

Dear

Thank you for your Freedom of Information request concerning Outpatient Hysteroscopy/Biopsy - Pain control and Patient Choice.

The Trust can provide the following information:

#### OUTPATIENT HYSTEROSCOPY/BIOPSY – PAIN CONTROL AND PATIENT CHOICE

1. The current patient information leaflet

There are different leaflets for the two clinics providing this service. Please find attached leaflet for hysteroscopies undertaken in the Main Theatre's Minor Treatment room.

The second leaflet is printed from this weblink:  
<http://www.patient.co.uk/health/hysteroscopy>

2. The current consent form

The standard hospital consent form- please see attachment (standard pdf form can be found on the Department of Health website)

3. The current surgical protocol

The Trust currently does not have a surgical protocol

4. Does the leaflet advise the patient to ask her GP to prescribe gynae-specific painkillers to be taken BEFORE the procedure? - No

The clinic-based patients are advised to take painkillers 1 hour before clinic. The Minor Treatment Room patients are advised that the consultant will give painkillers preoperatively.

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

It depends on the clinical presentation and co-morbidities

6. Are ALL your hysteroscopy/biopsy patients given the following choices BEFORE the procedure is attempted:

- a) General Anaesthesia or local anaesthesia – Yes
- b) spinal anaesthesia – No longer offered as an option

7. For each of the last 3 financial years, how many of your hysteroscopy/biopsy patients had

- a) GA with overnight stay? 42 (but due to another procedure undertaken at the same time)
- b) GA day-case? 1117
- c) spinal anaesthesia? 2 (in 2010-11)
- d) conscious sedation? 4
- e) local anaesthetic? 25 (Please note: In 2013-14 patients choosing local anaesthetic has increased significantly.)
- f) no anaesthetic? 1

8. What width and type of hysteroscopes do you use?

1.8 mm and 3mm. Rigid and semi flexible

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

The Trust is not able to provide DNA rates for individual treatments within Gynaecology but could provide data for DNA rates for Gynaecology service as a whole.

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

Exact number unknown but is likely to be less than 5%

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

No recent audits. We report adverse incidents and near misses, which are addressed in our clinical governance processes

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

Patient surveys are collated on a departmental basis. No patient surveys specific to hysteroscopy.

If you have any queries about this response please contact the information governance manager at [foi@homerton.nhs.uk](mailto:foi@homerton.nhs.uk), in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email [www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk) to take them further.

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Yours sincerely

James Cook  
Information Governance Administrator

Matthew Hall  
Information Governance Manager (Deputy Caldicott Guardian)

## Outpatient Hysteroscopy Ambulatory Gynaecology Service

**Introduction:** Hysteroscopy is the examination of the womb cavity with a thin telescope to investigate the cause of abnormal bleeding from the womb, or to diagnose polyps, fibroids or scarring in the womb, or as part of fertility/recurrent miscarriage problems. In addition procedures such as endometrial ablation (burning the lining of the womb), and sterilization (Essure – see separate leaflet) can be performed in this way. Hysteroscopy can be performed under a general anaesthetic or with painkillers and/or local anaesthetic. It is a very quick procedure, taking only 5-10 minutes. This leaflet explains what the procedure involves and how you can expect to feel afterwards.

**Benefits:** The benefit of outpatient hysteroscopy is that a general anaesthetic (where you are given medicines and gases to make you unconscious during an operation) is not required, thereby avoiding the risks and side effects of general anaesthetics. In the majority of suitable cases we are able to diagnose and/or treat the cause of abnormal bleeding or related problems in this way.

**Risks:** The risks are very uncommon with this procedure, but they include the risk of making a small hole in the womb (perforation) and infection. The risks are lower than when a general anaesthetic is used. However, some women have excessive discomfort during the hysteroscopy or the neck of the womb may be too tight to allow the passage of the telescope even when local anaesthetic is used. In this instance, a hysteroscopy under general anaesthetic is needed.

**Alternatives:** The alternative to this procedure is a hysteroscopy under general anaesthetic which is performed in the Day Stay Unit or in Main Theatre. This is normally a day case procedure and you will be in hospital for 4-8 hours. You will need someone to pick you up and to stay with you for the next 12 hours. You have to avoid eating and drinking prior to a general anaesthetic.

### Preparation:

- No specific preparation is needed. If you are on regular medication, including insulin and diabetes tablets, you should take this as normal and you should eat and drink as normal.
- You should arrive at the Surgical Centre at 12.30 on the day of your procedure. You will be given a gown to change into and you will be prescribed pain killers which will minimize the discomfort of the procedure.

- It is important that you are not pregnant when this procedure is carried out. If you are sexually active and have not reached the menopause you should use contraception for the month before your appointment.
- Bleeding can impair the view of the womb, therefore we cannot perform the procedure if you are bleeding actively (bright red blood). If you think your period will be due on the day of your procedure, please ring to arrange another appointment.

**Arrival at hospital:** This procedure takes place in the Main Theatre Suite. You should come to the Surgical Centre which is on the first floor, blue corridor, near the cafeteria, at 12.30.

**Detail of the Procedure:** You should arrange to stay in hospital around 2-4 hours. You will be taken to the procedure room and you will need to lie on a couch. The procedure itself lasts for 5-10 minutes. A thin telescope is passed into the womb and the womb cavity is examined. Saline (salt-water) solution is used to open up the womb cavity so good views can be obtained. Sometimes some local anaesthetic is used to numb the neck of the womb. Biopsies may be taken of the womb lining and if there is a small polyp (benign growth in the womb), it can also be removed. During the procedure you may have some crampy, period-like pain and afterwards you will have a small amount of bleeding. We will give you a sanitary pad to wear but you may wish to bring your own.

**After the Procedure:** You will be able to go home shortly after the procedure, but you may wish to rest for a short time in the Surgical Centre. It is beneficial to have a friend or relative to accompany you home.

**Discharge Arrangements:** You will be able to carry out your normal activities when you are at home. You should avoid sexual intercourse, using tampons and swimming for two weeks after the procedure.

**Contact your GP or the hospital:** If you experience heavy bleeding, vaginal discharge, abdominal pain or a raised temperature, please attend your GP or the Accident and Emergency Department as these are signs of infection and you may require antibiotic treatment.

**Contact Details:** Please contact the Acute Gynaecology Unit, ext. 7861 if you need to change your appointment or if you need to speak with a nurse or doctor.

Author: S Watson, Consultant Gynaecologist

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**Adult  
Consent  
to  
Treatment**

Homerton University Hospital  
NHS Foundation Trust



**Consent Form 1**

**Patient agreement to  
investigation or treatment**

**Guidance Notes**

Can be found on page 4 of this form

**Patient details (or pre-printed label)**

Patient's surname/family name .....

Patient's first names .....

Date of birth .....

Responsible health professional.....

Job title .....

NHS number (or other identifier) .....

Male

Female

Special requirements .....

*(e.g. other language/other communication method)*

**To be retained in patient's notes**

Patient Identifier/label

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

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

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

The intended benefits

Serious or frequently occurring risks

Any extra procedures which may become necessary during the procedure

- blood transfusion
- other procedure (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet/tape has been provided

This procedure will involve:

- general and/or regional anaesthesia
- local anaesthesia
- sedation

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_ Job title \_\_\_\_\_

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

Copy of pages 2 & 3 given to patient: yes / no (please ring)

## Statement of patient

Patient identifier/label

Please read this form carefully. If your treatment has been planned in advance, you will be given a copy of pages 2 and 3 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I **agree** to the procedure or course of treatment described on this form.

I **understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I **understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I **understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I **have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

**A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_ Job title \_\_\_\_\_

**Important notes: (tick if applicable)**

See also advance directive/living will (e.g. Jehovah's Witness form)

Parent has withdrawn consent (ask patient to sign/date here) \_\_\_\_\_

**Copy of pages 2 & 3 given to patient: yes / no** (please ring)

## Guidance to health professionals (to be read in conjunction with consent policy)

### What a consent form is for

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoire to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patients to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

### The law on consent

See the Department of Health *Reference guide to consent for examination or treatment for a* comprehensive summary of the law on consent (also available at [www.doh.gov.uk/consent](http://www.doh.gov.uk/consent)).

### Who can give consent?

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

### When NOT to use this form

If the patient is 18 or over and is not legally competent to give consent, you should use form 4 (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be legally competent to give consent if:

- they are unable to comprehend and retain information material to the decision and/or
- they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so. Relatives **cannot** be asked to sign this form on behalf of an adult who is not legally competent to consent for himself or herself.

### Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial patients when making up their minds. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on page 2 of the form or in the patient's notes.

OPERATION NOTE

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Surgeon:

Assisted By:

Date:

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OPERATION NOTE

---

Surgeon:

Assisted By:

Date:

---

Surname:

Operation:

First Names:

Hospital No:

Age:

Surgeon:

PREOPERATIVE ANAESTHETIC ASSESSMENT

Wt: Kg ASA Grade:

BP:

Hb:

Sickle:

Urine:

Dentition:

Allergies:

PREMEDICATION

Time given:

Effect:

POST-OPERATIVE INSTRUCTIONS

Patient may be returned when recovery criteria are satisfied

O2 / Min until

Signed .....

RECOVERY INSTRUCTIONS - observations and drugs on main chart

AIRWAY SIZES

Mask Airway LMA Easy Manageable Difficult

INTUBATION

Oral Nasal Trachea Size Cuff pack Comments Grade

VASCULAR ACCESS

BREATHING SYSTE

LOCAL/REGIONAL BLOCK

MONITORING

- ECG NIBP Vent alm FiO2 FeCO2 POx PNStim T Pressure Points protected DVT prophylaxix

GASES/DRUGS

Table with columns for O2 flow, N2O flow, %, URINE OUTPUT, BLOOD LOSS, TIME, NOTE No., CVP BP, PCWP P, FiO2, S-O2, P-CO2, and COMMENTS.

