CAMPAIGN AGAINST PAINFUL HYSTEROSCOPY at the BSGE ASM 2016

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"... we need to identify and avoid traumatising the 3-10% of women who experience severe pain and with hindsight, would have preferred the procedure under a general anaesthetic" ***(Clark TJ et al. unpublished data). The Obstetrician & Gynaecologist 2002; 4:217-21 Review: "Outpatient Hysteroscopy" T Justin Clark, Janesh K Gupta***

PATIENTS' STORIES OF PAINFUL HYSTEROSCOPY/BIOPSY

Airedale Hospital, Feb 2016



Hannah30 (as the patient) posted on the Patient Opinion website: "I truly cannot describe how awful it was."

I am a thirty-year-old woman with Polycystic Ovary Syndrome. I experience irregular, heavy, and very painful periods. In February, I saw a gynaecologist at Airedale General Hospital, Keighley, West Yorkshire, who arranged for a hysteroscopy to be performed. The gynaecologist gave me a leaflet, which explained that 'a slight cramping feeling within the lower part of the tummy, not unlike period pain' may be felt during the procedure. The word 'gently' appears twice in the leaflet's description of the hysteroscopy. I was led to believe that the procedure was not unlike a routine smear test.

I arrived at Airedale Hospital for the hysteroscopy yesterday, with my female partner as support (although I did not feel particularly anxious or worried). After a 40-minute wait, my partner and I were led into a room where we met two nurses and a consultant. The consultant explained the potential risks: there was a slight chance that my bladder or bowel may be ruptured during the procedure and that I would be taken for emergency surgery and a blood transfusion. Still, I did not feel particularly anxious. I signed a form, then we were led into a larger room where another nurse was waiting. I was asked to undress behind a curtain and to sit on a hard reclined chair with raised leg supports at either side. My partner was told that she could sit in a chair next to me and hold my hand, although the nurse 'would usually sit there'. I should say here that all of the nurses and the consultant were very kind and supportive before and during the procedure.

After the speculum had been inserted, the consultant attempted to pass the hysteroscope through my cervix. The pain was considerable although not yet unbearable – I experienced sharp stabs with cramps all the way up my abdomen. My partner was attempting to distract me, and I did not really understand what was happening at this stage, but there was clearly something wrong. The consultant called for different instruments. Each instrument was pushed into or through my cervix. The pain was absolutely excruciating. The nurses were lovely – reminding me to think of my holiday, telling me how brave I was and how well I was doing – but in the end I couldn't help moaning in pain. It felt as though the water used to dilate my womb was pouring down my bottom and legs, but to be honest I didn't care about my dignity at this stage. I was in agony.

My legs began to shake uncontrollably. The consultant called for 'a local'. I cannot understand why I was not given any anaesthetic until this stage. My partner was holding my hand and I was trying to grit my teeth (or even say that I was 'fine, thanks' when asked), but staff were clearly aware that I was suffering very badly. The consultant told me that she would take a biopsy 'a few times'. Each time, I gasped in pain. I truly cannot describe how awful it was.

After the biopsies had been taken, the consultant finally succeeded in achieving 'good pictures' of the inside of my womb. The procedure had taken around 25 minutes.

Towards the end of the procedure, one of the nurses had asked if my partner and I would like a cup of tea – they'd like me to stay behind so they could check I was OK. She also gave me a sanitary towel. I stood up after the procedure, and saw bright red blood on the chair. I wiped myself and found that I was still bleeding. I began to get dressed, but was suddenly overcome with nausea and dizziness. I sat back down in the chair and rested my head. My partner called for a nurse – my reaction was 'completely normal', they said. The nurse hooked me up to a monitor and found that my heart rate had dropped to below 60 beats per minute. The consultant came to check that I was OK. Stroking my legs, she told me how brave I had been. She said that it was not trivial, that they see this every day and that if they told women how painful it would be, they would refuse to come.

When I finally felt well enough to stand, we were led back into the first room where the consultant told me that she had not seen any worrying features on the screen. We were then taken to a separate room with comfortable chairs and two cups of tea. I felt shaken and tearful.

I spent the evening and the night in pain. I still feel unwell: I have pains in my stomach and am bleeding. I feel very emotional. I think that I am in shock.

No woman should have to undergo this procedure without general anaesthetic. I am absolutely appalled that this is happening.

Barnet General Hospital Aug 2014



Denise: "I was not offered local or general anaesthesia or even advised to take over-the-counter pain killers"

In August 2014 I had an outpatients' hysteroscopy for post-menopausal bleeding. I am horrified that I am not alone in my experience and would like to help in any way possible so that no woman has to experience such a procedure in the future without anaesthetic.

In my case I was not offered local or general anaesthesia or even advised to take over-the-counter pain killers prior to the procedure. The hysteroscope was passed through a very closed cervix (the consultant's words) the pain was excruciating, in fact, I remember him asking me, "Are you still with us?" thinking I had passed out. The pain rendered me temporarily speechless. Despite this the procedure continued and I felt every biopsy taken, followed by waves of cramping in the stomach. These were the only pains I had expected as they were mentioned in the leaflet that was enclosed with my appointment letter.

Whilst I was waiting for the procedure one patient left the treatment room in tears and we consoled her, she was having to return to have the procedure under a general anaesthetic. The next patient who left the treatment room apologised if we had heard her scream! She reassured us it would not get worse than a 7/10 on the pain threshold. I consider my pain threshold high and have had 2 children naturally but this procedure is far from humane.

I am fortunate that my biopsy came back showing no malignancy. But it is not a procedure I would endure again without analgesia and if this was denied could possibly be life threatening. I think a survey is required by the Royal College of Gynaecologists for all outpatients following hysteroscopy so that they can make sure new guidelines are drawn up.

Barnsley Hospital Dec 2015



K: "I have never felt so much pain in my life."

I had one of these done on Wednesday at Barnsley Hospital and an endometrial biopsy without any pain relief and without a doubt I have never felt so much pain in all my life.

I almost passed out with pain and I honestly did not know how barbaric a procedure this would be.

The pain is almost unbearable and I could literally feel the blood draining from my face as it was done. I am quite sure I was in shock afterwards as I was sweating, shaking, dizzy, nauseous and felt faint for some time after.

I felt absolutely traumatised and burst into tears. My husband couldn't understand as I am not normally like that. I couldn't stop crying for most of the afternoon following this.

This practice should be banned without anaesthetic for sure. I have had 3 children with complicated births and didn't experience pain like that.

Barnsley Hospital Sept 2012

Posted on Patient Opinion in 2015: "I was told not to let the next person see me or they would be put off"

This was performed on an outpatient basis in September 2012.

Although I was given a consent form and told about the risks, I was not told about the excruciating pain that could occur. Despite my GP saying I would be offered pain relief I was not and following the procedure when it was clear something very abnormal had been seen, there was no discussion.

I felt terrible after and I was told not to let the next patient see me or they would be put off. Cancer was found and this was a shock as no discussion had been forthcoming despite the obvious fact on hindsight that the doctor was suspicious of this.

I thought the fact that they hurt me so much was unacceptable but the speed of scans etc. after this and my referral to another hospital saved my life.

Chelsea and Westminster Hospital, 2015



Article in the Daily Mail, 21st January 2015:

NHS doctors who inflict intimate and agonising surgery on women with NO anaesthetic. Hetty Baynes was subjected to a uterine biopsy and was left screaming in pain after the procedure

- Hetty Baynes was due to have a routine examination for uterine fibroids
- What actually happened left her bedridden for five days
- Hetty's GP was shocked when she relayed the story afterwards
- She says she will now be looking to get private health insurance to stop anything like this happening again

"Arriving at the Chelsea and Westminster Hospital two weeks ago for my long-awaited appointment, my mind was already on the pleasures I had planned for the next day.

This meeting with a gynaecologist had been in the diary for three months, so it was hardly urgent, and I had no reason to doubt I would be in good spirits for my son's 22nd birthday celebrations 24 hours later.

Little did I know that within half an hour I would be emerging from the consultant's office in a state of shock, having been through one of the most physically traumatic experiences of my life.

Far from the routine examination for uterine fibroids I had been led to expect, instead I was put through what amounted to an invasive surgical operation without an anaesthetic.

The procedure reduced me to a screaming, sobbing, quivering wreck and left me so wiped out I could barely get out of bed for five days.

It's been a life-changing experience, leaving me feeling deeply vulnerable, and when I think back to the woman who'd sat calmly in the waiting room, it is as if she were a different person — someone who naively thought doctors would always act in her best interests.

The condition which had led me there was unpleasant — heavy bleeding caused by fibroids in my womb — but certainly not life-threatening. For women of my age (I am 58), this situation could almost be described as routine.

And when the doctor summoned me into her office with a broad smile I was once again reassured. 'We're just going to do a quick internal examination and you'll be on your way,' she told me. Then she paused and added: 'Actually, while you're here we should probably take a biopsy [to rule out cancer]. It will be a little bit uncomfortable, but there shouldn't be any pain. Is that OK?'

"It was a brutal experience. On a scale of one to ten, with ten being the pain of childbirth, I would rate it as a nine." Hetty Baynes

Eager to help, I nodded, smiling. The first alarm bell rang when the nurse patted my shoulder and said: 'Aren't you brave? Some women can't manage to have this done, so good for you.'

Puzzled, I decided the best policy was to keep smiling. But within five seconds of the procedure starting, a searing pain tore through my body.

What ensued was a procedure known as an endometrial biopsy, in which the lining of the uterus is cut and scraped away. The procedure itself is common, especially among menopausal women. I had been through something similar in the past, but for one crucial detail: in this instance, I was given no anaesthetic whatsoever.

Most of these procedures are done under general anaesthetic, with patients leaving hospital the same day. Some patients prefer to have an epidural, meaning they feel nothing from the waist down, but these are more complicated for the anaesthetist and generally take longer to recover from.

Perhaps the quickest and cheapest option is to forego the anaesthetic altogether. And this is what happened to me.

As the doctor took the biopsy, which involves cutting away part of the uterus lining, then scraped right into my uterus and ovaries (a procedure designed to reduce heavy bleeding), I was exploding in pain. All the while the nurse was whispering in my ear: 'You're doing well. So brave. Breathe deeply, it's almost done.'

Only it was far from over. For a quarter of an hour I screamed, bawled and panted like a woman in labour. The experience was so similar, I pointed out to the nurse that precisely 22 years earlier I had been in labour with my son, Rex. 'Well, it's not as bad as that, is it?' she said, still smiling.

In moments of extreme pain, time seems to stand still. A minute can seem like an hour. Then, just as I felt the agony would never end, the nurse said: 'All done. I think you've earned a cup of coffee and a slice of cake.'

Dumbstruck, I left the room in a state of shock. Somehow I got home and fell into bed, spent.

For five days I was exhausted. My son's birthday was a washout. Instead of being treated by me to a day out, he was to spend the next week looking after me.

As the days passed, as the shock retreated, anger took its place.

Why had it happened? What on earth would possess any clinician to put a patient through that sort of experience? Exactly why hadn't I been offered any anaesthetic? I felt deceived and violated. Not only was it painful, it was brutally intimate. Normally a woman will be unconscious or anaesthetised to the point where she is blissfully unaware of the procedure. Yet I had felt every scrape and cut.

To me, it seemed that the doctor and nurse — quite a double act with their breezy compliments — had blatantly groomed me. I hadn't even been asked to sign a consent form for the procedure.

Was I 'brave', to repeat their mantra? Not particularly. Stupid would be a more apt description, to fall for this con trick which persuaded me not to make a fuss.

During the five days of bed rest that followed, I had plenty of time to reflect on the reasons for my horrendous experience.

I also learned I am not alone. My best friend's daughter recently had a similar experience during a procedure in which dye was passed through her fallopian tubes. Again, she suffered excruciating pain, and again the subject of an anaesthetic never even came up.

I also discovered that one woman who had an excruciating experience during a similar procedure to mine had taken the matter up with her MP, Lyn Brown, who raised the issue in the House of Commons. The MP said she'd been contacted by other women, all with horrifying stories.

But why would any doctor put a woman through this? It is hard to escape the conclusion that it is related to spending cutbacks.

Lying in bed, my mind wandered back to the nurse telling me so sweetly: 'Most women aren't able to do this.' Presumably they pulled the plug on the procedure from the first agonising scrape.

Why didn't I? Because, perversely, I just wanted it to be over. The appointment had been in the diary for three months and having come this far there seemed little logic in turning back. Again and again I was told the procedure was 'almost done', only for it to go on for another ten minutes.

In hindsight, I would have waited another year to have it done under anaesthetic, rather than endure that visceral pain.

Yet from the doctor's perspective, this barbaric approach makes sense. The NHS is stretched to breaking point. If they can get away with treating me in half an hour, rather than booking out a hospital bed for an entire day and calling in the anaesthetist, then why not do it?

While it's not clear whether this policy is directly affecting pain relief provision in hospitals, the Government has pledged to financially reward those that increase the number of procedures done as an outpatient without a general anaesthetic — including hysteroscopies.

I called my GP to seek advice. He was shocked at what had happened, advising me that it is a fundamental principle of medicine that the doctor should have stopped the moment I showed signs of being in severe distress.

That they did not amounts to malpractice, and I am giving serious consideration to my options. I do not want to sue the NHS for money — the last thing the system needs is another drain on its finances.

Yet I am determined this should not be allowed to continue. No matter what pressure doctors are under, they should not be allowed to hurt people like this.

Much as I love the NHS, I am certain this never would have happened to me had I been a private patient.

Because of this debacle I was unable to work for a week. Next month my latest acting project, opposite Sir Michael Gambon in the BBC adaptation of The Casual Vacancy, will be aired and I am as busy as ever. Taking time off is not an option.

And if this experience has taught me one thing it is that I need to get myself some private health insurance, and fast. The hard-working people of the NHS may be doing their level best but I, for one, have lost faith."

A spokesman for the Chelsea and Westminster Hospital said: 'We want to provide the best quality care and patient experience possible and apologise for the fact Hetty feels we did not meet this.

'We always try to avoid unnecessary surgery for every patient, as surgery carries risk. Obtaining an endometrial sample always takes place in the outpatient setting as part of the routine gynaecological consultation.'

Interview by RICHARD PRICE

Frimley Park Hospital Feb 2014



Posted by ellie2 (as the patient) on the Patient Opinion website: "totally violated by this abusive procedure"

Appalling experience!

I had a hysteroscopy in February 2014 and have to say it was the most painful experience of my life. I was 65. I had been fitted into a cancelled appointment, for which I was grateful.

I am not an anxious person and I'm not a wimp where pain is concerned. I delivered 2 children on gas and air, but I shouted out in pain and was reduced to tears both during and after this procedure and on occasion felt I was going to faint.

It was commenced without any anaesthetic or analgesia, even though the Nurse Hysteroscopist performing it knew I hadn't taken any pain relieving analgesics such as ibuprofen because I hadn't received the information in the post advising me to do so. It soon became clear that my cervix was very tightly closed (evidently because menopause had occurred approx 20 years previously) and I was in excruciating pain.

Anaesthetic gel was applied to the cervix followed by a local anaesthetic. This procedure was far from pleasant and not without pain. (I didn't know at the time that at least 10 minutes following administration was needed for this to be effective, but this time lapse didn't occur and the procedure was started again almost immediately). Entry through my cervix was exceedingly painful, way beyond what would have been controlled by ibuprofen, and I felt I was going to faint.

Eventually access to my uterus was achieved and the polyp was in view. Then the saline solution was introduced causing a searing pain through my abdomen and up my side making me shout out and cry. Because of the pain I was experiencing the water pressure used had to be lower than normal which meant that the biopsy sample was very small and there was a chance it wouldn't be sufficient for the purpose. It wasn't possible to remove the polyp as planned. During this time of unbelievable pain the two other nurses in the room were attempting to make light hearted conversation with me, presumably to distract me from the pain and to ensure I was still conscious!

At the finish I lay there and cried. I felt that I had been subjected to a barbaric procedure. I was escorted by one of the nurses to another waiting area where I was given tea and biscuits. She told me she was amazed I had managed to tolerate the procedure given the pain I was in.

I sat there until I stopped shaking and felt able to walk back to find my husband who took me home. I retreated under a blanket for the rest of the day in a state of shock having been totally violated by this abusive procedure.

I had been told that I might feel some discomfort during the entry through the cervix. I can't remember what else was said but I was aware that I could have stopped the procedure at any time. However, I was so keen to find out if I had cancer, I couldn't bear the thought of waiting for more time to elapse, especially as I had no idea how long this would be or what other torturous procedures might occur.

The hospital was Frimley Park Hospital in Frimley, Surrey. Their information, which I didn't receive beforehand states "The procedure takes about five to ten minutes to complete..." Mine was much longer. Also "Before attending for the procedure it is advisable to have eaten breakfast/lunch." Luckily I hadn't as I'm sure I would have been sick. Also "taking Paracetamol or 400mg of Ibuprofen one hour before the procedure will help to alleviate any cramping pains that can be experienced during and after the procedure. You do not require any anaesthetic for the procedure, but you should bring someone with you who can drive you home." I didn't experience cramping pains. I experienced the worst pain of my life!

I felt quite sorry for the person carrying out the procedure because she knew the pain I was in but also how desperate I was to find out what was wrong with me. I even thanked her at the end for persevering!

When I returned to my GP in 2015 to ask him if it was OK for the polyp to still be there (answer no!), he was surprised when I refused to undergo another hysteroscopy without general anaesthetic. He was also surprised to hear that I had experienced pain as he hadn't heard of it before. I pointed out to him

that he was only hearing it from me because I had to return to him to talk about the continuing problem. If the full extent of pain experienced by women was known, I am sure the people undertaking this procedure would be surprised and appalled.

I am disgusted that women aren't fully informed that they might experience severe pain. I am also dismayed that they aren't offered choices regarding pain control before or during the procedure. Until that day arrives, I'm telling all my women friends never to have this procedure without a general anaesthetic.

Frimley Park Hospital Feb 2014

Siobhan posted on http://osteoplan.com/blog/hospital-feedback/frimley-park-hospital/hysteroscopy-8/: "Surely it does not have to be agony."

On 20/2/14 I went into Frimley to have my coil removed. My own doctor had been unable to remove it.

I was told I would need a hysteroscopy. I was a bit nervous about the procedure and I was right. It was really painful.

I was told that a couple of paracetamol would be all I'd need. This is rubbish.

The doctor and nurses were fine but I got the impression I was expected to put up with the pain which in this day and age is crazy. This is I know a vital procedure especially for cancer etc. but surely it does not have to be agony.

Frimley Park Hospital Surrey 2011

"I was bundled unceremoniously out of the room, crying uncontrollably"

I was sent to Frimley Park hospital to have some polyps removed. It was, for some unknown reason, the first time I had gone to hospital without being overly worried about the procedure (which is very unusual for me!)

I sauntered in, with no real clue as to what was about to happen. The first worrying sign was the presence of 3 people in the room, and no explanation as to who they were. The second was the metal bucket-contraption at the side of the bed! I remember thinking, 'what on earth had I agreed to?' It looked like something from a backstreet abortion clinic. I was told that I would be 'a little uncomfortable' afterwards. That was the understatement of the year. THE PAIN WAS UNBEARABLE I could hardly keep myself from screaming, and I felt very close to passing out.

Reluctantly, and with a 'tut', the doctor ceased the procedure, and told me that I would 'have to have it under anaesthetic'. She seemed most put out. I was given no aftercare whatsoever probably because I was just a nuisance! I was bundled unceremoniously out of the room, crying uncontrollably.

I drove home on my own, hardly able to see where I was going, through the tears of agony. How I got home in one piece I'll never know. I lay on the sofa for hours, sobbing, until the pain eventually disappeared. It was far, far worse that the 2 childbirth experiences I'd had.

My daughter-in-law was, at the time, a student midwife, and was insistent that it should NOT have been done without anaesthetic. Like many others on here, I assumed that it was MY fault at being unable to bear the pain! (I have been told my various medical people that people with ginger hair have

a proven lower pain threshold – I don't know if this is true, but it's what I used to explain the distress I felt. If this IS true, then this too should be taken into account.)

I had the procedure under anaesthetic a while later- a far better experience! A few weeks later I bumped into a friend I'd not seen for years. She told me that she was going into Frimley Park the next week for a 'minor op', and that she felt a 'wimp' for having elected to go under anaesthetic (at least SHE was given the choice!) When I asked if it was the removal of a polyp, startled, she replied yes! I had no hesitation in assuring her that, without ANY DOUBT, she had done the right thing. This procedure was the worst pain imaginable, and should NOT be done without an anaesthetic….EVER!!

Good Hope Hospital Sutton Coldfield 2015



Posted on the Patient Opinion website by 'Buth' (as the patient): "I felt absolutely everything and cried and cried throughout the procedure."

Recently I was an outpatient for an investigative hysteroscopy. I did all that was required, and took 2 paracetamol as advised an hour before the procedure. I was advised by a nurse when I arrived that I would be given a local anesthetic in my cervix and gas and air for the pain.

The procedure ended up being one of the most traumatic and painful experience of my life. I felt absolutely everything, and cried and cried throughout the procedure. I was offered no gas and air. I was told I had received a local anesthetic but I still felt unacceptable amounts of pain.

I cannot understand why I had to go through this? Why was I not at least sedated? Why was there no pain relief available? Why when I cried and cried and became very distressed were no measures taken to help relieve the pain?

I have to state that the nurses and doctor were very kind, and caring, but I strongly believe that what I endured is beyond what anyone should have to endure, and steps needed to be taken to help me deal with the pain.

I worry that the decision not to give a general anesthetic to women who go through this procedure is purely a financial one. It simply costs more money to ensure our comfort.

I believe this is a widespread issue, and that there should be measures implemented to ensure no one ever has to endure the pain I went though.

I have had numerous procedures in my life: smears, ovary removal, endometriosis lasered off, a clip on one of my Fallopian tubes, and yet this was the most barbaric, traumatic and agonising experience of my life. I felt violated, and was very, very upset.

Hereford Hospital April 2016



Jaq (as the patient) posted on the Patient Opinion website: "my partner nearly passed out at the sight of me in so much pain."

I had my procedure in Hereford hospital last week as I had been experiencing post menopausal bleeding.. I am 54 and a totally no nonsense type of person who panics at nothing.

I was expecting it to be only slightly more uncomfortable than a routine smear. I took ibuprofen 1 hour before as instructed but was offered no other pain relief. I wasn't gowned up I just had to remove my lower clothing and no ob's were taken beforehand. I was ok until they put in the water to open up the womb when I immediately felt agonising pains in the region of my fallopian tubes/ ovaries. I was crying in pain and the nurses were saying it would all be over in a couple of minutes….They released the water pressure for a minute and then started again, the consultant said he could see polyps and asked me if he should remove them there and then, he put in a local anaesthetic which I didn't feel any benefit from. I looked at the nurse and she said it would be very quick… I have never experienced pain like it in my life, it was going right through from my abdomen to my back. When the procedure was over I expected to feel instant relief but if anything I was in more pain and felt as if I was going to pass out and be sick! I was offered paracetamol and an anti sickness drug. I just didn't know what to do with myself .. I was just rocking, crying and gasping with the pain.

They wheeled me into the recovery area and kept saying the pain would pass quickly but the painkillers were just having no effect. I was then given a dose if oral morphine, 15 minutes later another dose if morphine. . When they called my partner in he nearly passed out at the sight of me in so much pain. My blood pressure was sky high (I naturally have low blood pressure) Finally after 2 hours the pain subsided and I left feeling totally shell shocked. What should have taken 5 to 15 minutes took over 2 hours. I slept all afternoon.

Jessop's Hospital, Sheffield, April 2016



Lou75 (as the patient) posted on the Patient Opinion website: "had no info sent to me at all before this procedure in March."

... All I had was an automated phone call telling me the time of the appointment. No letter, no booklet.

Imagine my surprise when I arrived to be told it was happening there and then! I thought it was for a check-up maybe a scan.

I hadn't eaten breakfast in case I needed a scan. I should have had painkillers an hour before. The whole thing was traumatic especially as I was totally ill prepared. The staff were lovely and the doctor explained well what would happen. I have no complaints with the actual procedure as such. Apart from the fact that they started it without local anaesthetic, I would have thought that was a given.

The polyp was removed and the whole thing took about 25 mins. Thankfully my husband had taken a day off to take me. If not I would have been on the bus and would have felt too ill and dizzy to get back home alone. Obviously the info booklet explained all that but as I didn't have it I didn't know what to expect. I was told it was a computer blip. I hope for the sake of other patients it doesn't happen again. I must re iterate that the actual procedure was very professional and the staff were very caring and understanding. It was the admin side that I am unhappy about.

Lister Hospital, East and North Hertfordshire NHS Trust, May 2016



Galway (as the patient) posted on the Patient Opinion website: "This procedure should be done under general anaesthetic or at least local. Never again."

I recently had to have a hysteroscopy and found it to be THE most painful, inhumane treatment I have ever experienced. I received a letter advising me to have some pain relief an hour before, which led me to believe that it would be uncomfortable. I had no idea I was going to experience the most traumatic experience.

I had biopsies taken without any kind of pain relief, except a kind nurse holding my hand. The pain I felt was indescribable. For days afterwards I was sore and in a significant amount of discomfort. This procedure should be done under general anaesthetic or at least local. Never again.

Newark Hospital 2016



Marnie (as the patient) posted on the Patient Opinion website: "The pain was horrific"

It was recommended I had a hysteroscopy, a biopsy & a Mirena coil fitted after 2 years of very heavy periods that sometimes lasted up to 3 months at times & that needed medication to stop them.

After arrival at the ward it became clear I may not have had all the literature I needed before hand about the procedure because I was asked for my urine sample that I didn't have because I wasn't told to bring one? Secondly I was asked if I had bought my slippers, again no?

All the staff were female including the surgeon which was a great relief & very much appreciated, they all spoke pleasantly to me.

I was given an anti-inflammatory drug, general observations taken & pre-op questions asked; then was asked to remove everything from my waist down & given a surgical gown to put on.

Then immediately I was taken through to theatre. Everyone was suitably gowned & I was made ready, they enquired if I wanted to watch on the monitor I did.

The clamp insertion part was fine it was not until the probe/camera was inserted that the pain started the surgeon had trouble getting it through & needed to give it some force this was absolutely excruciating suddenly with a popping sensation she was through.

She tried to explain what she was seeing on the monitor but I was beyond all that I was reeling in agony trying to keep very still so it would be over fast I was sobbing.

I thought I was going to faint, I heard them saying 'she's not responding we're not getting any feedback' they were trying to whisper into my left ear words of encouragement I would think but I

don't know as I'm completely deaf in my left ear, something the nurse & surgeon had just found out in my pre-op questions.

Then the clamp fell out & the surgeon said 'oh you've spat it out don't worry I've nearly done just need to trim the threads they're down to your knees & someone added 'not a good look on the beach.'

All well-meaning jokes to make me feel better I assume but nothing was cutting it by this stage I was a mess I was given a sanitary towel & put in a recliner chair by the surgeon.

My observations taken again at this point & my b/p had gone up and the alarms sounded on the b/p machine as this was an abnormal level.

The nurse switched off the machine & turned & said 'would you like tea, coffee, toast?' She could see I was beside myself with pain & she added 'have you not had period cramps before? Lots of ladies come out with a smile on their face,' then she added she had not had the procedure herself.

This was NOT period pain by any stretch of the imagination I just wanted to get out of there as fast as I could I do not know how I managed but I got dressed & left, my husband met me & he was shocked at the state I was in he helped me down the corridor where I broke down in his arms & sobbed. The pain was horrific.

Norfolk and Norwich Uni Hosp Oct 2015



Posted in Patient Opinion in 2015: "I was told some people can tolerate it – but that's pretty bad news for the rest of us"

"I had a hysteroscopy procedure to remove a polyp in October.

I just want to say I found the procedure horrific and excruciating.

The surgeon managed to get the polyp about three quarters removed and then had to tug it as I could not tolerate the 'cutting' – it was like getting a jolt of excruciating pain every time.

The staff were kind and the surgeon apologised and I was told some people can tolerate it – but that's pretty bad news for the rest of us. I had an endometrial biopsy three weeks before which again was a very painful experience and I was led to believe that the hysteroscopy procedure wouldn't be as bad. Sadly that was not the case.

I personally can't understand how either of these procedures can be done without adequate pain relief. I'm afraid the leaflet that advises taking two Ibuprofen beforehand is far from adequate. You wouldn't expect to have a tooth removed without pain relief so I do not understand how removal of a polyp can be acceptable. I did also write to the surgeon afterwards and the surgeon was kind enough to reply – but along the lines of their surveys have shown women prefer not to have a general anaesthetic etc! Maybe that is the case but there must be a half-way house such as gentle sedation/gas and air for the pain?

I personally would never consent to this again without adequate anaesthetic or pain relief."

Pinderfields Gen Hosp Wakefield May 2015



Posted in Patient Opinion: "The extreme pain is quite a shock and I know the first time I felt more worried when I came out than I had felt before I went in as I knew I had to go back."

"In May this year I attended Pinderfields Hospital in Wakefield for a hysteroscopy following an ultra sound which showed evidence of fibroids and a thickened uterine lining. I did not feel unduly worried about the procedure and had just been told to take 2 of my normal painkillers. The diagnostic part was painful and a polyp was located. The Dr attempted to open the cervix wider without anaesthetic. This was extremely painful and I immediately felt sick and faint. The procedure was halted and the nurse said she needed to take my BP after taking my pulse. They could not get a reading until the nurse had taken my BP 3 times. My BP had gone right off the scale, I was told I would need to go back within weeks and they would use local anaesthetic.

After cancelling the next appointment I attended again in September. This time I had a local anaesthetic. The Dr said had she known how anxious I was she would have offered a GA. However, as I was there, she wanted to attempt the op and I could stop her anytime if I was in too much pain. Although it was still not pain free I just wanted to get it done and without feeling faint I managed this time and 2 polyps were removed. Thankfully, they were reported as benign.

The staff were very pleasant and one nurse in particular tried very hard all the way through to distract me by talking and asking questions. This did help, but I would not like to have to need this procedure doing again. The main concern I have is that you walk in to the room and only expect discomfort. The extreme pain is quite a shock and I know the first time I felt more worried when I came out than I had felt before I went in as I knew I had to go back. All that evening the events played back in my mind and I could not sleep. As my next appointment approached I became extremely anxious. Afterwards I was relieved and pleased I had just had the local anaesthesia. I experienced some cramps afterwards which I expected but everything was fine."

Royal Derby Hospital 2015



Posted in September 2015 to the Patient Opinion website by "Patty Plum" (as the patient): "The 2 paracetamol I was advised to take before attending was laughable."

I was encouraged to undergo a hysteroscopy procedure without any anaesthetic. I was given the option, but was made to feel that it was no worse than a regular smear test.

The procedure was extremely painful, the gas and air offered was not effective, nor was the 2 paracetamol I was advised to take before attending. This was laughable.

A polyp was removed and a sample of womb lining- very painful. Given the nature of the procedure, and the fact that you are worried of a possible cancer I feel this is unacceptable. Flash backs and nightmares have also happened to me since this procedure. I also feel this would put anyone off going for further treatment.

The staff were very kind and caring.

Royal Derby Hospital, 2016

wollstone (as the patient) posted on the Patient Opinion website: "The nurse kept telling me to keep taking the gas and air but the pain got so excruciating I bit the mouth piece off and was screaming in agony."

I was referred to see the Gynaecologist by my GP due to having heavy bleeding at the age of 56. I had had a scan and transvaginal procedure May 2015 that showed a thickening of my womb, but it wasn't until I had had two more heavy periods in June & November 2015 that I was referred.

At the referral appointment I was told that it would be best for me to undergo a hysteroscopy to find out what the cause of the heavy bleeding was. I was told that I would need take pain relief an hour before the procedure like ibuprofen, I said I had got some codeine as I had just had a knee replacement 8 weeks ago.

The consultant got me to sign a consent form and said an appointment would be sent in the post for about 4-6 weeks' time.

I received the appointment along with an information sheet, it said to take the pain relief one hour before my appointment as I may experience cramp like period pains. After the procedure I would be taken to a rest room where I would be given a cup of tea and would need to rest for 15 to 30 mins before going home (at no point did it say it would be best to have someone with you).

On the day of my appointment I took 1 codeine tablet (30mg) and 1 paracetamol tablet (500mg) an hour before my appointment as recommended. On arriving I was seen by a nurse that did the usual tests BP etc. and she asked me if I had taken any pain relief I said yes and she wrote it on my notes. I was then taken through to see the consultant and the person who would be conducting the hysteroscopy. The consultant asked me about my previous history of bleeding and other questions concerning the menopause. I said I had had no symptoms of going through the menopause and she said it would be best to proceed with the hysteroscopy and take a biopsy from the lining of my womb and also to have some blood tests done to check my hormone levels.

I was then taken in to a room where I changed into a hospital gown and was led into the room to have the procedure done. There was a nurse sitting next to my head and she said to take a good deep suck on the gas and air she offered me. The nurses were talking to me about my work as the procedure started but within seconds I couldn't answer because of the pain building. The nurse kept telling me to keep taking the gas and air but the pain got so excruciating I bit the mouth piece off and was screaming in agony. The consultant said they had nearly done and I was doing really well but I just wanted it to stop I felt myself passing out and the nurse kept saying you are OK you are nearly there but the pain was unbearable I was crying. The consultant withdraw the instrument and said I was just going to feel a bit more pain whilst they took the biopsy, I was just in agony I was completely out of it.

Afterwards I was told to rest for a while and only get up when I felt ready, I just wanted to get up and run out of there as quickly as possible. After I had dressed I was taken back to see the consultant who told me all looked fine and I would be sent the results from the biopsy. I was given the request to have my blood test taken and then the nurse took me to a rest room where she brought me a cup of tea. I drank it quite quickly because to be honest I just wanted to get out of there and go home.

I got to my car and just cried and rang my husband, he couldn't believe what had happened and said he wished he had gone with me. I said to him at no point was it mentioned about having someone with you and to describe it as "cramp like period pains" was the biggest understatement of the century!

I have been through two knee replacements, had a kidney stone four weeks after giving birth to my son, had two children but nothing on this earth was as painful as having the hysteroscopy.

I have since read that some women feel no pain or mild pain and have them for various conditions, perhaps the health service need to look at and understand which group of women really find it excruciating and offer them the chance to have a local if not general anaesthetic.

I would just like to had that all of the nursing staff and consultant where lovely, but it didn't take away the trauma I have taken with me from this experience and for two nights following I have woken in the night crying and thinking about it.

Royal Devon and Exeter Hosp (Wonford) Dec 2013



AliceB reported on the Patient Opinion website in January 2016: "I had tears running down my cheeks. Yet the doc wrote that I had mild discomfort tolerated by the patient."

I had an outpatient hysteroscopy after a scan and before a hysterectomy after which cancer was detected in the lab. I experienced severe cramps like labour pains and had tears running down my cheeks. Yet the doc wrote that I had mild discomfort tolerated by the patient. I was not looked after afterwards until I broke down in the cafe with my husband. He went and found help and then they were lovely.

Why is there no sedation offered, no pain relief? It was a horrible experience and the nurses did not help me afterwards. I suppose I was trying to be brave but I will not forget trying to get dressed behind the curtain with my hands shaking and the blood suddenly gushing and the nurses chatting away to themselves. I have only just heard of this site and I want the NHS to know that there are women for whom hysteroscopy is a barbaric procedure and not to put the collective head in the sand over this. This is a shortened version of what happened.

St James University Hospital, Leeds Jan 2016



KC87 posted on the Patient Opinion website: "I feel great concern that this procedure is provided to a majority of women minus any sort of pain relief."

My GP made a referral for a hysteroscopy as a transvaginal ultrasound indicated the presence of a polyp and abnormal endometrial thickness.

After about 8 weeks I made a call to the bookings department as I'd still not been given an appointment at St James' Hospital, Leeds. The administrator said there was a cancellation for two

days' time which I happily agreed to take. I was provided with no information about the procedure only that I'd be awake and that there was no need to fast (only because I asked).

On arrival to the department I was met by the consultant who briefly explained the procedure and the things that can go wrong e.g. damage, infection etc. and asked whether I'd like to try having a Mirena coil inserted at the end of the procedure. I agreed to this and signed my consent form. I was also asked whether I'd taken any painkillers in preparation. I explained that I hadn't as I wasn't advised to and assumed I'd be offered some to take now. I wasn't and the consultant, although pleasant, seemed more concerned that I'd not eaten breakfast!

The procedure began with irrigating my insides with water as I was bleeding. From the off it proved to be very uncomfortable. The introduction of the scope was extremely painful and was coupled with an intense pressure – it honestly felt as though the scope was going to pierce through the top of my uterus into my stomach. The staff in the room – the Consultant, Staff Nurse and HCA were all very nice and tried to keep me talking throughout. I was just repeatedly told to relax my legs and my bottom which I found quite difficult considering the pain I was in. I don't remember having the endometrial biopsy as it was all a mix of intense pain and constant, strong period-like cramping. The insertion of the Mirena coil was a breeze after everything else that was done!

At the beginning of December I had a Colposcopy where several cervical biopsies were taken due to an abnormal smear. I thought this was uncomfortable but the Hysteroscopy was by far the worst pain I've had to endure. I've never had children and I'd say that I have a moderate to high pain tolerance so I feel great concern that this procedure is provided to a majority of women minus any sort of pain relief. Surely the risk of damage to the patient should they shift position suddenly is high enough to warrant at least minimal intervention, never mind the mental trauma? My upset doesn't lie with the staff in this instance, but the underlying policy that dictates that this is allowed to happen to women across the country within an NHS that promotes 'patient-centred care'.

The Royal Stoke Hospital July 2015



"The unfortunate lady before me could be heard screaming in pain"

I have been waiting for a hysterscopy since August 2014. There was definite lack of communication between the private hospital where I underwent initial investigations and the NHS hospital. I telephoned the secretaries a total of 6 times to ensure the referral letter was received and I was entered into the system. Finally I received a letter on the 6th July to go in to Stoke Hospital on the 9th July. There was no patient information included in the letter, only advice to eat a light meal and bring sanitary protection not tampons. The consultant I initially saw felt that the procedure would be uneventful as I was relaxed during the endometrial biopsy I had in the August. This was slightly uncomfortable but not painful. He himself would not be doing the hysteroscopy and he passed this onto his colleagues in the NHS.

I underwent the hysteroscopy on Thursday and it was the most painful, traumatic experience I have endured. On arrival I was asked to change into a gown and waited for approximately an hour in the waiting room while other ladies were seen. The unfortunate lady before me could be heard screaming in pain. Therefore I went in slightly nervous and actually said to the doctor that I was apprehensive due to the pain, he replied everyone has different pain thresholds.

There were 6 people in the room, this included the doctor and scrub nurse. I am not sure what the other members of staff were there for apart from one health care professional strapping my legs to these type of boots, putting my legs in the lithotomy position while it seemed like I waited too long to be draped. I have been a nurse myself and felt this was completely unnecessary as I myself would have maintained the dignity of my patient until absolutely necessary. It would not be hard to lay a sterile towel over me as soon as I was exposed.

The doctor told me he would inject local anaesthetic and that would sting, I assumed very similar to being at the dentist, hoping all would be numb in a few seconds as it is when you have dental work. This was not the case, he even said he would give me extra local. I was told the worse was then over when that was done.

What happened next is a blur to be honest. I was in agony as they inserted the camera. I was sweating, hyperventilating and pulling my hair! Once the camera had been inserted through my cervix which seemed to takes ages they took pictures and found the polyp. I was then told to remove the polyp they would need to dilate my cervix further and inserted a larger instrument. This was even more painful. At one point my bottom lifted off the table and I was rigid, they continued and I started to cry. I was asked to relax and stop hyper-ventilaiting, then after a few minutes he asked if he should stop, I couldn't speak so I just nodded, sobbing! I was then subjected to the indignity of being left far too long in the lithotomy position before they took my legs down, they did not even cover me!

I was sobbing for half an hour afterwards. I was left for too long before being covered both before and after the procedure, this indignity was unnecessary. Now I have to go back and have a general anaesthetic as the procedure was abandoned due to the extreme levels of pain and distress I was in. They said they had given me local anaesthetic. I have given birth twice with no pain relief so was not expecting to have any problems or issues.

I was finally given a 5 page patient information leaflet about the procedure! I wanted to rip it up!

My cousin had this procedure at Stafford Hospital and did not experience the indignity or severe pain. After the camera insertion they said they would not proceed as she had not given birth so it would be too painful to further dilate the cervix and a general anaesthetic would be given at a later stage.

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65 Readers' Comments on Hetty Baynes' Uterine Biopsy – Daily Mail 2015

There were 347 comments from readers on the Daily Mail's Spring 2015 article about Hetty Baynes' agonisingly painful uterine biopsy. Some readers' comments were disbelieving or not in the least bit sympathetic. Here are 65 comments which confirmed or sympathised with Ms Baynes' experience. These comments suggest that not only uterine biopsy/hysteroscopy but also other gynae procedures are often being performed with inadequate pain-relief.

1. Rainbowbaby, Abu Dhabi, United Arab Emirates, 1 year ago – I had a similar but different procedure. I was told it would be very quick and need no painkiller or anesthetic at all. I was in so much pain but I had to keep going as it was nearly over. Except it wasn't. I felt like fainting with agony. I drove home as no one was there for me and I was assured it was not a big deal. I got home,

not sure how and got a hot water bottle, nurofen and crashed in pain for about 48 hours. The lady doctor butchered me. Doctors since then have looked and said oh my, what happened here? Poor lady, it happens more than you think.

2. Kelly, USA – Mine was quick however it was the only time I've screamed the f word in the doctors office. I'm American with private healthcare.

3. Bernie, Longford, Ireland – You don't get an anaesthetic for a biopsy of cervix either and it can be very painful.

4. Sarah, Portsmouth, United Kingdom – I am shocked at the negative comments, perhaps those women were lucky to have a higher pain threshold or a gentler doctor. I had treatment for pre cancerous cells of the cervix and it was like torture. It hurt so much I screamed and as the appointment was at 8pm when I got home and found I was bleeding profusely I had nobody to contact as the clinic and my GP surgery were closed, I was traumatised. To be fair, the doctor DID offer a general, but only because I was sobbing, his words were *"if I don't do this you will get cancer"*, hardly going to comfort me. We are treated like an inconvenience, they have to treat us because we are lucky to have smear tests to test for these cells, but it's like it's our fault we ended up in the clinic..

5. paulinelowe, Lampeter, United Kingdom – I had the same procedure about 16 years ago. I went in for a routine check after previously having laser treatment for pre cancerous cells when the doctor thought she saw something and wanted to take a biopsy. I agreed that she could do it there and then as I had one before under local anaesthetic. I expected to feel the pin prick of the needle but instead to my horror I felt the searing pain of my flesh being cut. My body went into shock. My stomach seemed to grow twice in size (or at least feel that way) and my mind could not comprehend what had just happened. Confused I left and was driven home. A few days later I went to my GP to complain. The outcome was she changed the hospital that I was sent to for any other follow-ups. I still feel some sort of action should have been taken against the doctor.

6. lovestosew, Denver, United States – The patients also need to ask questions about anesthesia for procedures like this. No one is truly responsible for your health but yourself, ask questions. I can tell you this is not something I would have without a general anesthetic.

7. Adopt-A-Rescue-Dog, Sydney, Australia – You DO need to take action! The Doctor breached medical ethics by not explaining the REAL pain u may experience. This should have been made known PRE-PROCEDURE. Otherwise, any consent you give is deemed invalid. Your GP was right as to the Malpractice side of things. Once you started showing signs of distress, the procedure must be halted and your concerns discussed. This procedure is in violation to every person's right to pain free treatment should they feel they require it. You were not offered the choice hence the doctor and NHS have legally failed. I urge you to not let this drop. You can sue without seeking compensation. Push that the UK Medical Regulations are changed so that every patient receives detailed information about any procedure they are booked in for and that they receive this at the time of making the appointment to have the procedure carried out. This then gives patients time to make the decisions you were not able to make.

8. shelle1975, yorkshire, United Kingdom – To all of you so brave women telling other women to *"grow up"* Shame on you … Everyone is different … Doing these procedures in GP clinic saves money pure and simple … Plus the cost of monitoring after.

9. Ecclescake, North – Why do people that had an OK experience tell those that didn't they're being pathetic? We are all different and Dr's perform their task in different ways, so each woman's experience is their own. I've had an ectopic bleed (with subsequent emergency surgery) referred to me having a bad period pain and the triage nurse actually tell the consultant (a man) to treat an ectopic pregnancy and stop being an idiot. The triage nurse clearly anticipating why I was rolling about in

agony. I've also had a colposcopy, with biopsy, where I was told to cough and I wouldn't feel a thing, again by a male consultant. It hurt, I had tears streaming down my cheeks, but had the most tender nurse who brushed them away. I appreciate my experiences are my own, but NO-ONE brave or not deserves to have a procedure with no explanation about expected pain, or when in pain be treated like it's not happening.

10. superduper1, Cirencester – I had exactly the same procedure done about 5 years ago and it can only be described as medieval torture. No woman should be expected to endure this sort of pain in this day and age. I am sure a man would not stand for it. My best friend also had the same thing done. It is traumatic and any woman who disagrees must be some kind of android.

11. null – After having a colonoscopy and an endoscopy and IUD insertions and removals without anaesthetic, I did have to laugh at my consultant's notes, which said, *"Patient tolerated procedures without anaesthesia."* Patient was not offered any!

12. Grumpy Lady, The Shore of Helm – I've had a cervical biopsy with no anaesthetic; agony

13. Diana, Newcastle under Lyme, United Kingdom – I know anaesthetics carry a risk, but surely women should be given the choice of having pain relief or not.

14. lyndylou, Sheffield – Absolutely. Women usually have an idea how much pain they can take. Surely also if a woman is in obvious agony, the procedure should be stopped and an anaesthetic offered.

15. Mrs D, Donegal – It is not simple for some women, and the clue comes from the nurse telling her she was brave. I would have run then!

16. pussinflipflops, Doncaster – 7 weeks ago I went through the same thing.. yes, it was very, very painful to take a sample of the fibroids I have. I wasn't given any choice of anaesthetic. Sadly there are cancerous cells and I'm dreading the hysterectomy I am scheduled to have in 2 weeks time.

17. Brookles, Birmingham, United Kingdom – I had a uterine biopsy then a hysteroscopy in December 2014. Exactly the same thing happened to me at the Women's Hospital in Birmingham. I asked for anaesthetic as I'd had a Colposcopy a few years ago and still remember the pain I was told it wouldn't hurt – it b….y well did hurt I screamed and cried with the shock of the pain. I'm usually quite hardy but this was horrendous. I did get a cup of tea though. But no cake. I ended up in bed for the afternoon as I was in such pain. Not even a paracetamol was offered. This cannot be right surely?

18. Highlandlassie, Argyll – I had an HSG performed recently and the letter advised that this may be uncomfortable. I took Voltarol and paracetamol and was so glad I did. There were 2 nurses there holding me, with one stroking my hair, which was extremely unnerving. I'd say the pain was on a par with my C section recovery but intense and searing, I never let on I was in that much pain due to the fact they kept saying, "*there it's not as bad as you thought eh?'* And I thought they would laugh at me. The woman before me took nothing and screamed blue murder. I think they are trying to avoid giving out pain relief.

19. Trumpydalston, Chester – I had this procedure also without anaesthetic. The male consultant who arranged it said it would be 'a bit uncomfortable'. It was agonising pain!

20. Jenny from Maidstone, West Malling – I was offered this test and told by the doctor *"most women who have had a baby can tolerate this"*. I asked her to explain the procedure in detail saying afterwards,*"I don't like the sound of that so no thanks – can I have a scan first?"* The scan showed no invasive was needed.

21. danny7morgan, London – Sounds like government backed misrepresentation and assault to me.

22. DonutUniverse, London – Grounds for legal action surely, but as stated she's not looking for money from the NHS. Medical practices will try it on and save money by holding back meds. You have to be aware of it and raise hell if it any of them try it on with you. I suspect they target women more because they are often less aggressive and less likely to react. Always ask clearly at the outset what kind of sedation to expect.

23. loula71, – I had to have a biopsy of my cervix due to abnormal cells. The male doctor said it will only hurt a little. I had two nurses either side while the butcher of a doctor chopped a small amount of my cervix away without anaesthetic. I screamed in agony and was crumpled up in pain for days. It was the worst procedure but would have been a walk in the park with a general anaesthetic.

24. Rebecca, Swansea – Clearly it should be done under anaesthetic or it wouldn't be offered to people in other hospitals. The hospital's response is totally unrepentant and shows a real lack of compassion. Doctors should have to answer for what can surely be classed as misconduct.

25. Mrs Very Grumpy, Belfast, United Kingdom – As a young student nurse back in the 70s I worked for a short while in the gastroenterology procedure unit as part of my training. I can only describe it as the chamber of horrors and at 19 years old felt almost as traumatised as the patients. People who had difficulties swallowing the gastroscope for a gastroscopy were irritants and time wasters – I won't even get into the sigmoidoscopy and colonoscopy patients who requested "something for the pain please". The patient/doctor relationship was very different at that time and patients were less inclined to ask for sedation and placed complete trust in their doctor with no questions asked. Nowadays, we are armed with all the information we need to decide for ourselves whether we want sedation at the outset or to start without it and see how it goes first. It should be a decision you take with your doctor and not one they make on your behalf – no one knows you better than yourself.

26. Adie the ranter, Prestayn, United Kingdom – My Mrs had this and she's no wuss but she passed out with the pain in the car on the way home.

27. DawnTX, Tomball, United States – The same type of painful experience happened to me, once during egg harvesting for IVF in the UK (the doctor said *"Oh that shouldn't be hurting you"* as I was screaming with tears gushing out of my eyes) and the second time a year ago in the US during a routine biopsy for the same reason as Ms Baynes and, of course, healthcare here is all *"private"* in a sense. I don't understand how those female doctors can say *"there, there dear"* in the way they do. I agree it's brutality for no good reason.

28. Kitty, UK – My 98 year old grandmother had this done when attending hospital for investigations into a prolapsed uterus. We weren't expecting it and it was clearly painful. She gritted her teeth and didn't make a sound but the sight of her flinching made me cry and she was gripping my hand so tight. I was angry that they just invaded her body with no explanation. She passed away a few months later at 99 years old and the problem never left her. At that age women just put up with things but I would not have agreed to have it done without anaesthetic of some kind.

29. hellsbells, London – Agree. Always, Always, Always understand what they are going to stick in you or pull out of you – you should always ask questions. Don't be bullied. Yes they provide a free service BUT you still have rights.

30. Rosey, Lewes – I had the same procedure about 12 years ago. I could not believe how painful it was & how no anaesthetic was used. The gynae surgeon said to me *"are you still with us?"* as if it was a joke! Also episiotomy without anaesthetic & stitches after birth without an anaesthetic with the doctor saying *"no she won't feel this".* Wish I could have done it back to him it was extremely painful. In addition I have had several needle breast biopsies in which I was given a toy frog to

squeeze to *"help with the pain"* & this was under private care! Seems it's always women who have to undergo these procedures without anaesthetic – seems men seem to think we don't feel pain! How would they like it if a woman handled their genitals in the same way?

31. MaryJo-KingsLynn4, Norfolk – No, as I said in my comment earlier, we should at least be given the choice after the particular procedure is explained. Some, like me, might still go ahead, as the thought of having to go back at a later date and still have that worry if it's cancer or not…..might supersede the alternative. Others, after having the initial examination might prefer to wait for the much more painful biopsy, if it is required, until they can have it under either the less expensive and intrusive local anaesthetic – or for others a general might be the preferred option. We are all different and that should be acknowledged.

32. jayjay, High Wycombe – I haven't had that exact procedure but suffer from endometriosis so pap smears and IUD insertions are agonising. There exists in the NHS an imbalance between causing pain and a desire to get the procedure done as quickly as possible. It's a bit medieval sometimes, like we're supposed to grin and bear it and not be a drama queen. Men would never stand for it.

33. Linrow, Nottingham, Spain – The exact same thing happened to me in my local clinic in Spain, but without the soft words and encouragement. The woman doctor was angry with me and nobody ever told me what they had been doing. At least now I know she was probably taking a biopsy. But it is brutal, believe me!

34. Katey S, Belfast, United Kingdom – The cervix is always clamped shut except during labour when it contracts and opens – when an instrument is forced through the closed cervix and into the womb the pain is absolutely indescribable. I am astonished this lady had to undergo this procedure without anaesthetic of some kind. I'd not have consented to this unless anaesthetic was offered. Ladies, please get informed about these things!

35. Cathy, Oxford – But the doctor does not always inform the patient in full. And that is where the problem lies.

36. Tammy, Tamworth – Gas and air and pain relief should be routine minimum for procedures like this. Patient should always be given choice of anaesthetic if they wish it. We do not live in undeveloped country and don't wish to be treated like this.

37. Suzie_Q, Bedford – I had a camera put into my womb and the pain was worse than giving birth by 10 times at least. I should have known what was coming up when I was shown an infantile picture on the ceiling and told to find the fruit that were hidden within the picture. Legs up in a stirrup, expected to look for 'fruit', making sounds that I cannot believe were coming from myself. It was degrading and very painful. I 'whimpered' the whole way home whilst I was alone. The memory has never left me. Barbaric procedure. Maybe female doctors should experience this then they will be able to tell all doctors just exactly what it is like. I am quite a stoical person normally.

38. sunlover, Manchester – I had this under general – thank god! I did have a hysteroscopy with only a local anaesthetic and it was awful. The fact that the doctors and nurses downplay it makes you unprepared for what is to come. Presumably it's also worse if you do actually have anything wrong with you (like fibroids) which may be painful anyway before any poking around is done!

39. Isitme1969, Manchester – This happened to me in November. It was agony. And I have a decent pain threshold. Earlier last year, I was thrown from a horse and hospitalised for three days with broken ribs, fractured vertebrae and punctured… and I didn't cry then, even though I was in bits waiting for the morphine to kick in. But I certainly did feel the pain during this 'routine' hysteroscopy. Immediately afterwards I cried with the relief of it being over. I lay there sweating, trying to hold back the tears. Yes, feeling like a wimp. During the procedure I was told over and over

'it's almost done now' only it wasn't… it seemed to go on for ages. Women should be told in advance what it involves and be offered pain relief. I wasn't even advised to take some ibuprofen beforehand – perhaps that would have helped take the excruciating edge off it! I understand the NHS needs to save money. But at the expense of patients in that much pain?! Crazy.

40. Meatonthebone, Newport – Well done to the Daily Mail for giving great coverage to Hetty Baynes' horrendous experience. You also covered a similar story about 6 months ago in a letter headed 'Stop This Torture'. I went through a similar experience to these two ladies a few years ago and am still traumatised by it. If the NHS feels that they have to continue with this barbarism they should at least have the decency to ensure that the patient fully understands what it entails so that they can make an informed decision whether or not to go ahead with it.

41. Doglover1, Chester – I had the same thing without anaesthetic and can agree it was agony. The doctor did not stop it immediately when I asked. He *"just wanted to collect a few more cells!"*

42. Suzie_Q, Bedford – They didn't stop for me. *'Only a little while longer'* was the response and there is not a lot you can do when your legs are up in the stirrups!

43. Mrs D, Donegal – My sister too, they told her to '*shh, and stop making a fuss'.*

44. Tab, UK – I've had the same thing and it was horrific. Pain along the lines I have never felt before, I sobbed for 6 hours without stopping. And, yep, five days at least to recover.

45. Qovpatlh, Newcastle, UK – Having experienced childhood sexual assault I can guarantee if this happened to me I'd never go back to a Dr or hospital again. I'd rather die alone in agony than have someone inflict it on me.

46. TLC1, Manchester – The same thing happened to me last year. The procedure is called a hysteroscopy. It was excruciating. Always used to be done under general anaesthetic but because of cost cutting in the NHS it is now done as an out patient. The very least they could do is tell you to take strong painkillers beforehand.

47. SouthernGirl, Southampton, UK – The treatment you have had sounds disgraceful. Unfortunately, only by taking legal action will you stop this happening to somebody else. Changes don't get made otherwise.

48. Angela Pickles, Elland, UK – I'm not sure it is to do with cuts. I had a similar procedure done in France prior to treatment for fibroids. It was deeply unpleasant and horribly painful and I was in shock and pain for several hours afterwards. It seems to be standard procedure with no warning given that it will be so awful. (If I had been warned I would not have gone through with it!)

49. Puzzled, Reading, UK – I too had this happen to me and because years later I needed another one – I refused unless it was done with anaesthetic. The pain was horrendous and the nurse had to hold me down. I would not recommend any person undergo any invasive surgery without being put out.

50. London Roobarb, London, UK – I was featured in the DM last year; it was me who contacted my MP Lyn Brown. The comments that followed were horrendous! Women need to know the full facts of the procedure so that they can make a fully informed CHOICE as to how they want it carried out whether that is by general anaesthetic, local anaesthetic, conscious sedation or with nothing. The word here is CHOICE! I was given no choice and would rather have gone through 10 labours than that procedure, and women I know were deeply affected by this. Thank you for raising this issue again. I would love to get together with you to discuss how we can move our campaign forward.

51. nimue1, Banwell, UK – The Dr did not explain the procedure properly. The Dr therefore, could not, and indeed, did not, get an officially signed (or verbally agreed) consent, from the patient. This is legally assault and battery, and I do hope that the patient goes to the police about it, and that The Crown Prosecution take it to court.

52. powrightinthekisser, Atlantis, UK – You should sue for money, or else the pain you've suffered will be for nought. It should be cancelled out by the extra happy experiences you will have as part of your compensation claim.

53. Banters, Herts – This is a disgrace and makes me doubt the Gynaecologist's competence. In private practice an internal scan would have been the procedure first employed to identify any potential malignant areas. It is only slightly uncomfortable at most and certainly doesn't require anaesthetic, but does need a Consultant/Doctor with sufficient skill to interpret the findings. A biopsy would only follow if the results gave cause for concern, using proper pain control. Ms Baynes' treatment appears to be either a case of poor medical judgement, lack of appropriate equipment, hospital cost-cutting or all three! Our once progressive NHS seems to be going backwards at an alarming rate and is being surpassed by countries we once considered to be medically inferior, why is this being allowed to happen?

54. Cornflower, Birmingham, UK – Yes I agree with her. I had this procedure done! I was just told by the nurse that it would be a bit painful ! The pain was dreadful. I was screaming and crying so much !!!!

55. ShSh, Surrey – I have had this procedure myself and I hate to tell you all but I went private. It was the worse experience I have ever had. The pain was horrendous, the doctor was cold and the nurse was so rude I had to make a complaint. The experience has now put me off going for regular checks.

56. oldagegoth, Dundee, UK – OMG – I went to an appointment at a Dundee hospital and they did a bioppsy. I'm a tough cookie but what they did was downright abuse. OMG how I screamed. I have had kids and numerous ops for tumours but that was the most brutal thing ever done to me. Traumatised indeed and I feel so sorry for other victims.

57. Sarah, Perth – I am scarred by the memory of the 'chop' feeling too!!! Imagine if someone asked if they could chop a little bit off your lip with nail clippers – that's what it feels like!!! Except you are by no means prepared.

58. Mojo121, Wadhurst, UK – I had exactly the same treatment but in a different hospital. It's all about saving money. If they don't give an injection they save money. And yes it is extraordinarily painful.

59. Sharon-S, Wolverhampton – I had endometrial sampling done without anaesthetic or even any numbing injections for heavy bleeding 5 years ago this May with the coil inserted a minute after so it doubled the pain for me. I have gone through childbirth 2 times. The endometrial sampling was totally excruciating and the cramps afterwards were like contractions for 4 days – it was awful. I am dreading having the coil out in a few months' time after the time limit is up. I have a very real fear of the pain again though I am hoping it won't be as bad due to not having the sampling this time.

60. Humph, Norwich, UK – Outpatient procedures do not take up a bed for the day. The patient must not try to travel home alone but, it is otherwise very straightforward. I endured a womb biopsy without pain relief. The pain was so unexpected and shocking that I was unable to repeat it a year later. The later procedure was important being a check for cancer. I hadn't been warned that my check-up involved another biopsy. Taken by surprise I panicked and signed a disclaimer and fled.

61. The Punisher, Darlington UK – As there was NO CONSENT FORM nor explanation, prosecute for Common Assault. That should concentrate minds.

62. Jane, London – Barbaric, disgusting and an easy trick for doctors to pull, I can see that – but the story wasn't enhanced by all those photos showing off different poses and outfits. What on earth was that about? It somehow undermines such a serious story, accompanying it with some sort of fashion shoot.

63. Nottingham Miranda, Nottingham – I know you don't want to sue the NHS but how many more women have undergone this and not complained because they think it's only them that's endured it. Trust me, after reading this I thought how barbaric. I would sue them so they can't do this to another woman

64. JeanyB, Lancashire – It happened to me! I'd had some postmenopausal bleeding so was referred to the hospital. During the procedure one nurse talked non-stop, perhaps she thought I wouldn't notice the pain if she distracted me! The pain was awful!

65. MrsFit, London – Well done Hetty for raising this issue. There are other procedures that can also be classed as barbaric yet patients are supposed to bear the pain and indignity of them. I doubt the majority of medics who carry them out have ever undergone the procedures themselves so have no idea of the agony they inflict. It's about time this issue was highlighted – we live in the twenty first century not the Dark Ages.

12 Cases reported to BSGE in 2014

CleverGirl, UK (Daily Mail Online)

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!

Dandelion, Poppy field (Daily Mail Online)

My (male) gynaecologist reassured me the uterus 'has no feeling'

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!

Sue D, Worthing

A nurse on either side holding my arms down …

I too had this procedure and i was made to feel it was me not relaxing because i was in pain. It was excruciating 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!!!!

Jan, 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.

Elliemay, Sandhurst

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

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!!

Margaret, 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.

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 was 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.

Debbie, 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!

Jo, 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."

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 procedure 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 procedure 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 procedure, 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.

Maureen, Norwich

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.

Patricia, Fife

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 while I was 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?

Michelle's Sister, 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.

Parliamentary Debates on Painful Hysteroscopy 2013, 2014



Lyn Brown MP (West Ham, Lab), has spoken twice in the House on behalf of constituents who've been coerced into completing unbearably painful hysteroscopies without anaesthesia. Lyn Brown cites numerous instances of women throughout England being held down by nurses in order to complete a hysteroscopy and thus avoid the expense of sedation or GA.•http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131219/debtext/131219-0003.htm#13121967000536 Hansard : 19 December 2013; and •http://www.publications.parliament.uk/pa/cm201415/cmhansrd/cm141218/debtext/141218-0003.htm#14121849000513Hansard : 18 December 2014 **Hansard, House of Commons, 19 December 2013:**

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 a hysteroscopy being 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 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."

Bob Stewart: That sounds absolutely horrific. The hon. Lady did not explain whether Debbie was asked whether she would like a general anaesthetic. I presume that she was not asked and that the procedure went ahead without it.

Lyn Brown: Her very next sentence explains that:

"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!"

Jan from Cheshire said:

"I had a hysteroscopy in Cheshire. This hospital is a private hospital but I was there as an NHS patient, as it was the hospital that my doctor could get me into the quickest, for investigations into abnormal bleeding. I saw the consultant in September of 2011, and was given an evening appointment to attend for a hysteroscopy, and was told that the procedure would be done under local anaesthetic. At the evening appointment, 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"—if Members have been paying attention, they will know that my constituent Debbie was not offered that—"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."

Jo from Chesterfield said:

"I had already had biopsies done in clinic with no anaesthetic, done like a smear with swabs but going through the cervix. I had found this painful but nothing prepared me for what was to come. I had been given a leaflet to outline the procedure but it mentioned nothing about pain or discomfort. I was asked to go behind a make-shift cubicle in the corner, take everything off and put on a gown. I was then asked to sit in a contraption that looked like some Victorian birthing chair, it was very uncomfortable and awkward to sit in. I felt so undignified…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."

(...)

Jenny from Barnsley said:

"I went into the clinic and was given an ultrasound and very quickly was approached by a senior registrar who said I had a very thick womb but they could do a biopsy there and then.

My GP had mentioned that this procedure can be difficult but they would give me a local anaesthetic. To be honest I was in such shock. 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."

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.

Gillian in Leeds said:

"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".

She said that 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?"

Patricia from Fife said:

"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?'"

Maureen from Norwich said:

"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."

I have received so much correspondence about this issue, via my friend Debbie, that I could speak at length and give many more examples, because what I wanted to do today was give those women a voice. However, I think that the House will understand the direction in which I am going.

Some women have received no pain treatment at all—no anaesthetic to dull the pain. Some have received a local anaesthetic, but, given the severity of their conditions, a number of them have found that that is not enough. Others have received a general anaesthetic, either on request or because their doctors were aware that the procedure involved might be more extensive than had been expected. A study of a group of women conducted over five years in Melbourne established that over 10% of the group would not accept a local anaesthetic again, because of the pain and the need for the procedure to be repeated owing to a failure to secure a biopsy sample.

I have found it difficult to obtain information about this issue, but I think that certain facts are clear. Some women are being given no pain relief options at all. That aspect is not being explained to them by the doctor when they get to the hospital. Some feel that they are not being treated with compassion and respect, and that very little or no consideration is given to their dignity or their well-being. Some are experiencing a procedure that fails and needs to be repeated. One has to ask how often that happens, and what the cost is to the NHS.

Some women are clearly receiving treatment that is not in line with the guidelines issued by the Royal College of Obstetricians and Gynaecologists, which acknowledges that

"outpatient hysteroscopy can be associated with significant pain, anxiety and embarrassment".

While the RCOG's guidelines emphasise throughout that it is possible for women to have an acceptable out-patient experience, and some women do, there is clearly a serious problem, in that the current standard practice is failing a significant group of women very badly. It is appalling that, in some cases, no pain relief is even offered. I have read a range of the information leaflets that various hospitals offer to support their hysteroscopy out-patient clinics, and I am glad to note that local anaesthetic is mentioned in almost all of them, but they are not open enough about the pain that women may experience during and after the procedure, and there is inadequate reference to the option of undergoing the procedure with a general anaesthetic.

Bob Stewart: May I ask what percentage of women feel no pain whatsoever? Is there such a percentage, or does everyone experience pain—in which case, we must sort the matter out?

Lyn Brown: I honestly cannot answer that question, although I can say that at the different times in my life when I have had internal examinations the pain has varied, and that as I have got older, the examinations have become more painful. I have been told by some women who have had babies—which, sadly, I have failed to do—that they have found the examinations less painful after their pregnancies. However, some have told me that they become more painful with the menopause. Indeed, when my mother had a similar examination, she told me that it had been excruciating, and that was when she was quite old.

I am not sure that there are any research findings out there that would answer the hon. Gentleman's very sympathetic question—certainly I have not found any—and I think that this is something that we need to know more about. However, a study published by the British Medical Journal in 2009 concluded that a local anaesthetic injection was the best method of pain control for women undergoing hysteroscopies as out-patients.

I have struggled to decide what I need to ask the Government to do in order to ensure that women receive the best possible care and treatment while undergoing this procedure. It is difficult for me to know that, because I am not a medic. However, I do think it is reasonable to ask the Government to use all the influence they have over policy in this area to require the National Institute for Health and Care Excellence to work with the Royal College of Obstetricians and Gynaecologists to issue authoritative guidelines. I also think the Care Quality Commission may well have a role to play in ensuring that best practice is delivered locally at each hospital.

Bob Blackman: I have listened with horror to these terrible experiences suffered by women. Is the hon. Lady aware of any other such treatments to either men or women where anaesthetics are not provided yet people are in such pain on such a general basis? That would clearly be a matter of the whole health service not doing a proper job, compared with a narrow field that we can possibly deal with very quickly.

Lyn Brown: I have not heard from others but my guess is that, should this debate be heard outside these walls, we collectively in this Chamber may well hear from our constituents who have endured similar experiences.

John McDonnell: A fair amount of survey work was done in respect of the all-party group on endometriosis, which produced very similar findings of inconsistent practices and practices that were incompatible with the well-being of the individuals.

Lyn Brown: I am grateful to my hon. Friend for that intervention and I will look at that research if he signposts me towards it.

I promised Debbie that I would make her voice and the voice of other women who have had similar experiences heard today, and I hope I have done that, but merely hearing the voices is not enough. This Government have the mantra of no decisions about me, without me, and that policy needs to be adopted in gynaecological procedures so that I and other hon. Members do not have more Debbies coming to our surgeries to tell us about their horrific experiences. I am hoping that the Deputy Leader of the House will take this to the Department of Health on Debbie's behalf and on behalf of the other women, and I would hope that I will receive some communication from it in the new year telling me that Debbie, Jan, Jo, Katharine, Jenny, Michelle, Gillian, Patricia, Maureen and the many other women I have heard from will be well and truly heard.

Hansard, House of Commons, 18 December 2014:

2.41 pm

Lyn Brown (West Ham) (Lab): I am absolutely delighted to have this opportunity to contribute once again to a Christmas pre-recess Adjournment debate. I want to raise two health issues: the hysteroscopy procedure and pancreatic cancer. I know that some Members were present when I talked about hysteroscopy last year, but I must warn the others that it is not for the squeamish, so I will perfectly understand it if anyone wants to leave the Chamber.

The hysteroscopy procedure was first brought to my attention by my constituent Debbie, who lives in Plaistow. She is a really lovely women and a great campaigner. She was diagnosed with womb and uterine cancer and contacted me not about the pain of the cancer, but the pain she went through during the process of diagnosis. Debbie underwent a hysteroscopy, which I remind Members is a procedure for looking inside a patient's uterus. It is used to investigate symptoms such as pelvic pain, abnormal bleeding and infertility. Biopsies are often taken during the procedure and tissue is removed. The procedure is uncomfortable and can be incredibly painful.

Debbie has since campaigned tirelessly to prevent other women from being subjected to such a painful procedure. I pay tribute to the work that she and others in the hysteroscopy campaign have done. Since raising Debbie's story in the House last Christmas, I have been contacted by a number of women across the country who heard about the debate and wanted to share their stories with me. The cases they described have all happened since last year's debate.

One such woman is Mrs Hughes. She had a thickening of her womb and was told that she might have cancer, so she had a pipelle biopsy, which in itself was very painful and distressing. She was then told that she would need a hysteroscopy and that she would be given an anaesthetic. Mrs Hughes, who has heart problems, phoned the hospital to find out what type of anaesthetic she would be given. She was told that it would be a nerve block anaesthetic. To be clear, Mrs Hughes received information from a doctor, a nurse and a leaflet at the local hospital, all telling her that the procedure would be conducted under anaesthetic.

On the day of the procedure, however, her doctor—let us call him Dr C—told her, "Well, we only give anaesthetics to people who can't cope with facing it. It stings, but you'll be all right. I'll be gentle. I'll be in and out in 30 seconds." But the doctor could not find the cervix. After some time, and a considerable amount of intense and painful probing inside her, water was pumped into her womb and a camera was inserted. The pain increased significantly and Mrs Hughes was calling out loudly in distress. She felt herself passing out because of the pain. The doctor then said, "I can't reach it." The procedure was terminated without a biopsy or a diagnosis.

After the procedure, Mrs Hughes went home. She said:

"I had excruciatingly painful cramps and bleeding. I was so very distressed and dazed…I started to shiver and then began to shake all over. I couldn't stop the shaking. My nerves were shot. I was crying and couldn't get the procedure out of my head… I kept having flashbacks. My heart was affected, thumping and missing beats. I felt truly traumatised. I couldn't sleep—I kept waking up in an absolute panic."

She was in agony and was clearly experiencing post-traumatic stress. The doctor simply told her that she would have to come back and have the procedure done under general anaesthetic.

This really cannot go on. The Under-Secretary of State for Health, the hon. Member for Battersea (Jane Ellison), kindly wrote to me after last year's debate. She highlighted the guidance from the Royal College of Obstetricians and Gynaecologists, stating that she expected

"all clinicians to adhere to guidance where available to ensure good practice and the best outcomes for patients."

The guidance includes the need for formal informed consent for out-patient hysteroscopy before the procedure. I am afraid that I do not consider that to be sufficient protection for women. A significant number of hospitals still do not use a written consent form for an out-patient hysteroscopy. It is a postcode lottery as to whether a patient is offered different options for pain control, or indeed even advised to take a pain killer before the procedure. Put simply, many women across our country are still having to go through this procedure, which is often agonising, without the right information or informed consent.

I implore the Minister to take action to ensure that surgeons must always discuss with patients what will happen before, during and after a hysteroscopy, and that they must obtain formal informed consent for an out-patient hysteroscopy before the procedure. This matter must be tackled. I ask the Minister to use her good offices to make some progress.

TRIAL BY HYSTEROSCOPY – Katharine Tylko k@tylko.idps.co.uk

The NHS claims, "*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."*
http://www.nhs.uk/Conditions/Hysteroscopy/Pages/Theprocedure.aspx

Sadly for 5% - 25% of patients this simply is not true.

A typical spread of pain severity is reported in *'Factors affecting pain experienced during office hysteroscopy' 2014 http://www.sciencedirect.com/science/article/pii/S1110569014000855* Middle East Fertility Society Journal Volume 20, Issue 3, 2015 Shereef M. Zayed, Khaled A. Elsetohy, Mohamed Zayed, Usama M. Fouda

"Eighty-six patients (33.86%) reported no pain or mild discomfort (0–3 pain score), 118 patients (46.46%) reported moderate pain (4–7 pain score), 44 patients (17.32%) experienced severe pain (8–9 pain score) and 6 patients (2.36%) experienced intolerable pain (10 pain score) necessitating stoppage of the procedure."

An audit of Versapoint at Frimley Park, presented as a poster at BSGE ASM 2015, reported 24% patients experiencing severe pain. A similar poster audit of Versapoint at West Cumberland Hospital with comprehensive pre-med and excellent care reported 25% severe pain.

Outpatient hysteroscopy is clearly inappropriate for mentally ill, vaginismic, sexually abused or very frail women. A good hysteroscopist would automatically exclude such patients from the NHS outpatient list. The remaining patients are without pre-op assessment customarily put through a default outpatient clinic where they undergo Trial by Hysteroscopy.

The Department of Health as part of its 'Quality, Innovation, Productivity and Prevention' (QIPP) money-saving Best Practice Tariff financially rewards Trusts which do at least 70% hysteroscopies in outpatients without the assistance or advice of an anaesthetist. The ultimate target is 90%. The majority of patients – particularly premenopausal women who have given birth vaginally – do not complain and recover quickly from mild to moderate pain. Some don't feel a thing.

Indeed, many patients write appreciatively on the Patient Opinion website about the sensitive care they received, e.g. https://www.patientopinion.org.uk/opinions/290068 *"I went for a hysteroscopy at the outpatient women's clinic at Guy's, and I can't leave better feedback. The treatment from the nurse in charge who did my procedure was excellent, as was the care and help of the two assistant nurses. Procedure was painless, everything was explained clearly, and was given plenty of time to ask for questions/clarifications. Thank you so much NHS."*

But for 5%-25% of women OP hysteroscopy is a shockingly painful experience that often causes long-term PTSD and considerable anxiety about, and even cancellation of, subsequent hospital procedures.

One member of a womb-cancer support group dreads her 6th monthly colposcopy check-ups because the room triggers memories of a callous hysteroscopy. One young patient is extremely anxious about a forthcoming cervical biopsy because of an awfully painful hysteroscopy. Maybe this doesn't matter in the health-economics world of the NHS or to a Hospital Trust Board but in the human world it matters immensely. The psychosexual sequelae of a painful hysteroscopy can make

it extremely distressing for gynae-cancer patients to undergo subsequent vital cancer treatments e.g. outpatient brachytherapy. Gynae cancer support groups have heard accounts of painful hysteroscopies provoking vaginismus, and wrecking even long-term relationships. Very few NHS Trusts offer any form of psychosexual counselling.

THE SCIENCE OF HYSTEROSCOPY PAIN

Numerous causes of hysteroscopy pain are described in *Pain relief for outpatient hysteroscopy (Review)* by Ahmad G, O'Flynn H, Attarbashi S, Duffy JMN, Watson A

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007710.pub2/pdf

"... 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). (...) distention of the uterus during hysteroscopy can also cause pain.. 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."

Given this evidence, it is disturbing that some NHS clinics perform hysteroscopies with no analgesia or anaesthesia whatsoever.

Despite the fact that there is scientific evidence that women who suffer from severe dysmenorrhea are at greater risk of severe pain, many NHS hospitals fail to warn women of this fact in advance. These patients are usually advised simply to take over-the-counter ibuprofen or paracetamol before their hysteroscopy, which, as any woman with severe dysmenorrhea knows, are totally ineffective drugs for severe gynae pain.

http://www.ncbi.nlm.nih.gov/pubmed/24423975 J Minim Invasive Gynecol. 2014 Jul-Aug;21(4):586-91. doi: 10.1016/j.jmig.2013.12.118. Identifying predictors of unacceptable pain at office hysteroscopy.de Freitas Fonseca M, Sessa FV, Resende JA Jr, Guerra CG, Andrade CM Jr, Crispi CP.

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

The NHS hysteroscopy world has known for over a decade that mefenamic acid, diclofenac and other drugs can be of great help for gynae pain but few hospital Trusts are using these effective drugs, presumably because this would require a pre-op medical assessment, which costs money, so it is safer for the Trust's risk-management (and their lawyers) if patients only take over-the-counter medicines.

Despite the fact also that there is ever-increasing pathophysiological evidence to show that patients with endometriosis or adenomyosis are more likely to suffer severe pain, NHS hysteroscopists rarely advise women of this. http://www.ncbi.nlm.nih.gov/m/pubmed/24807378/ *The potential role of endometrial nerve fibers in the pathogenesis of pain during endometrial biopsy at office hysteroscopy.* Di Spiezio Sardo A, et al. Reprod Sci. 2015. **Abstract**

"We aimed to evaluate whether nerve fibers are present in the endometrial layer of patients submitted to office hysteroscopy and their potential contribution to the pathogenesis of pain during that procedure. Through a prospective case-control study performed in tertiary centers for women's health, endometrium samples were collected during operative office hysteroscopy from 198 cycling women who previously underwent laparoscopy and/or magnetic resonance imaging investigation for infertility assessment.

Samples were classified according to the degree of the pain patients experienced and scored from values ranging from 0 (absence of discomfort/pain) to 10 (intolerable pain) on a 10-cm visual analog scale (VAS).

The presence of nerve fiber markers (S100, NSE, SP, VIP, NPY, NKA, NKB, NKR1, NKR2, and NKR3) in the endometrium was also evaluated by morphologic and immunohistochemical analyses. We found that S-100, NSE, NKR1, NK-A, NK-B, VIP, and NPY, were immunolocalized in samples of endometrium, in significantly ($P < .01$, for all) higher levels in samples collected from patients with VAS score > 5 (group A) than ≤ 5 (group B) and significantly ($P < .0001$ for all) positively correlated with VAS levels.

A statistically significant ($P = .018$) higher prevalence of endometriosis and/or adenomyosis was depicted in patients of group A than group B. Data from the present study led us to conclude that nerve fibers are expressed at the level of the functional layer of the endometrium and may contribute to pain generation during office hysteroscopy, mainly in women affected by endometriosis and adenomyosis."

We are very grateful to an American patient who contacted the Campaign Against Painful Hysteroscopy and drew our attention to Sardo's article and its implications for pain-relief. *"So I had a meeting with my DR today to discuss the pain I have and the Uterine biopsy extreme pain and we had an ah ha moment. Or I had an ah ha moment and she is so amazing she listened and will be taking it to the local obgyn's for discussion and testing. So here is something cool. If you are going to the OB ladies for pelvic pain chances are you have one of two conditions. Data from the present study revealed that nerve fibers are expressed at the level of the functional layer of the endometrium and may contribute to pain generation during office hysteroscopy, mainly in women affected by endometriosis and adenomyosis. So basically me and Dr Kelly concluded that they were using the wrong type of pain medicine. They should be using a pain medication for nerve pain and not muscle pain or inflammation control. Even IV pain relief may not target the proper pain. Please pass this along because if you are unfortunate enough to be the 50 percent that has nerve pain during a biopsy or hysteroscopy then I pray this post gets to you or your DR!!!"*

KNOW WHEN TO STOP!

Meanwhile, in the UK, even though a patient may be weeping, shouting, screaming, vomiting or fainting the hysteroscopy trial is often continued in the hope that the procedure will be completed

so that the hysteroscopist won't be judged to have 'failed'. The nurses present may be well aware that the patient is in distress but they lack the confidence, or indeed the power, to ask the hysteroscopist to stop. Nobody wants to be judged to have 'failed' – and this often includes the patient, who is understandably anxious to discover whether or not she has cancer. No-one has told the patient how long she might have to wait for a hysteroscopy under GA. See Nick Panay: "*Know when to stop!" Lecture 3: Complications of diagnostic hysteroscopy* https://www.hitpages.com/doc/5125063040827392/42#pageTop

HYSTEROSCOPISTS SPEAK OFF THE RECORD

"Some patients don't feel a thing – others we're scraping off the ceiling" (Consultant gynae-oncologist, north of England)

"Some women feel violated" (Consultant gynaecologist, south of England)

"Most women just want to get the hell out of here" (Consultant gynae-oncologist, west of England)

"Sometimes the woman is in terrible pain and I want to stop but she says, 'No, please keep going' so I keep going but I don't want to." (Nurse hysteroscopist, north of England)

HYSTEROSCOPISTS SPEAK ON THE RECORD

Mr Sean Duffy http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1119314/ BMJ. 2001 Jan 6; 322(7277): 47. PMCID: PMC1119314 **Outpatient hysteroscopy versus day case hysteroscopy** Our current National Clinical Director for Cancer, Sean Duffy, academic clinical gynaecologist at Leeds, wrote: *"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."*

Mr Justin Clark http://onlinelibrary.wiley.com/doi/10.1576/toag.2002.4.4.217/pdf *The Obstetrician & Gynaecologist 2002; 4:217-21 Review: "Outpatient Hysteroscopy" T Justin Clark, Janesh K Gupta "... we need to identify and avoid traumatising the 3-10% of women who experience severe pain and with hindsight, would have preferred the procedure under a general anaesthetic" (Clark TJ et al. unpublished data).*

A WOMB CANCER SURVIVOR'S VIEW

As a member of various womb-cancer support groups and cancer network committees I was concerned that patients often encountered delays in diagnosis of womb cancer – and some died as a result. One reason for delay was that GPs in certain parts of the country were reluctant to refer patients to hysteroscopy clinics which had a reputation for being brutal. I repeatedly heard patients tell stories of excruciatingly painful outpatient hysteroscopies and/or womb biopsies. Almost without exception these women had not complained to their hospital Trusts and none had been asked to complete a satisfaction survey.

I'd personally experienced traumatically painful gynae exams after pelvic radio- and brachytherapy with a colposcopist cheerfully excising tissue with no analgesia or anaesthesia, while I shouted *'Stop!'* and my CNS shouted *'Don't!'* I was led to believe that I was not normal in being distressed by acute pain because I had not given birth. I stupidly thought that this was 'my fault'.

Initially I assumed it was only womb-cancer patients, nulliparous or anxious women for whom hysteroscopy was extremely painful. Then I discovered that healthy multiparous women were also reporting hysteroscopies during which they fainted or vomited. This didn't tally with the high patient satisfaction rates recorded in the medical literature. Nor with the hospitals' patient info leaflets which spoke of 'mild discomfort' and 'period pain-like cramps'. There was a mis-match. There were clearly good clinics and bad clinics.

As a Macmillan CancerVOICE I conducted *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* A full set of Q's and A's from 124 Acute Trusts concerning hysteroscopy pain-relief protocols are in the public domain at: www.whatdotheyknow.com

The survey revealed that nationwide up to 10% OP (mainly diagnostic) hysteroscopies needed to be repeated under GA. One hospital claimed that it had a 0% failure rate. I cannot believe this.

WIDER INVESTIGATIONS

Independent from my survey, the Daily Mail published two articles about NHS hysteroscopy/biopsy with no anaesthesia. *"Female check-up that can be more painful than giving birth – and the barbaric clinics that don't give pain relief"* 18 March 2014 http://www.dailymail.co.uk/health/article-2582994/Female-check-painful-giving-birth-barbaric-clinics-dont-pain-relief.html
"NHS doctors who inflict intimate and agonising surgery on women with NO anaesthetic" 22 January 2015 http://www.dailymail.co.uk/femail/article-2920561/NHS-doctors-inflict-intimate-agonising-surgery-women-NO-anaesthetic-Hetty-Baynes-subjected-uterine-biopsy-NO-ANAESTHETIC.html

Readers' responses were mixed. Some described similar traumatically painful gynae OP procedures. Others accused women of making a fuss about nothing. One reader (gender unknown) dismissed hysteroscopy pain as akin to stepping barefoot on a piece of Lego.

Lyn Brown, Labour MP for West Ham, spoke twice in the House of Commons twice about painful hysteroscopy.

THE BSGE INVOLVES HYSTEROSCOPY PATIENTS

In 2014 the BSGE permitted an oral presentation about the FOIA survey. In 2015 they accepted a poster about the strengthening of the law on informed consent as a result of Nadine Montgomery's successful appeal to the Supreme Court. *Learning from Lanarkshire – Informed Consent in Outpatient Hysteroscopy, poster BSGE SJM 2015*

At the BSGE 2015 Silver Jubilee Meeting it was announced that OP hysteroscopy is a 'gold-mine' for NHS managers.

In 2015 Ms Mary Connor instigated the first BSGE hysteroscopy patient-involvement project. With Nurse-hysteroscopist Alex Sutcliffe and input from patients she wrote an OP hysteroscopy patient information leaflet which truthfully warned of a 1 in 10 risk of severe pain, listed contra-indications to OP hysteroscopy and gave patients the option of GA, oral sedation and possibly IV sedation.

Abstracts of the 24th Annual Congress of the European Society for Gynaecological Endoscopy (ESGE), 7th-10th October 2015, Syma – Budapest – Hungary ES24-0513 Posters A Patient Information Leaflet for Outpatient Hysteroscopic Examination: a Proposed Generic Leaflet. M. Connor1, A. Sutcliffe2, K. Tylko3, E. Falkner4

DENTISTRY

Modern dentistry is painless. It is standard practice before drilling for the patient to be offered a gel to numb the gum prior to a nerve-block injection.

Meanwhile, NHS Hysteroscopy Clinics often avoid a cervical nerve-block because the injection can be very painful. So why isn't numbing gel used before the nerve-block? Or if the concept of injections into the cervix is upsetting for some women (as it is for me) why aren't these patients offered sedation?

Dental patients who are very anxious (possibly because of painful dentistry in childhood) are offered either a short-acting oral sedative or monitored IV sedation. Maybe NHS hysteroscopy clinics could learn from dental practice.

In 2013 an FOIA survey revealed that conscious sedation for hysteroscopy was only available at these 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

I understand that as part of Sheffield NHS Teaching Trust's current 'Listening into Action' initiative, Ms Mary Connor will be introducing into her clinic an option of Procedural Sedation with Analgesia for OP hysteroscopy. For the Campaign Against Painful Hysteroscopy this is wonderful news and we hope that this humane innovation will be replicated nationwide.

PAINFUL HYSTEROSCOPY BY 'KIND AND LOVELY' HYSTEROSCOPISTS

Recently, a large proportion of the hysteroscopy stories on the Patient Opinion website www.patientopinion.org.uk tell of severe or even excruciating pain during hysteroscopy inflicted by 'kind' and 'lovely' doctors and nurses. The kindness and loveliness of the staff is doubtless genuine but it deters patients from complaining about the pain, which other patients then go on to suffer. I'm personally guilty of not complaining about a surprise cystoscopy, done during an OP gynae clinic

with no warning or anaesthesia, during which I fainted. I should have complained but felt ridiculously grateful to the people who performed it. A fellow patient told me that she disliked the way the hysteroscopy staff treated her as a child. She said that she didn't want to be 'mothered' since she had a perfectly good mother of her own. She just wanted to be free from acute pain.

PATIENT SATISFACTION SURVEYS

High percentages of 'patient satisfaction' with OP hysteroscopy have been used to justify and promote the procedure with no anaesthesia and/or little analgesia. Some papers state satisfaction rates as high as 95%. Closer examination shows that these high satisfaction rates are often unreliable and even inaccurate. Patients are asked if they would have a future procedure in OP or under GA. They are not asked if they would prefer sedation, or how pain-relief can be improved.

The reader and the health-policy maker may mistakenly assume that a satisfaction percentage of 90% means that 90% of all women needing a hysteroscopy during a given period at a given hospital were satisfied with the outpatient procedure they received.

However, a widely-quoted study – upon which the current QIPP Best Practice Tariff is based - does not mention how many women right at the outset decided that they didn't want to risk an outpatient hysteroscopy and therefore chose to have their hysteroscopy performed under GA. These women were fortunate to have a CHOICE. The distressed patients who have joined the Campaign Against Painful Hysteroscopy for the most part had NO CHOICE.

http://www.rbmojournal.com/article/S1472-6483(09)00278-8/fulltext

See-and-treat outpatient hysteroscopy: an analysis of 1109 examinations Cagri Gulumser, Nitish Narvekar, Mamta Pathak, Elsa Palmer, Sarah Parker, Ertan Saridogan University College London Hospitals, Institute for Women's Health

"The only exclusion criterion was a preference for a hysteroscopy under general anaesthesia, otherwise all women who needed a hysteroscopy were offered an outpatient procedure."

"In conclusion, diagnostic and therapeutic hysteroscopy is feasible and highly successful in an outpatient setting. The majority of subjects with endometrial polyps and intrauterine adhesions are amenable to a see-and-treat approach."

Patient satisfaction surveys taken by hysteroscopy team members are invariably biased. Most patients who had bad experiences are frightened of reprisals by the hospital so prefer to avoid negative criticism. They may be afraid of hurting doctors' and nurses' feelings since the hysteroscopist may have been very kind but the procedure 'hurt like hell'.

STOCKHOLM SYNDROME

With feet in stirrups, undergoing a very painful procedure, a woman may feel and behave like a hostage negotiating with her captors. She is so anxious not to displease the hysteroscopist that she will tend to agree to anything. If a member of the team asks, "Are you alright?" the patient is likely to answer, "Yes," even if she's in great pain. A better question for a hysteroscopist to ask would be, "Are you sure you are comfortable?" or quite simply, "Are you in pain?"

WHAT IS PAIN FOR?

Pain is usually an indication that something is wrong. Severe pain usually indicates that something is seriously wrong. Almost all the patients who have given their stories to the Campaign Against Painful Hysteroscopy stressed that the pain they experienced during outpatient hysteroscopy was not a 'natural' pain like that of menstruation or childbirth. They attributed the pain to the action of the hysteroscopist, i.e. they experienced iatrogenic pain. Patients frequently use the term 'barbaric' to describe their treatment. Some patients claim that the hysteroscopist dismissed the severity of the pain or even joked about it, e.g. *"Are you still with us?"* Nurse attendants typically are kind and friendly, *"You're doing very well!"* but encourage the patient to continue with the procedure despite her obvious distress. Nurses may say, *"It's nearly over,"* when they know it's not – but how is the patient to know? Afterwards: *"You were so brave. I wouldn't have let anyone do that to me without an anaesthetic."* A consultant writing to a patient's GP has confidently stated, *"she tolerated it with mild discomfort"* when in fact the patient had tears running down her face.

DOES PAIN MATTER?

Throughout the NHS there appears to be very little study of procedural pain. Paediatrics, cancer and palliative care have given rise to pain studies but the study of adult procedural pain appears to have been neglected. In fact procedural pain is still a taboo subject with adults reluctant to discuss how they cried with distress because of pain incurred during a clinic. Nobody wants to be judged a 'wuss', a 'wimp' or 'not sensible'. In fact, it appears that in certain areas woefully little importance is attached to iatrogenic procedural pain. Patients undergoing diagnostic tests for cancer have recently described being asked to squeeze a plastic frog during breast biopsy; to squeeze a nurse's hand during prostate biopsy; to count pictures of fruit on the ceiling during hysteroscopy. My own initiation to colposcopy pain-relief was a black comedy: being encouraged to admire a large holiday photo of the site of the Peruvian Machu Pichu ritual slaughter and answer questions about "the new Boden Catalogue".

AN ETHICAL APPROACH TO PROCEDURAL PAIN MANAGEMENT

The best article that I have found on the ethics of managing procedural pain is by a team from the US. Its lead author refers to procedural pain as *'our dirty little secret'*. Below is an extract that should be mandatory reading for all hysteroscopy staff.

PMID 24807378 [PubMed - in process] PMCID PMC4527421 [Available on 2016-01-01] **Procedural Pain Management - A Position Statement with Clinical Practice Recommendations** - Michelle L. Czarnecki, MSN, RN-BC, CPNP, Helen N. Turner, DNP, RN-BC, PCNS-BC, Patricia Manda Collins, MSN, RN, AOCN, Darcy Doellman, BSN, RN, CRNI, Sharon Wrona, MS, RN-BC, CPNP, Janice Reynolds, RN-BC, OCN, CHPN Disclosures - Pain Manag Nurs. 2011;12(2):95-111.

"Pain relief has been declared a basic human right by the World Health Organization (Green et al., 2006) and ''the unreasonable failure to treat pain is viewed as an unethical breach of human rights'' (Brennen et al., 2007, p. 217). Several ethical principles apply to procedural pain management, including beneficence, nonmaleficence, justice, autonomy, fidelity, dignity, and veracity (Brown & Bennett, 2010).

To prevent or minimize pain is a fundamental principle in health care; all HCPs have a responsibility not to inflict pain and suffering (Brennan et al., 2007). Beneficence is the moral obligation to act for the benefit of another, i.e., in the case of pain management, to act in the best interest of the patient (Brennen et al., 2007). The principle of beneficence also requires all HCPs to manage pain and provide compassionate care and allows patients to expect all HCPs to act always in good faith (Brennen et al., 2007). The principle of nonmaleficence, the duty to do no harm, may be applicable as well, because pain, especially unrelieved pain, is harmful both physically and psychologically. HCPs are expected to practice fidelity (keeping one's promise) and treat patients with dignity by respecting the patient as a unique and important person (Brown & Bennett, 2010).

Respect for autonomy involves acknowledging a person's right to hold views, make choices, and take action based on each person's individual values and beliefs (Beauchamp & Childress, 2001). Patients have the right to be given all the information (including risks [i.e., pain] and benefits of procedures) necessary to make an informed decision and have input into comfort management related to the procedure (Brown & Bennett, 2010). According to Brennen et al. (2007), autonomy also includes HCPs' obligation to listen to a patient's report of pain and to make reasonable efforts to provide pain relief.

Also important to procedural pain management is the ethical tenet of veracity or truth telling. If the patient is told that ''this won't hurt'' or ''acetaminophen will be adequate for any pain later,'' there is potential to damage trust in one's provider and possibly negate the opportunity for a procedure to be repeated. Finally, justice obliges nurses and other HCPs to provide the same level of care to all patients experiencing procedures regardless of age, gender, cognition, race, ethnicity, religion, or socioeconomic status."

PAIN-RELIEF IS A POSTCODE LOTTERY

To conclude: NHS hysterosocpy pain-relief is a complete free-for-all. A postcode lottery. Some NHS Trusts give patients the choice between OP and GA. A few Trusts offer sedation. In this respect the NHS displays inequity by discriminating against women because of their gender since all NHS Trusts routinely offer sedation for male (and female) colonoscopy and gastroscopy.

Gastro-endoscopists are trained to provide routine safe, monitored sedation. Hysteroscopy teams are wisely advised by RCOG/BSGE guidelines not to offer routine sedation since they have not been trained in monitoring sedation. There is understandable concern about using midazolam because of the risk of overdose; this being one of the current 25 NHS 'Never Events'.

Where patients are not given a choice between OP and GA their hospital Trust may possibly be breaking the law. The NHS Constitution stresses that patients have the right to make choices about their healthcare. The website NHS Choices (mentioned earlier) states that hysteroscopy

''can also be carried out under general anaesthetic (when you are asleep) 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."

Currently, some hysteroscopy departments adopt the precautionary principle and give patients a strong pre-med and then local anaesthesia, e.g. the Bradford cocktail; West Cumberland Hospital's comprehensive pre-med. Other departments hope for the best and, knowing that many women find even the thought of an injection into the cervix upsetting, proceed without local anaesthesia, relying upon Third World 'distraction technique' aka a 'vocal local'.

WHAT NEEDS TO CHANGE?

A Duty of Candour needs to be applied throughout NHS gynaecology.

All prospective hysteroscopy patients have a right, possibly even a legal right to be

- fully informed in writing before the procedure of its risks and benefits before giving written consent. The risk of severe pain should be clearly stated as 1 in 10 for diagnostic hysteroscopy, 1 in 4 for operative Versapoint hysteroscopy.
- given a genuine choice of no anaesthesia; local anaesthesia; general anaesthesia or sedation
- offered a numbing gel before a nerve-block and given time for it to work
- warned that an injection into the cervix may trigger an unpleasant vaso-vagal reaction
- given an effective gynae-specific pre-med (such as mefenamic acid, unless contra-indicated)
- reassured that they will not have to wait long for a GA if the OP hysteroscopy is too painful or technically impossible

QUESTIONS FOR THE BSGE

1. Please would the BSGE support the patient's right (unless medically contra-indicated) to choose sedation, LA or GA for hysteroscopy and/or endometrial biopsy?

2. Please would the BSGE recommend removal of the QIPP Best Practice Tariff which gives NHS Trusts a large financial reward to persuade or sometimes coerce 70% women to have an outpatient 'See and Treat' hysteroscopy with no sedation, epidural or GA?

3. In light of the MERT research at Birmingham and Bettocchi's article cautioning against the high setting of electrical resection Versapoint will the BSGE recommend that Versapoint is replaced by less painful surgery?

4. If these Trusts are still using Versapoint: Stepping Hill, Stockport; Rotherham; East Kent; Liverpool; Taunton; Newham; Sherwood Forest; South Tees; North Cumbria - please would you advise them to use the lowest, least painful setting and offer sedation?

5. Please, when will Dr Mary Connor's patient-friendly Hysteroscopy Info Leaflet be adopted by all NHS Trusts?

6. Why is there no standardisation of hysteroscopy protocols across the NHS. Is this because people have been trained at different times using different technologies?

7. Why isn't anaesthetic Instillagel regularly used before cervical injections?

8. When a hysteroscopist sees a tightly closed cervix why don't they offer to reschedule the hysteroscopy after misoprostol?

9. Why do dentists numb the gum before injecting it? Why don't they just drill using a 'vocal local'?

10. Something that's upset patients is seeing their blood on the wall or floor. Should this be happening?

11. At the BSGE 2015 SJM, Nurse hysteroscopists said their 'success' was judged by the % of completed procedures. This encourages Nurse hysteroscopists to continue with a very painful procedure. Has this measure of 'success' been changed?

12. Will your BSGE set up a hysteroscopy patient-advisory group? THANK YOU!