

Standard Operating Procedure

SOP Title	Completion of the LocSSIP Form – Invasive Procedures		
SOP Number	(051)		
Centre Name	Women and Children's		
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Document Control				
Version	Date	Author	Status	Comments
1	30/4/19	Martyn Underwood	Live	New procedure document
2	17/02/25	Mr Olusegun Ilesanmi	Live	Full review

SOP Objectives	<ol style="list-style-type: none"> To provide a methodical systematic approach for the completion of LocSSIP forms and to facilitate the counting of potentially retainable items before, during and after a gynaecological procedure. To provide a recognised framework in which all staff within the procedure room must follow before, during and after every procedure.
Scope	Nursing, Doctors and support staff.
Performance Measures	This SOP will provide the standard to enable an annual audit to be undertaken in order to assess the quality and level of compliance when completing the LocSSIP process.
List of procedures that require the use of a LocSSIP	<ul style="list-style-type: none"> Hysteroscopy Pipelle endometrial biopsy Colposcopy including punch biopsy

- Vulval punch biopsy
- Removal or Insertion of IUS/IUD
- Cervical polypectomy
- Endometrial ablation
- Cervical smear
- LLETZ
- Endometrial polypectomy/Myosure
- Endometrial curettage
- Elective manual vacuum aspiration (MVA) or medical/surgical management of miscarriage*
- Insertion of Word catheter for Bartholin's cyst/abscess*
- Vulval excision biopsy/wide local excision

Number	Brief	Responsibility
1	<p>Once the patient is in the procedure room all staff will introduce themselves to the patient and explain what their role will be during the procedure.</p> <p>Prior to Procedure Staff Nurse or HCA to confirm with patient:</p> <ul style="list-style-type: none"> • Chaperone offered & accepted • Patient name & DOB • Expected procedure • Consent has been given • Risks and benefits have been explained by the doctor or specialist • Are they on any anticoagulants • Is there any chance they may be pregnant (Pregnancy test must be completed for all women of reproductive age unless they've had a complete hysterectomy) • Do they have any allergies • Have they taken pain relief <p>Staff Nurse or HCA to confirm with the doctor / specialist:</p> <ul style="list-style-type: none"> • Is excessive bleeding anticipated • Does the patient require antibiotics • Is appropriate resus equipment required • Are there any unusual or critical events are anticipated during the procedure. <p>Staff Nurse or HCA to confirm:</p> <ul style="list-style-type: none"> • Appropriate resuscitation equipment available • Sterility of equipment • Any equipment issues that need addressing • Patients details have been entered on to the white board <p>All swabs, cotton balls, sharps, blades, ampules have been counted (count to be audible) and checked by two members of staff prior to starting the procedure and entered on to the whiteboard</p>	<p>Registered Nurse, HCA and Doctor.</p> <p>Registered Nurse or HCA</p> <p>Registered Nurse or HCA</p> <p>(two staff member check) Registered Nurse / HCA</p>
2	<p>During the procedure –</p> <ul style="list-style-type: none"> • Check whether they are in pain and whether they would like the procedure to stop. • Should additional swabs, cotton wool balls, needles or blades be required, the additional items required must be counted (count to be audible) by the person undertaking the procedure, plus staff nurse and/or HCA. Any additional counts must be written on the white board. • Should the doctor use a swab, cotton wool ball or any other product to support the cervix during the procedure he/she must clearly voice that there is a swab/cotton wool ball retained to the rest of the team. This must also be entered on the white board by the HCA. 	<p>HCA / Registered Nurse / Doctor/CNS</p> <p>HCA / Registered Nurse / Doctor/CNS</p>

3	<p>After the procedure –</p> <ul style="list-style-type: none"> Immediately after the procedure, the doctor must participate in the swab, cotton wool, needle and blade count (count to be audible). The staff nurse, HCA and doctor/CNS must make sure that the count is correct and document this in the procedure book. If any sample of any type has been taken the patient must confirm their name, date of birth and address with the staff nurse, HCA or doctor before the label is placed in the specimen. This must then be checked with another member of staff in the room and entered into the procedure book. <u>Two members of staff must sign the LocSSIP form to confirm that the sample has been correctly labelled.</u> At the end of the procedure two members of staff must complete the section of the LOCSSIP form confirming that all swabs, cotton balls, needles, blades and instruments are correct and that all samples have been labelled. <u>YOU ARE CONFIRMING THAT YOU HAVE SEEN AND VERIFIED EVERYTHING INCLUDING SAMPLES AND COUNTS ARE CORRECT AND THIS HAS BEEN CONFIRMED BY YOU BOTH</u> 	HCA/ Registered Nurse / Doctor/CNS Registered Nurse / HCA/Doctor/CNS Registered Nurse / HCA / Doctor/CNS
4	<p>Competency Required –</p> <ul style="list-style-type: none"> All staff who participates in invasive procedures is required to complete the LocSSIP competency document. Each individual must undergo reassessment using the LocSSIP competency document every 3 years by the Nursing Sister / Ward Manager for gynaecology outpatients. All bank / agency and locum staff must complete the LocSSIP competency document before they are able to participate in any invasive procedure. 	Registered Nurse, HCA and Doctor/CNS. Registered Nurse, HCA and Doctor/CNS Registered Nurse, HCA and Doctor.

I verify that I have received training in LocSSIP procedures:

Staff Name _____ Signed _____

Trainer Name _____ Signed _____

Date of training ____ / ____ / ____