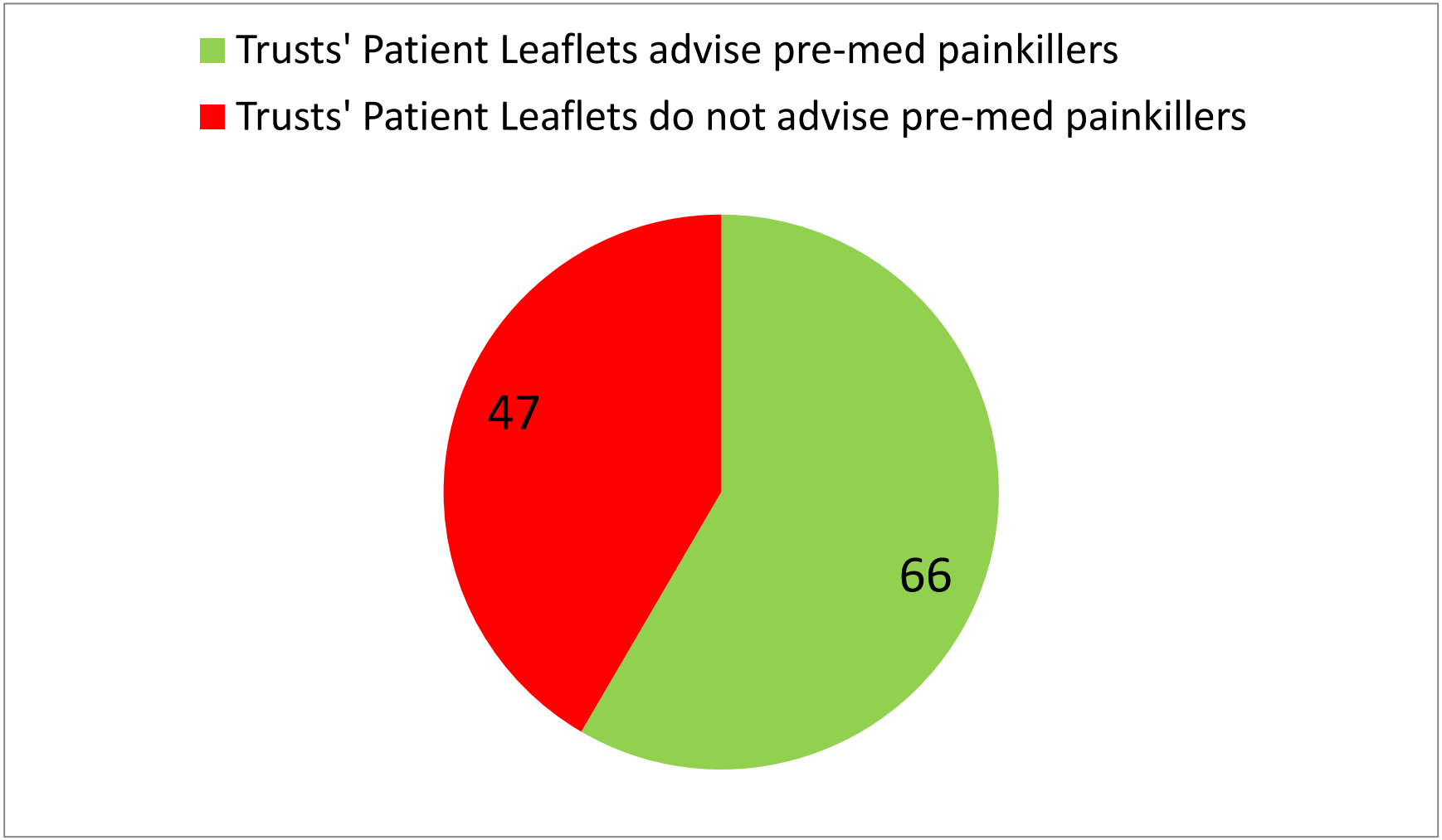
To open the Excel file containing the nearly complete FOIA replies please click here and then click 'Download'. The first Excel sheet lists the 150 replies. The second Excel sheet lists the 12 questions.

RCOG/BSGE Green-top Guideline No.59, March 2011 states:



ANALGESIA - Women without contraindications should be advised to consider taking standard doses of non-steroidal anti-inflammatory agents (NSAIDs) around 1 hour before their scheduled outpatient hysteroscopy appointment with the aim of reducing pain in the immediate postoperative period.

FOI Q1, 4 & 5 – Is there a patient info leaflet and what does it say about pre-med painkillers?



47 Trusts' Patient Leaflets ignore RCOG/BSGE guidance and do NOT advise pre-med painkillers

Airedale	East Cheshire
Barking	East Sussex
Barnet	Epsom
Barnsley	George Eliot
Basildon	Hampshire
Birmingham	Kingston
Brighton	Lancashire
Burton	Liverpool
Cambridge	Maidstone
County Durham	Medway
Dartford	Mid Cheshire
Doncaster	North Tees

Northampton	The QEH King's Lynn
N Lincs & Goole	The Rotherham
Northumbria	The Bournemouth
Nottingham	United Lincs
Oxford	University College
Poole	Uni Hosp N Staffs
Royal Free	Uni Hosp Bristol
Royal Surrey	Uni Hosp Leicester
Royal United Bath	Walsall
South Tyneside	West Suffolk
Southampton	Wrightington
The Princess Alexandra	

Why no pre-med painkillers?

- Airedale Trust's Olympus leaflet by Cancer Tsar Sean Duffy doesn't mention pre-med painkillers
- Some Trusts say they tell patients to take painkillers but there's no mention in the leaflet
- Barnet patients are advised to take their usual analgesics … but only if they happen to contact the hospital
- Basildon says they're only doing diagnostics so no pre-med necessary
- Birmingham says pre-med painkillers are 'not applicable'
- Brighton pts only get pre-med painkillers if treatment is planned
- The EIDO hysteroscopy leaflet doesn't mention pre-med painkillers
- East Sussex advises pre-med painkillers verbally when patients book appointment but not in leaflet
- Liverpool doesn't advise pre-med painkillers in OP hysteroscopy leaflet but does in the One-Stop menstrual clinic leaflet

Why no painkillers 2?

- **Medway says it's not known if pts will have hysteroscopy when they come to clinic**
- **South Tyneside says "We do not advise routine use of analgesia before OP hysteroscopy as recommended by the RCOG/BSGE Best Practice in OP Hysteroscopy (Guideline No.59) as it may cause adverse effects." THEY MIS-READ THE GUIDELINE!! It actually says that "routine use of OPIATE analgesia may cause adverse effects".**
- **The Lewisham doesn't have a leaflet for OP, only GA**
- **The Rotherham Trust says that the majority of women do not require analgesia**
- **United Lincs says if the plan is made in the OPD one of the nurses will advise**

Q5. What type of pre-med painkillers?

Most hospitals follow the RCOG/BSGE and advise pre-med **Ibuprofen 400mg or paracetamol 1g**

Other hospitals give different advice:

- Her normal analgesics
- Some pain relief
- Regular over-the-counter medication taken for painful periods
- 2 tablets of your usual brand
- Ibuprofen or paracetamol
- Ibuprofen with food
- Ibuprofen after food
- 2 tablets paracetamol
- 2 tablets paracetamol plus 2 tablets ibuprofen
- Co-codamol or ibuprofen

- **WHEN SHOULD I TAKE THEM? Answer: Depends where you live: 15 mins or 30 mins or 1 hour or 1.5 hours or 1-2 hours or 2 hours before the procedure!!**

Ibruprofen doesn't even cure a bad headache so it's not going to numb the pain of having surgical instruments inserted up your privates

Juliewestmidlands, Solihull, UK (DailyMail Online)

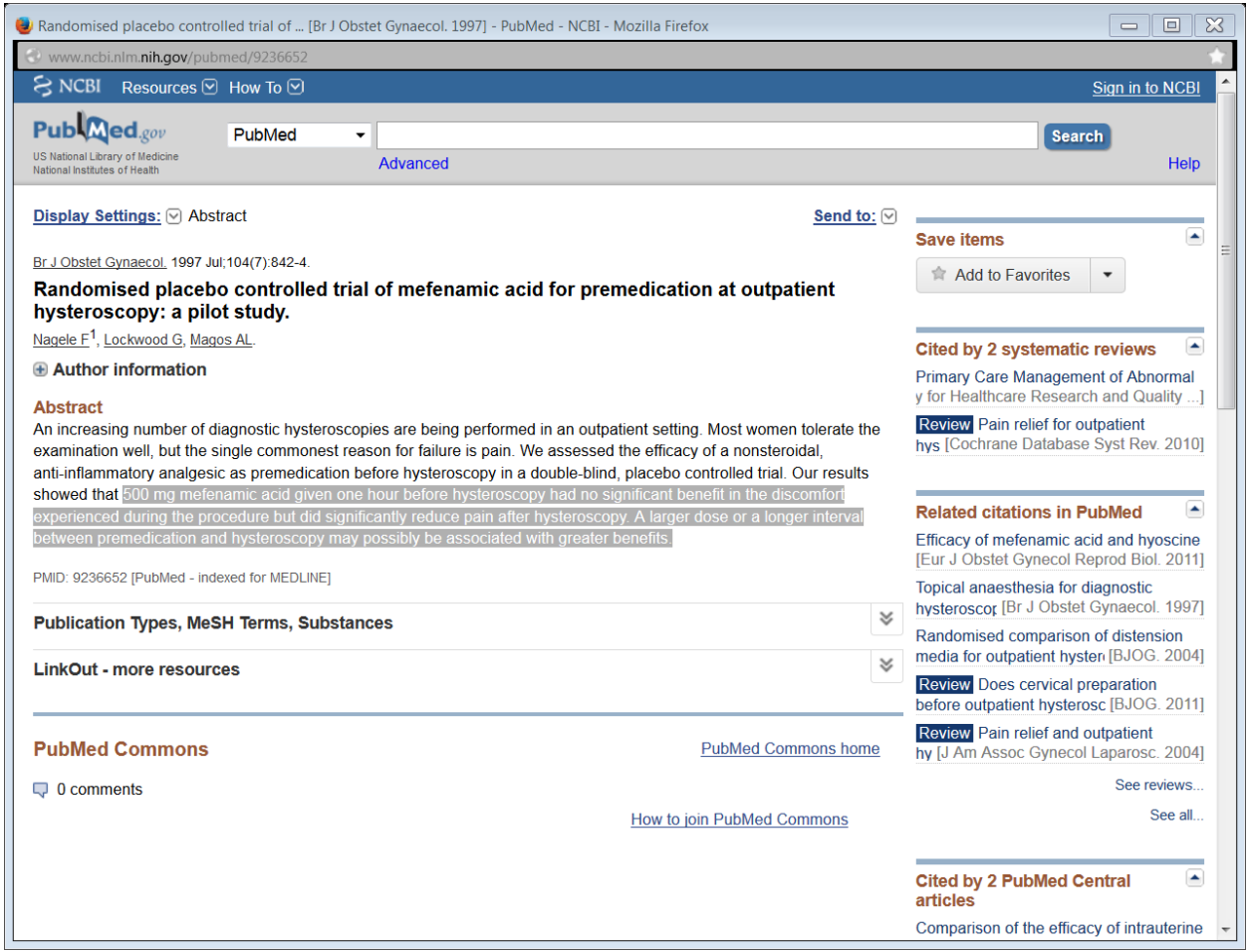
I am still mad as hell that the male dominated NHS is treating women in such a barbaric way just to cut costs. It is truly scandalous and should be on the front page. It reminds me of the concentration camp doctors who experimented on women and children during the war. **Why should women have to suffer pain when it is unnecessary to do so?** Ibruprofen doesn't even cure a bad headache so it's not going to numb the pain of having surgical instruments inserted up your privates.

Some hospitals advise or offer more effective pain-killers and/or recommend mild oral sedation

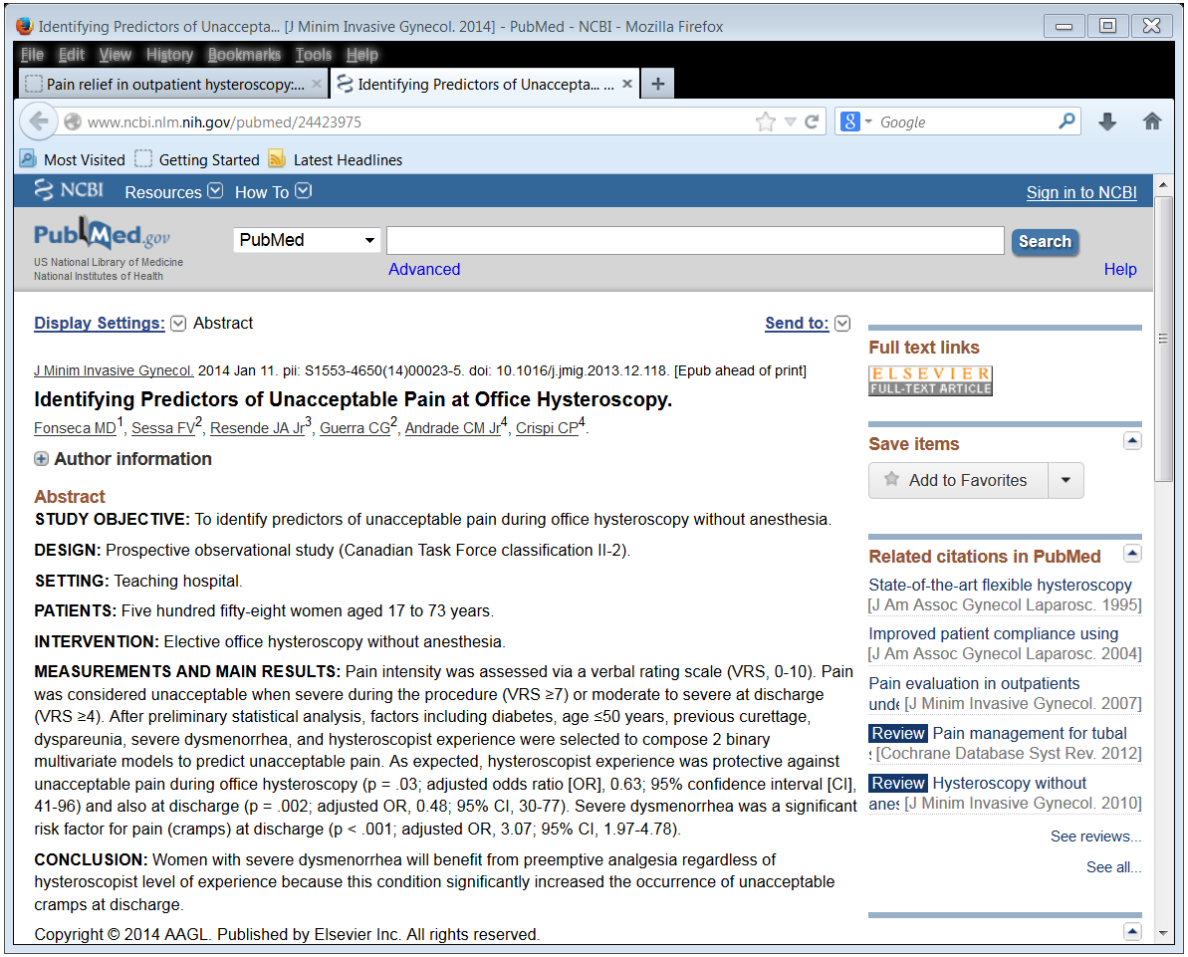
- **Croydon** – you will be asked to take a strong pain-tablet before procedure
- **Heart of England** – Ibuprofen or paracetamol half-hour before appointment or come early for **diclofenac** unless contra-indicated
- **James Paget** – pre-med of **Solpadol**
- **Kettering** – Take **600mg** (not 400mg) Ibuprofen
- **Royal Devon** – Ig paracetamol plus 600mg Ibuprofen (if not allergic)
- **Salford Royal** – Menstrual Disorder clinic pre-med – **Mefenamic Acid** 500mg (3 tablets)
- **Tameside** – Take **Mefenamic acid** or Ibuprofen beforehand
- **QE King's Lynn** – pt will be given 100mg Diclofenac PR & Co-Dydramol 10/500mg or Tramadol 50 mg dependent on existing medical history

- **Bradford** – Get **diazepam** from GP if you are feeling nervous or worried
- **Harrogate** – You can talk to your GP about a prescription for **something to help anxiety**
- **Maidstone** If you are very nervous, see your GP or contact the hysteroscopy nurse or co-ordinator beforehand
- **Sherwood Forest** – If you are feeling particularly nervous **a mild sedative** could be prescribed. You will need to see your GP.

500 mg mefenamic acid given one hour before hysteroscopy had no significant benefit in the discomfort experienced during the procedure but did significantly reduce pain after hysteroscopy. A larger dose or a longer interval between premedication and hysteroscopy may possibly be associated with greater benefits.



“Women with severe dysmenorrhea will benefit from preemptive analgesia regardless of hysteroscopist level of experience …”



Identifying Predictors of Unacceptable Pain at Office Hysteroscopy.

Fonseca MD[1], Sessa FV[2], Resende JA Jr[3], Guerra CG[2], Andrade CM Jr[4], Crispi CP[4].

Author information

Abstract

STUDY OBJECTIVE: To identify predictors of unacceptable pain during office hysteroscopy without anesthesia.

DESIGN: Prospective observational study (Canadian Task Force classification II-2).

SETTING: Teaching hospital.

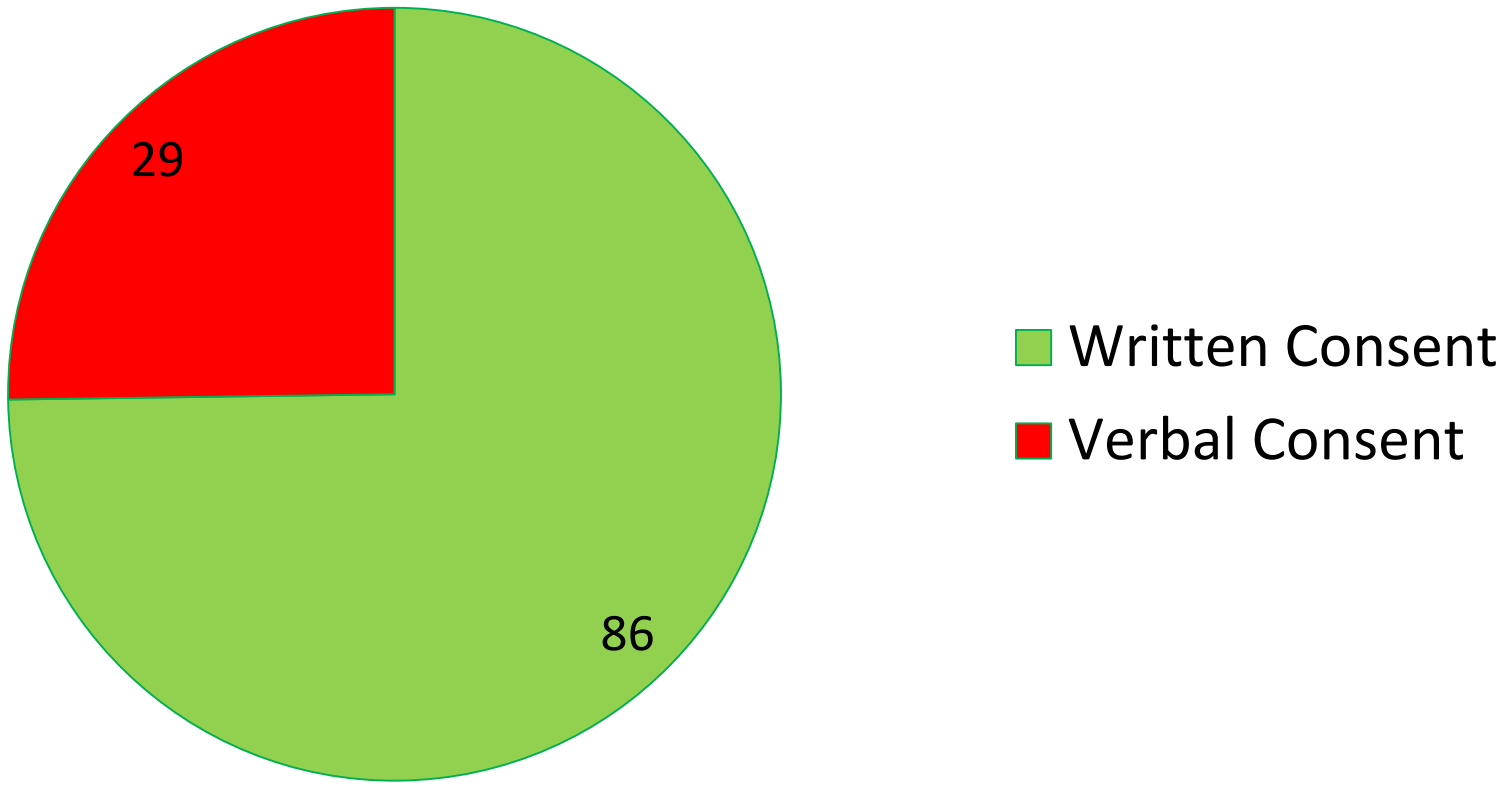
PATIENTS: Five hundred fifty-eight women aged 17 to 73 years.

INTERVENTION: Elective office hysteroscopy without anesthesia.

MEASUREMENTS AND MAIN RESULTS: Pain intensity was assessed via a verbal rating scale (VRS, 0-10). Pain was considered unacceptable when severe during the procedure (VRS ≥7) or moderate to severe at discharge (VRS ≥4). After preliminary statistical analysis, factors including diabetes, age ≤50 years, previous curettage, dyspareunia, severe dysmenorrhea, and hysteroscopist experience were selected to compose 2 binary multivariate models to predict unacceptable pain. As expected, hysteroscopist experience was protective against unacceptable pain during office hysteroscopy (p = .03; adjusted odds ratio [OR], 0.63; 95% confidence interval [CI], 41-96) and also at discharge (p = .002; adjusted OR, 0.48; 95% CI, 30-77). Severe dysmenorrhea was a significant risk factor for pain (cramps) at discharge (p < .001; adjusted OR, 3.07; 95% CI, 1.97-4.78).

CONCLUSION: Women with severe dysmenorrhea will benefit from preemptive analgesia regardless of hysteroscopist level of experience because this condition significantly increased the occurrence of unacceptable cramps at discharge.

Q2 – Does the patient give informed written consent?



These 29 Trusts use verbal consent - NOT written consent

Bedford	Heart of England
Birmingham	Hull
Dartford	Imperial College
Doncaster	Ipswich
East & N Herts	James Paget
East Kent	Isle of Wight
George Eliot	Medway
Guy's	Mid-Staffs

Mid-Yorks	The Dudley Group
Pennine	The Royal Bournemouth
Plymouth	University Coventry
Royal Surrey	Uni Hosp Morecambe Bay
Sheffield	Wrightington
Southampton	Yeovil
St George's	

Outpatient hysteroscopy – diagnostic or therapeutic

.....

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

- To investigate abnormal bleeding
- To treat abnormal bleeding – please specify

.....

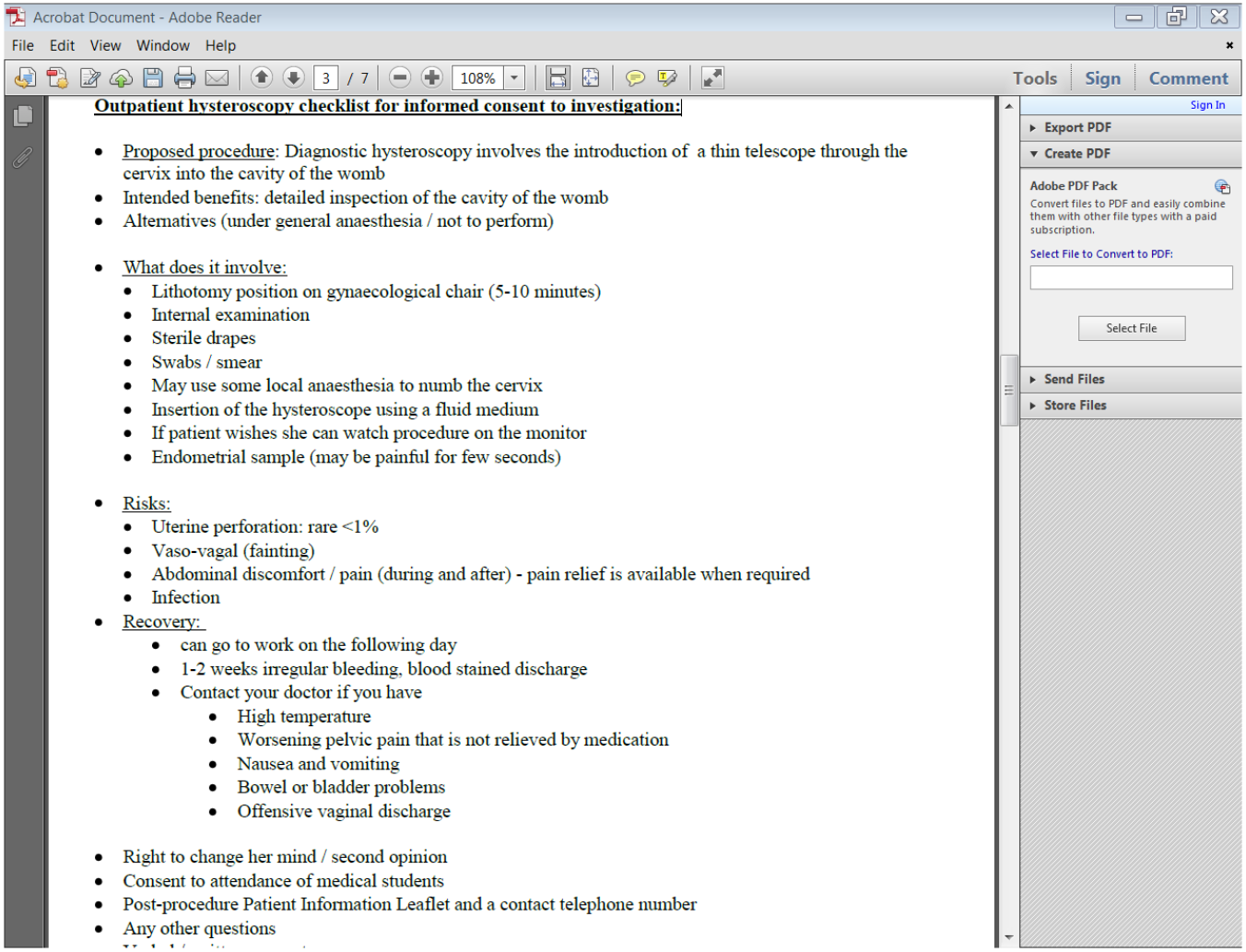
Possible complications

I have also explained the following common or serious complications:

- pain/discomfort
- infection
- cervical damage
- bleeding
- reaction to local anaesthesia
- vaso-vagal reaction
- admission to hospital
- perforation (very rare)

BRADFORD'S CONSENT FORM

Northumbria Healthcare – Checklist for informed consent



Outpatient hysteroscopy checklist for informed consent to investigation:

- Proposed procedure: Diagnostic hysteroscopy involves the introduction of a thin telescope through the cervix into the cavity of the womb
- Intended benefits: detailed inspection of the cavity of the womb
- Alternatives (under general anaesthesia / not to perform)

- What does it involve:
  - Lithotomy position on gynaecological chair (5-10 minutes)
  - Internal examination
  - Sterile drapes
  - Swabs / smear
  - May use some local anaesthesia to numb the cervix
  - Insertion of the hysteroscope using a fluid medium
  - If patient wishes she can watch procedure on the monitor
  - Endometrial sample (may be painful for few seconds)

- Risks:
  - Uterine perforation: rare <1%
  - Vaso-vagal (fainting)
  - Abdominal discomfort / pain (during and after) - pain relief is available when required
  - Infection
- Recovery:
  - can go to work on the following day
  - 1-2 weeks irregular bleeding, blood stained discharge
  - Contact your doctor if you have
    - High temperature
    - Worsening pelvic pain that is not relieved by medication
    - Nausea and vomiting
    - Bowel or bladder problems
    - Offensive vaginal discharge

- Right to change her mind / second opinion
- Consent to attendance of medical students
- Post-procedure Patient Information Leaflet and a contact telephone number
- Any other questions

Northumbria Healthcare – Consent statement signed by patient

The above procedure has been explained to me. I understand what is proposed; the benefits, risks, complications and recovery. **I have been advised that I can stop the procedure at any time** if I am not happy, experience any pain or feel unwell.

Signature of the patient ……

Maidstone's leaflet prevents informed consent by failing to mention OP risks of pain, nausea and fainting

"What are the risks of the procedure/treatment?

As with any procedure, there are associated risks. Hysteroscopy is safe and complications are rare. Those which have been noted include:

- Minor injury to the cervix or uterus
- Infection
- Bleeding
- Adverse reaction to the anaesthetic
- Perforation of the uterus is a possibility and rarely can damage occur to the bladder or bowel"

Does the leaflet give a truthful account of the potential pain during the procedure?

Most leaflets fail to mention that at least 10% patients experience severe pain. These patients often express anger at not having been warned. Some complain to the Trust and some sue. Typical leaflets which generalise the pain experience are:

- **Airdale** – a slight cramping feeling not unlike period pain
- **Ashford** – some pts may experience a period-lke discomfort
- **Bradford** – you may feel like a period discomfort, many women feel nothing at all
- **Barking** – you may feel some discomfort e.g. period like cramps or a dragging sensation. A lot of women feel no discomfort, or only minimal discomfort.
- **Bedford** – You may also be give LA through a very fine needle into the neck of your womb. This is not usually painful.
- **Birmingham** – You may also experience some crampy “period like” pains. This is short-lasting.

LITIGATION - Gynaecological claims

Gynaecological claims **by injury** between 01 January 2012 and 31 December 2012. Unpublished data provided by Mr John Mead and Ms Esther Kaikai of the NHSLA

Unnecessary pain – 80 patients

Psychiatric/psychological damage – 19 patients

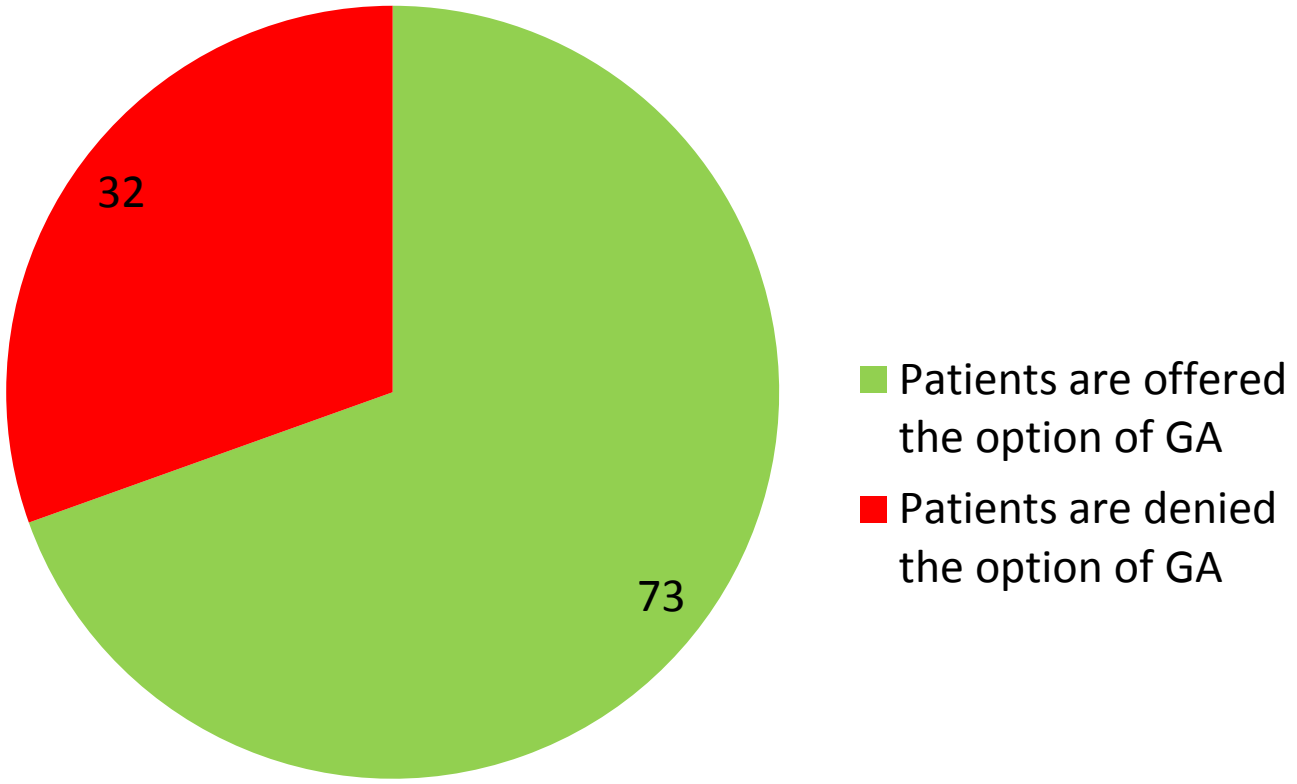
Gynaecological claims **by cause** between 01 January 2012 and 31 December 2012. Unpublished data provided by Mr John Mead and Ms Esther Kaikai of the NHSLA

Failure to obtain informed consent – 28 patients

Failure to recognise complication – 22 patients

Ref: Jha S., Rowland S. Litigation in gynaecology. *The Obstetrician & Gynaecologist* 2014; 16; 51-57.

Q6a Are ALL your hysteroscopy/biopsy patients given the choice of having a GA BEFORE the procedure is attempted?



Patients DENIED CHOICE of GA before OP hysteroscopy at these 32 Trusts

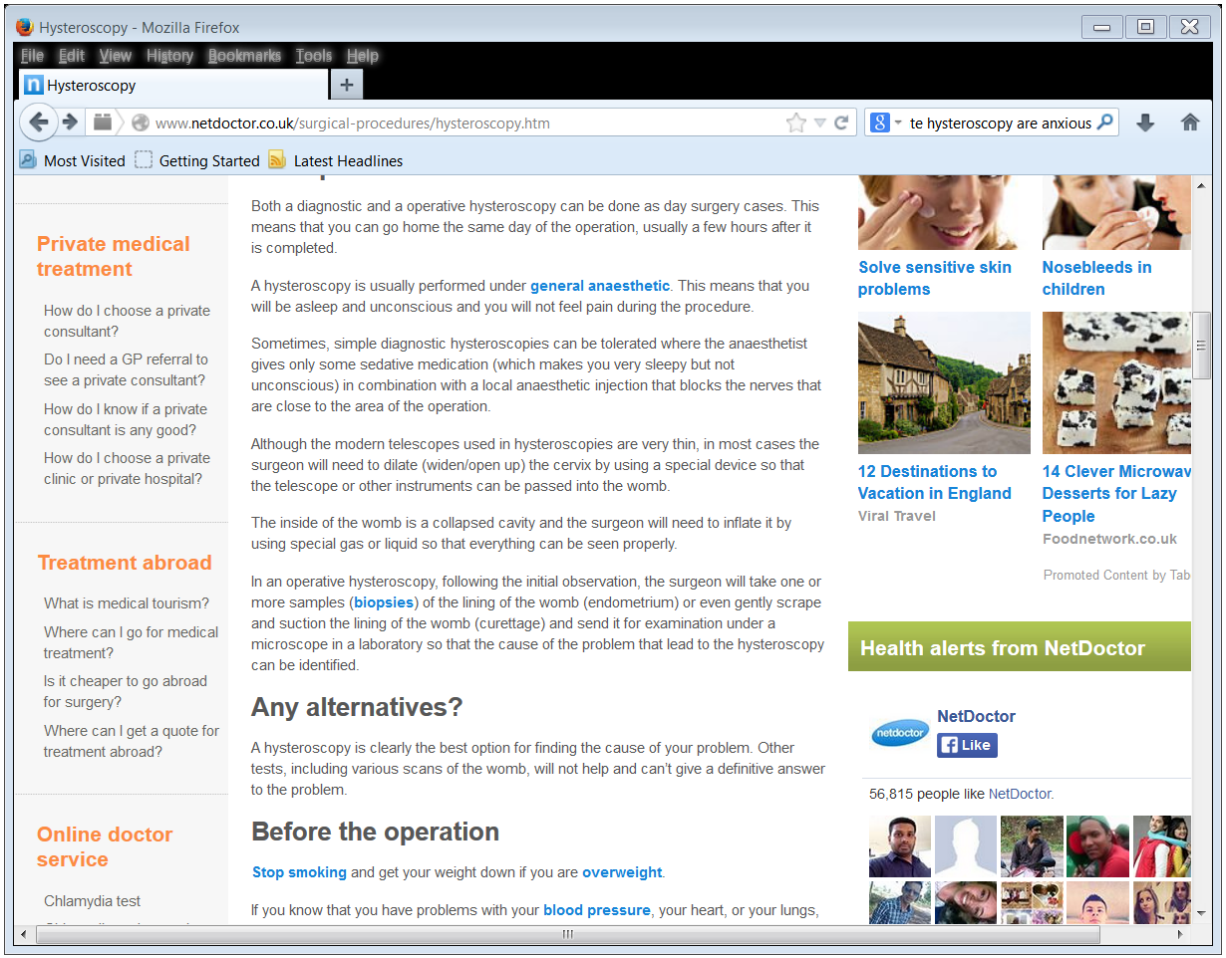
Barnsley
Burton
County Durham
Croydon
East & North Herts
East Cheshire
East Kent
East Sussex
Epsom
George Eliot
Guy's
Harrogate
Hull
Isle of Wight
Kettering
Luton
Maidstone
Medway
Mid Cheshire
Mid Staffs
Mid Yorks
Milton Keynes
Northampton
Plymouth
Poole
South Tees
Stockport
The Rotherham
University Hospital North Staffs
University Hospital Coventry
West Suffolk

Q6a – Are all patients given the choice of GA before OP hysteroscopy is attempted?

‘Valerie’ has private insurance and was recommended by her gynaecologist to have her hysteroscopies under GA as the pain would probably be too unpleasant.

www.netdoctor.co.uk

A hysteroscopy is usually performed under general anaesthetic. This means that you will be asleep and unconscious and you will not feel pain during the procedure.



Maidstone's criteria for GA

"It is accepted practice at MTW that we will routinely offer hysteroscopy's as an outpatient procedure. However about 10% of patients require an inpatient GA hysteroscopy for a variety of reasons, including:-

Unable to tolerate speculum exam
Inability to tolerate cervical dilatation
Cervix is not visible / accessible with speculum
Those uncomfortable with concept of outpatient hysteroscopy after counselling
Stenosis of the Cervical Os
Vaginismus
HOWEVER, MAIDSTONE'S PATIENTS ARE NOT ROUTINELY OFFERED THE CHOICE OF GA
Medical reasons why Outpatient hysteroscopy is pointless:-

Large endometrial / submucous lesions (polyps >2cm, fibroids >2cm).
Coexisting pelvic pathology (large Ovarian cysts etc).
Hyperplasia suggested on USS, bleeding while taking Tamoxifen. In these cases pathology can be diffuse so hysteroscopy with curettage may be best way to acquire a representative sample.
Thin endometrium, <3mm (see PMB criteria) seen on USS."

Can the patient accept the concept of an injection into her cervix? Or the smell of burning womb?

Anaesthesia for "Office Hysteroscopy"

http://laparoscopy.blogs.com/ee06/2013/08/mis13-isge-office-hysteroscopy-breakout-.html

Bruno J van Herendael, Prof Dr Med

Local Anaesthesia has the disadvantage that the patient will become tense at the sight of the syringe and that she will feel a numbness for several hours after the hysteroscopy. Systemic effects are rare and occur in situations where the drug is injected in a vessel. Local Anaesthesia is given in a para cervical block 3 ml of a 1 % solution at 10 and 14 hours. A further 5 ml of the 1% solution is injected at the insertion of the sacrouterine ligaments. It is crucial to inject only a few mm under the mucosa, a dentists syringe is ideal. The gynaecologist should stick to one product best known to him. Anaesthetic affect starts within 2-3 min. Good anaesthesia and hence procedure time is 15-20 min.

Derby OP hysteroscopy leaflet offers CHOICE of GA

“ALTERNATIVES

Your consultant has recommended this procedure as being the best option. However, the alternative to this procedure being carried out as an outpatient is to have it done as a day case procedure under a general anaesthetic.”

Conscious Sedation Available At These 30 Trusts

Bedford
Bradford
Brighton
Cambridge
Countess of Chester
Dartford
Doncaster
East Kent
East Lancashire
Imperial College
Kettering
King's College: Princess Royal Uni Hptl
Liverpool
North Tees
Royal Devon
Sheffield
Sherwood Forest
South Devon
Southport
Tameside
The Newcastle
The Princess Alexandra
The Rotherham
The Whittington
Walsall
Warrington
West Herts
Wirral
Worcestershire
Wye Valley

The International Society for Gynecologic Endoscopy: "IV sedation with paracervical block is adequate for office procedures"

http://www.isge.org/women/2004/62/hysteroscopy

Anesthesia — Intravenous sedation with paracervical block is adequate for office procedures; alternatively, general or regional anesthesia may be administered in the hospital or for complicated therapeutic procedures. In addition, consent should be obtained for possible laparoscopy (and in some cases laparotomy) when an operative hysteroscopy is scheduled.

Why no Conscious Sedation?

Birmingham says there's "No evidence for benefit"

South Tyneside says it "Confers no advantage in terms of pain control"

Of course, conscious sedation by itself is useless - it requires anaesthesia otherwise the patient feels the pain!!!

Birmingham has cited Maurizio Guida's Italian study, *Outpatient operative hysteroscopy with bipolar electrode: a prospective multicentre randomized study between local anaesthesia and conscious sedation* http://humrep.oxfordjournals.org/content/18/4/840.full.pdf+html which compares LA versus conscious sedation **without LA.** Not surprising that the pain-scores are nearly identical!

When a dentist sedates a patient they don't fail to give a LA!

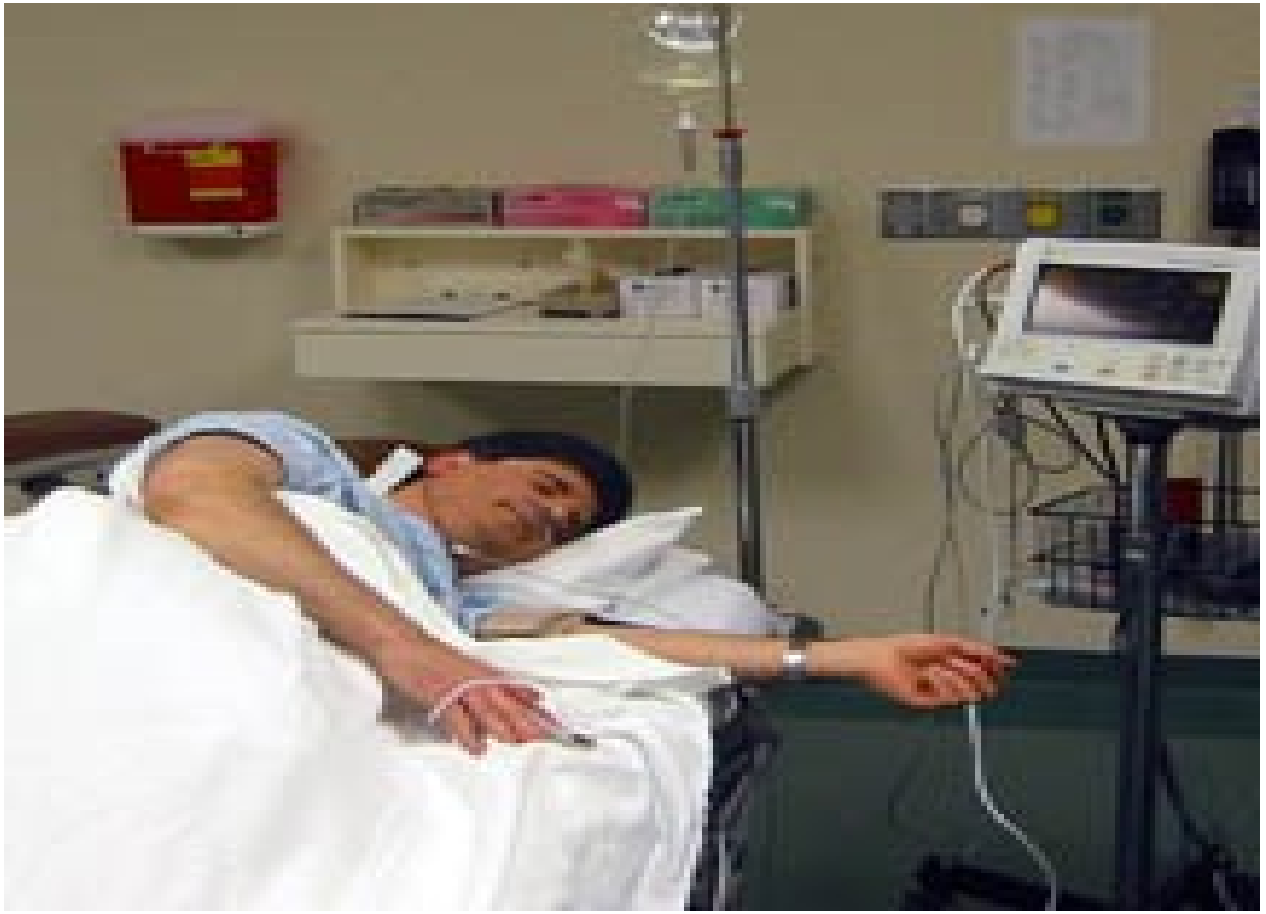
Conscious sedation must be safely monitored by trained personnel – and that's almost certainly why few NHS Trusts routinely offer it to hysteroscopy patients.

Sedated, had a LA, blissfully unaware, quick recovery

Stella, London (DailyMailOnline)

I had this procedure done recently at the Central Middlesex Hospital. I was offered a general anaesthetic but declined as I suffer badly afterwards. Instead **I was sedated and had a local anaesthetic. I was blissfully unaware of the whole procedure and my recovery was very quick.** Perhaps sedation and a local would be a better way for a hysteroscopy.

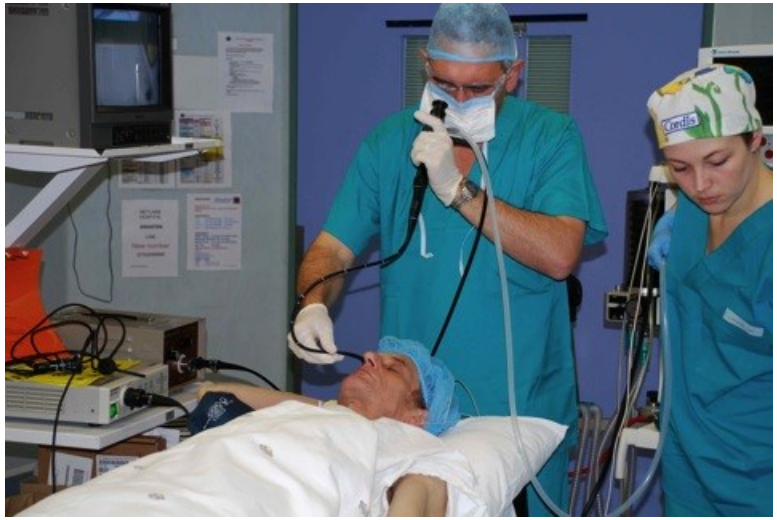
Man sedated for colonoscopy



Man sedated for bronchoscopy

Bronchoscopy and biopsy

During a bronchoscopy, a thin tube called a bronchoscope is used to examine your lungs and take a sample of cells (biopsy). The bronchoscope is passed through your mouth or nose, down your throat and into the airways of your lungs.



The procedure may be uncomfortable, but you will be given a mild sedative beforehand to help you relax and a local anaesthetic to make your throat numb. The procedure is very quick and only takes a few minutes.

Meanwhile, women are offered cheap or free ‘pain-relief’ or ‘distraction’

Ibuprofen and/or paracetamol

- “Vocal local”
- Hand holding
- Deep breathing
- Prayer
- Your choice of CD
- Cup of tea and a custard cream?

Rose, is providing 'vocal local', to distract the client from the surgery | Flickr - Photo Sharing! - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Rose, is providing 'vocal local', to distrac...

https://www.flickr.com/photos/mariestopes/5876270151/

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Marie Stopes Internati...

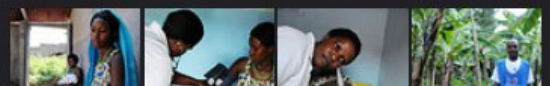
Rose, is providing 'vocal local', to distract the client from the surgery

Another service provider, Rose, is providing 'vocal local', to distract the client from the surgery

256 June 16, 2011

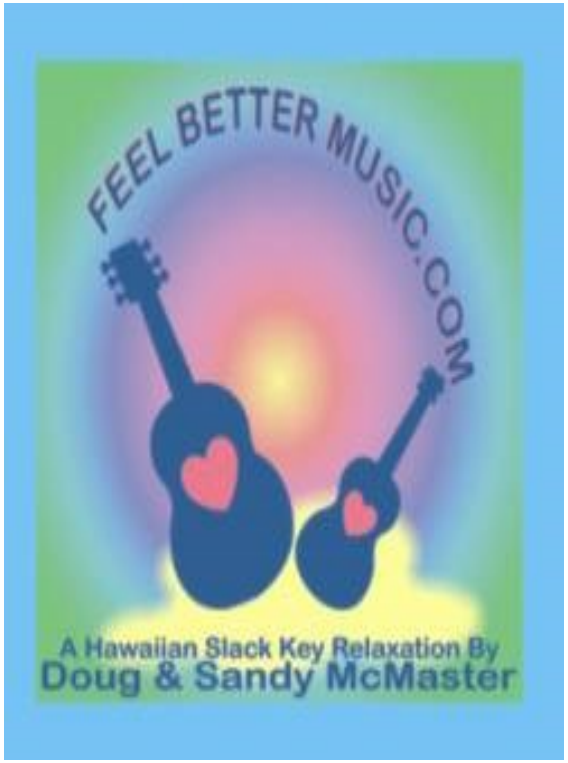
'No anaesthetic' procedures are only done in the Outpatient setting, with verbal distraction techniques. (Vocal local) – **Calderdale & Huddersfield Trust**

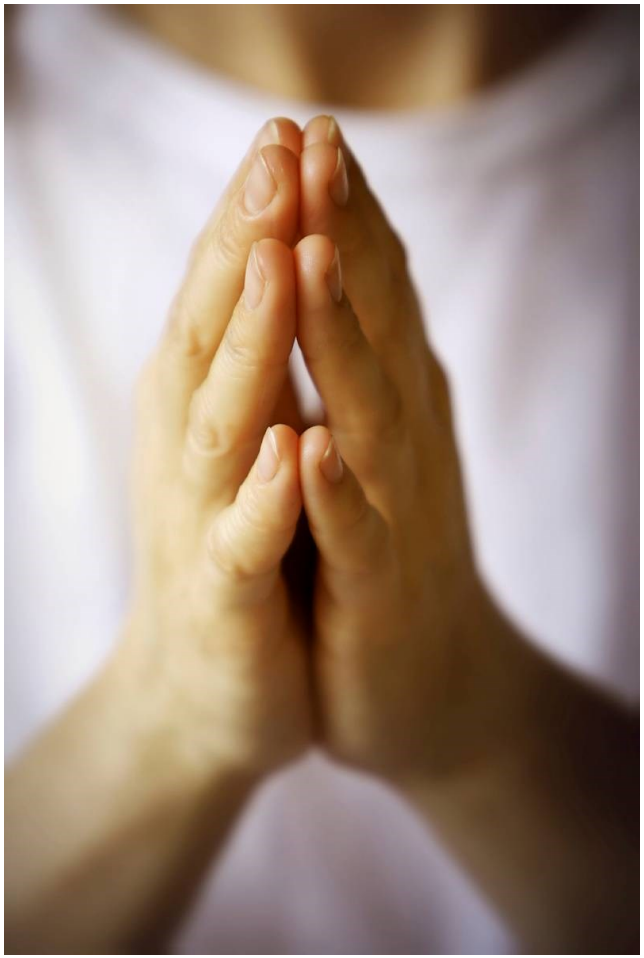
Marie Stopes Uganda (album)




KEEP
CALM
AND
BREATHE

A relaxing CD; prayer

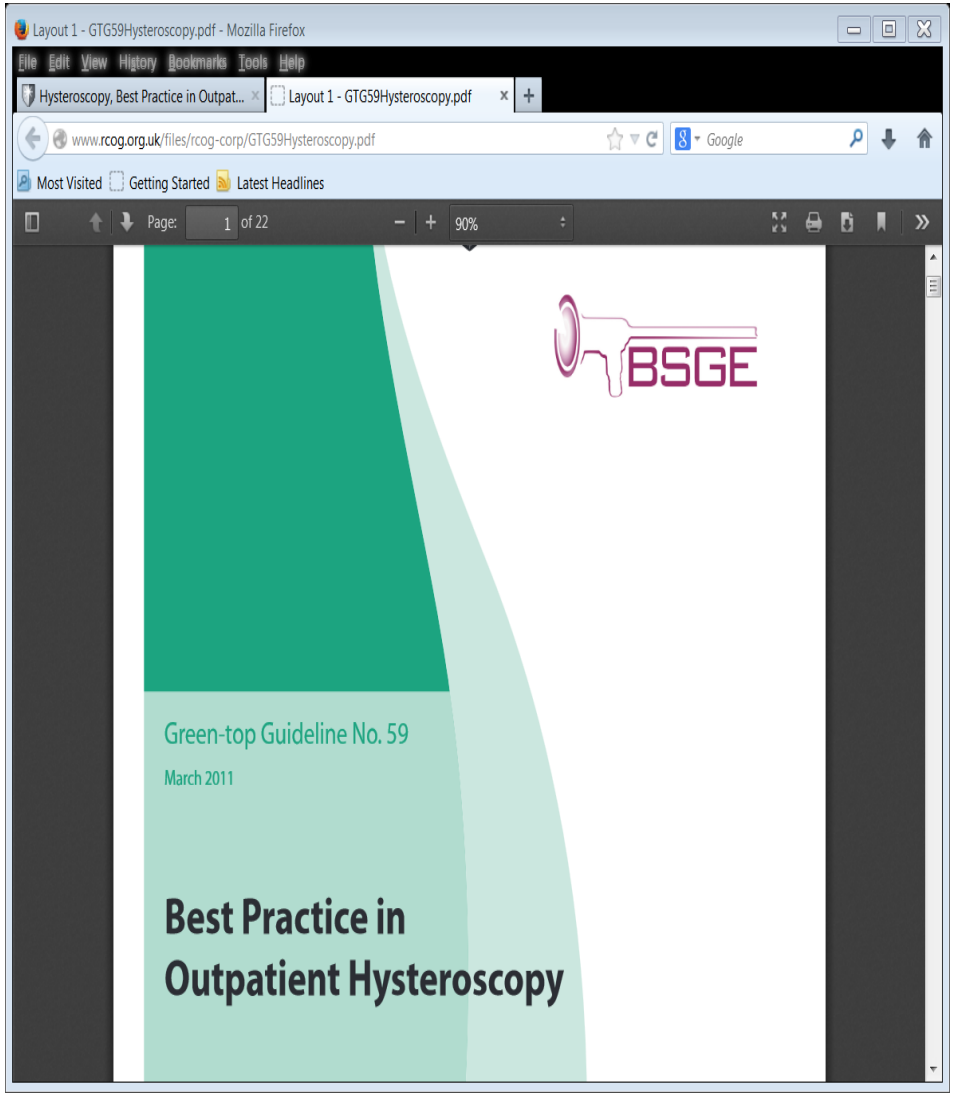




How circumcision is performed

Circumcision for medical reasons is usually carried out on a day-patient basis. This means that you will not have to stay overnight in hospital.
Older children and **adults who are circumcised are usually given a general anaesthetic, where they are put to sleep.The circumcision procedure is relatively simple.**

Q.8 – Rigid or flexible OP hysteroscopes?



Green-top Guideline No.59, March 2011 states:

“Flexible hysteroscopes are associated with less pain.”

Exclusively flexible OP hysteroscopes at these 8 Trusts

- Calderdale
- Cambridge
- Epsom
- Salisbury
- Southampton
- The Princess Alexandra
- United Lincs
- West Suffolk

Exclusively rigid OP hysteroscopes at these 72 Trusts:

Airedale	East Kent	James Paget	N Tees	RUH Bath	The Rotherham
Barnet	East Lancs	Isle of Wight	Northampton	Sherwood Forest	The Bournemouth
Barnsley	East Sussex	Kettering	N Lincs	S Devon	The Whittington
Basildon	Frimley Park	King's College	Northumbria	S Tyneside	Uni S Manchester
Bedford	George Eliot	Kingston	Oxford	Southport	Uni Hos Coventry
Birmingham	Glos	Liverpool	Peterborough	St George's	Uni Hos Leicester
Bucks	Gt Western	Maidstone	Plymouth	St Helen & Knowsley	Uni Hos Morecambe
Chelsea & West	Harrogate	Mid-Cheshire	Poole	Surrey & Sussex	Uni Hos Walsall
Colchester	Heart of England	Norfolk	Portsmouth	Tameside	Wirral
Croydon	Hinchingbrooke	N Bristol	Royal Cornwall	The Dudley Group	Wrightington
Doncaster	Imperial College	N Cumbria	Royal Devon	The Newcastle	Yeovil
E & N Herts	Ipswich	N Middx	Royal Free	The QE King's Lynn	York

Semi-rigid or mix of rigid and flexible OP hysteroscopes at these 31 Trusts:

Ashford	Dartford	Leeds	The Hillingdon
Barking	Derby	Mid-Staffs	The Royal Wolverhampton
Blackpool	Dorset	Mid-Yorks	University College
Bradford	Guy's	Nottingham	Uni Hos Bristol
Brighton	Hampshire	Pennine	Warrington
Burton	Homerton	Royal Berks	Worcestershire
Central Manchester	Hull	Sheffield	Wye Valley
County Durham	Lancs	Stockport	

“flexi-hysteroscopy with brilliant consultant and anaesthetist present just in case …

Wallflower, Ashford, United Kingdom, (Mail Online)

Has some cost-cutting gone on here? I had a flexi-hysteroscopy a few years ago with a brilliant consultant who talked me through it as I watched on a screen. The only pain I felt was when tissue was cut for biopsy. An anaesthetist was present just in case. I wonder if these ladies had a rigid hysteroscope inserted? This is a larger and more invasive procedure for which a full anaesthetic used to be mandatory. Either way, their treatment was barbaric. **The NHS cares more about money than comfort and dignity these days.**

Q.10 - For each of the last 3 financial years what % OP hysteroscopy/biopsy patients had a failed procedure that had to be repeated with epidural, GA or conscious sedation?

- 42 Trusts were able to answer this question
- The remaining 82 Trusts either had not recorded this information or claimed a Section 12 FOIA exemption on the grounds that it would take too long to search manually through records to find the answer.

These 42 Trusts could say exactly or approx. what % OP hysteroscopies were repeated with GA, epidural/sedation

Ashford 9%	Croydon 7.8%
Barnet 20/391	Derby 9.2%
Barnsley 0%	Doncaster 4.7%, 3.95%, 3.75%, 2.6%
Basildon 4.3%	East Kent 2.5%, 2.7%, 0%, 0.7%
Birmingham 2%	Epsom 5.8%
Bradford 8.4%	Guy's 3% 6%
Bucks 5-6%	Imperial 10%
Calderdale 8-10%	Ipswich 5%
Chelsea & Westminster 2 - 3%	Isle of Wight 4%
Colchester 19.71%, 24.54%, 25%	Lancashire 14.5%
Countess of Chester 3%	Mid-Essex 7%

Mid-Staffs 0%	South Tyneside 0%
Mid-Yorks 9% locum; 4%	S Warwicks 24%
Norfolk 1.4%, 2.7%	The Hillingdon 16%
North Middx 12%	The Newcastle <1%
North Lincs – 23%, 22%, 19%	The Princess Alexandra 17.41% with procedure; 7.59% without
Royal Cornwall 12.9%, 13.33%, 5.88%	The Rotherham 6%-7%
Royal Free 0%	The Whittington 4.4%
Royal Surrey < 1%	Uni Hos Bristol 12%
Salford < 6%	Leicester 15.2%, 14.3%, 15.6%
Sherwood F. <4%	York 2.9%

Jenny from Barnsley: I have not experienced such pain even in childbirth

My GP had mentioned that this procedure can be difficult but they would give me a local anaesthetic.

I was led into a room where there was a very nice sister and nurse. I sat in a chair and the senior registrar began by filling my womb with water.

Then the hell began when they inserted whatever and did the biopsy. I have not experienced such pain even in childbirth and I told her so. I also said my GP had said they would give me some local anaesthetic and then she asked if I wanted some. Rather like closing the stable door after the horse has bolted. It was too late then as they were in there. The sister told me she nearly stopped the doctor. They were very caring then but only offered me one paracetamol. **They said to me don't let the woman who is waiting outside see you or it might put her off**."

Barnsley again ...

lucynuisance, Barnsley, United Kingdom, DailyMailOnline

I had mine done at Barnsley Hospital. The procedure is barbaric and I wasn't warned about the pain or offered any pain relief. **The pain was excruciating and I've had two labours and when I later had the hysterectomy I only needed paracetomol for pain so I don't have a low pain threshold as suggested by some doctors**. It's a disgrace that in modern society women should have to suffer. Have these gynaecologists experienced it themselves. If not, who are they to call it uncomfortable? It's all about money and its about time these sort of payments were reviewed. **Women are reluctant to complain especially when in shock due to a cancer diagnosis.** I ask why there is a variation between hospitals. There has to be a change in management of this procedure.

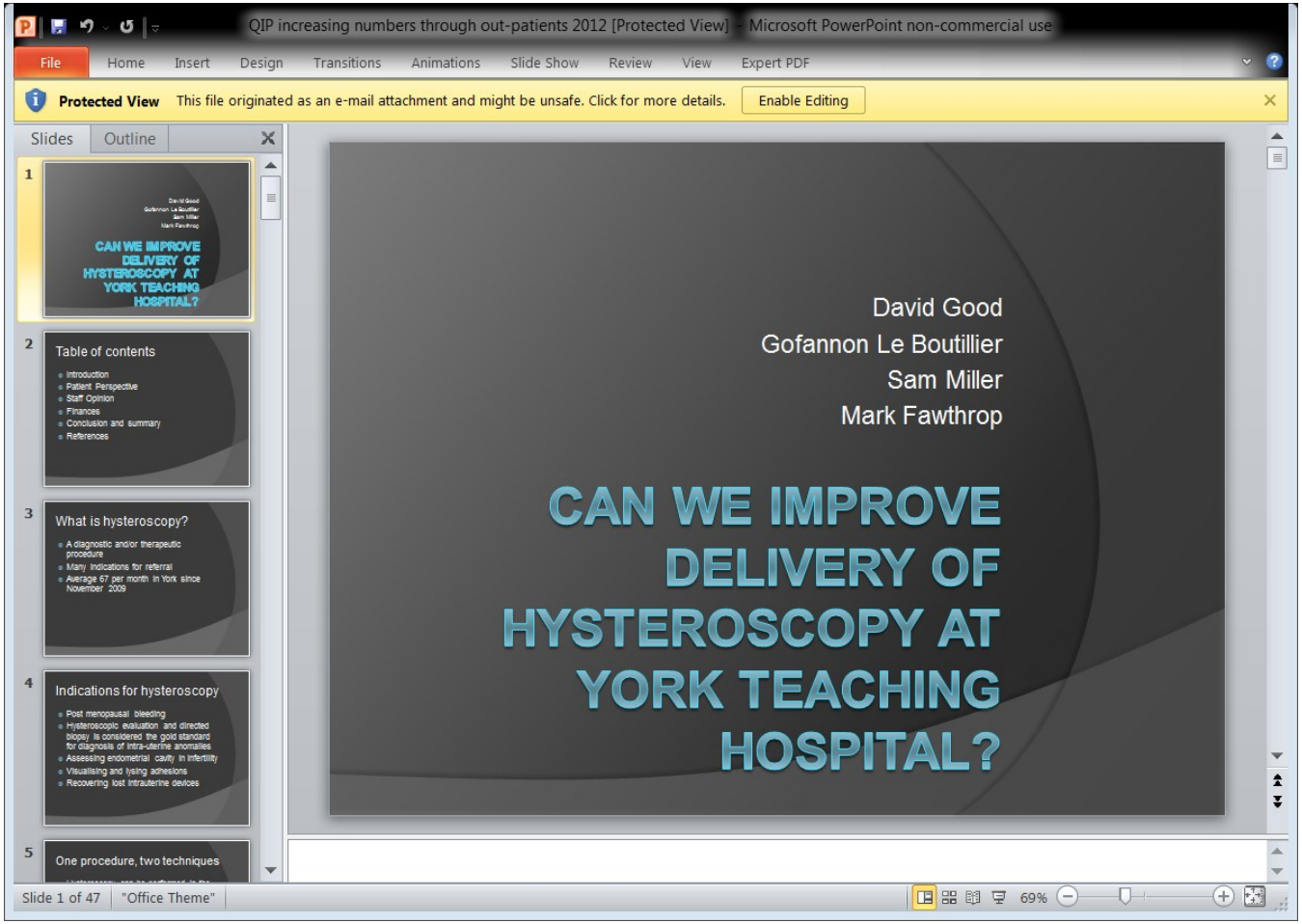
Royal Free 0% OP hysteroscopies had to be repeated under GA, epidural, conscious sedation

7. For each of the last 3 financial years, how many of your hysteroscopy/biopsy patients had
a) GA with overnight stay? Response: 0
b) GA day-case ? Response: 1
c) spinal anaesthesia? Response: 0
d) conscious sedation? Response: 0
e) local anaesthetic? Response: 0
f) no anaesthetic? Response: 1,237

11. All audits of adverse events, e.g. infection, perforation during the last 3 financial years
Response: We are only able to provide details of hysteroscopy incidents which have been reported on Datix, the trust's incident reporting system. There have been three incidents which are relevant to this FOI request and which directly impacted on the patient on the day - these are outlined below.

Incident year	Category of risk
2010	Failed hysteroscopy
2013	Delay in commencing hysteroscopy due to unavailable stack
2013	Unable to perform hysteroscopy as the scope was too big

YORK – “QIP Increasing numbers through outpatients 2012”



YORK'S OP SURVEY – NO QUESTION ASKING "WOULD YOU HAVE PREFERRED TO BE SEDATED?"

A. On Time/Early
B. 0-15 minutes late
C. 16-30 minutes late
D. 31-45 minutes late
E. 46-60 minutes late
F. Over 60 minutes late

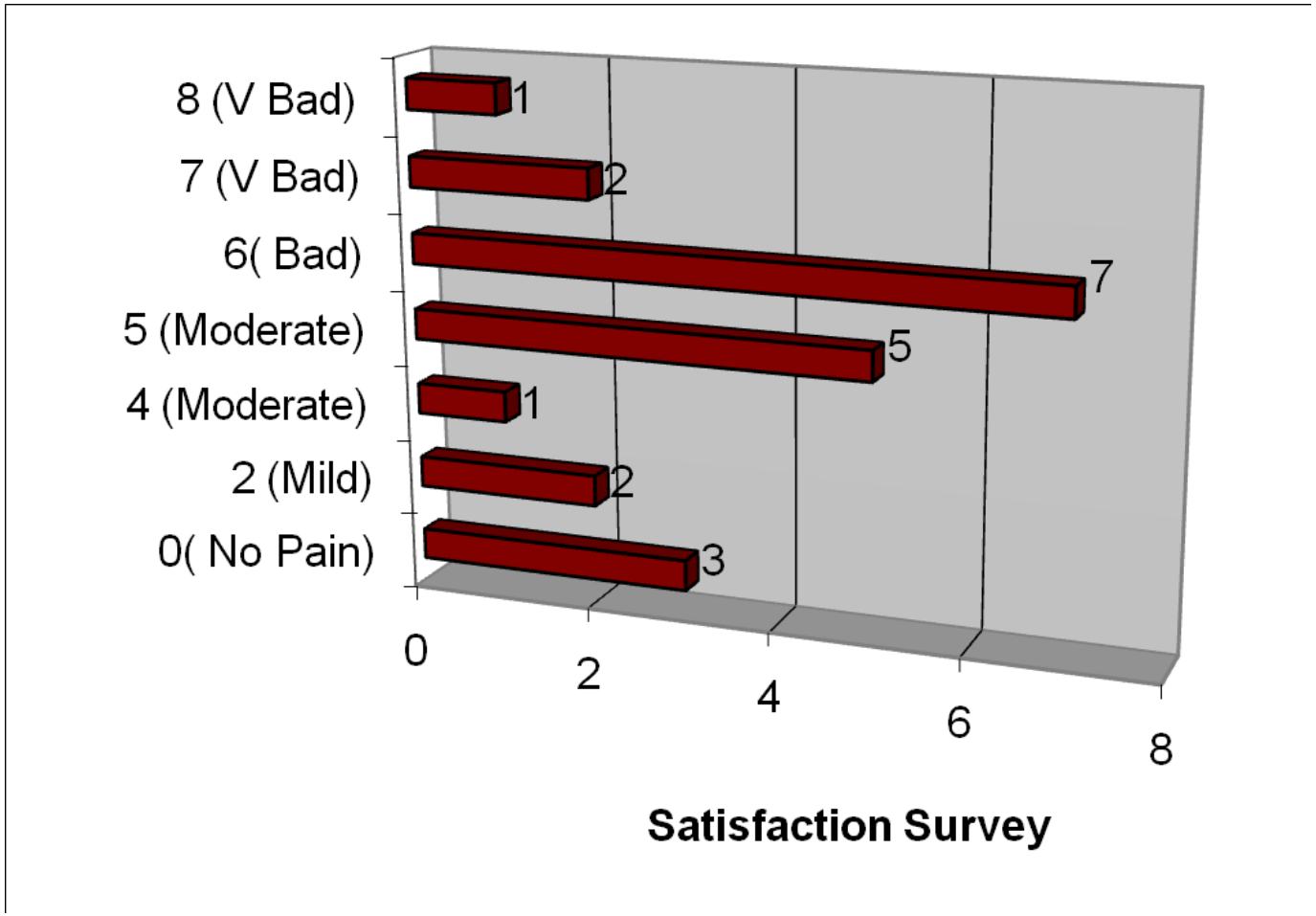
Was your waiting time acceptable?	Yes ☐ No ☐
Were you reassured by the staff?	Yes ☐ No ☐
Did the staff explain the procedure to you?	Yes ☐ No ☐
Was the procedure quick?	Yes ☐ No ☐
Did you receive an immediate result?	Yes ☐ No ☐
Did you find the Visual aid of the monitor helpful?	Yes ☐ No ☐
Was it an overall good procedure?	Yes ☐ No ☐
Was it an overall positive experience?	Yes ☐ No ☐
Are you happy about avoiding a general anaesthetic?	Yes ☐ No ☐
Would you be happy to have it again?	Yes ☐ No ☐
Would you recommend to others?	Yes ☐ No ☐
Was the result explained by staff?	Yes ☐ No ☐

Please tell us about the worst aspect

.....

Visual Analogue Pain Score for Out-patient Hysteroscopy Patient

Despite high % pts having bad pain, York is switching to OP hysteroscopy to save money



Improving quality of care

- We believe the OP hysteroscopy service should be expanded as it has been shown to be beneficial for patients in terms
- Reducing risk of a GA procedure
- Faster recovery time and shorter hospital stay
- Financial benefits for patients, employers & service providers
- Alleviate pressure on theatre waiting lists