Brighton and Sussex University Hospitals NHS Trust

Referral Criteria for Outpatient Hysteroscopy (OPH)

Gynaecology Protocol: GP011
Date agreed: March 2016

Guideline Reviewer:	Ehab Kelada & Greg Kalu
Version:	1.1
Approval Committee:	Women's Services Safety and Quality Committee
Date agreed:	March 2016
Review date:	March 2019

Contents

Key Principles

A protocol is a set of measurable, objective standards to determine a course of action. Professional judgement may be used in the application of a protocol.

Responsibilities

Nurses, Midwives, Obstetricians & Gynaecologists

- To access, read, understand and follow this guidance
- To use their professional judgement in application of this protocol

Management Team:

- To ensure the protocol is reviewed as required in line with Trust and National recommendations
- To ensure the protocol is accessible to all relevant staff

1.0 Outpatient Hysteroscopy (OPH)

1.1 BSUH has the facility for providing OPH service at the PRH site. There are clinical and economic benefits associated with this type of service.

1.2 OPH is provided at the current set up on Horsted Keynes ward where the facility is equipped for OPH and Colposcopy.

1.3 Currently, there are two consultants providing the service, Mr Greg Kalu and Mr Ehab Kelada. There are at least two nurses trained to provide the service with the two consultants.

1.4 Written patient information should be provided before the appointment and consent for the procedure should be taken.

2.0 Referral Criteria:

2.1 Abnormal uterine bleeding lasting longer than three months in women over 40 years of age if a consultant gynaecologist feels that there will be a benefit from assessing the endometrial cavity with a view to further treatment including insertion of Mirena or endometrial ablation.

2.2 Endometrial pathology identified on USS (polyps <2cm, fibroids <2cm).

2.3 Abnormal uterine bleeding on Tamoxifen.

2.4 Irregular or heavy uterine bleeding at less than 40 years of age with failed medical treatment for more than 3 months.

2.5 Postmenopausal bleeding (PMB) when there is a reason to assess the endometrial cavity using hysteroscopy rather than transvaginal scan (TVS) and Pipelle endometrial biopsy.

2.6 Fertility patients if it is considered necessary to exclude a structural uterine abnormality including intrauterine synechiae.

2.7 Patients with a history of recurrent pregnancy loss.

3.0 Suitable Patients:

3.1 Potentially all women should be suitable for outpatient hysteroscopy provided the following criteria are met:

3.1.1 She accepts the concept of outpatient hysteroscopy.

3.1.2 She is able to tolerate a speculum examination.

3.1.3 The external cervical os is visible and the cervix is not flush with the vaginal vault.
3.1.4 Patients for whom a general anaesthetic carries a substantial risk of adverse consequences.

4.0 Unsuitable Patients:

4.1 Patients who are unsuitable for OPH are:

4.1.1 Women who are not happy with the idea of having an outpatient procedure after appropriate counselling.
4.1.2 Women who cannot tolerate a speculum or pelvic examination.
4.1.3 History of PID (pelvic inflammatory disease).
4.1.4 Pregnancy or suspected pregnancy.
4.1.5 Presence of other pelvic pathology when it would be more appropriate to undertake hysteroscopy at the time of laparoscopy under GA.

5.0 GOPD Referrals:

Referral from GOPD must be with consultant approval.
The usual TCI card should be completed and the option of OPH highlighted. Patients should be informed that the procedure will be done at PRH, Haywards Heath.

6.0 GP and BICS Referrals:

Direct referrals from GPs or GPwSI at BICS will be accepted following triage by GK or EK.

7.0 USS Protocol:

7.1 USS results will be used when available to triage patients for DSU hysteroscopy, Pipelle Biopsy or no further investigation.

7.2 TV USS is associated with improved identification of endometrial disease compared with hysteroscopy alone (1). Therefore all patients attending OPH should be considered for TV USS before booking them to clinic.

8.0 Analgesia

Adequate analgesia will be given to the woman throughout the procedure (see Appendix B)

9.0 OPH Clinic Appointments and Follow-Up:

9.1 Each diagnostic OPH is allocated 30 minute slot including insertion of Mirena coil if indicated.

9.2 Each operative OPH for endometrial polypectomy or Novasure endometrial ablation is allocated a 45 minutes slot.

9.3 Only 19% of OPH patients require follow-up (1). Most patients should be discharged and sent back to the GP with a clear further management plan documented in the letter sent to GP.

9.4 GOPD follow-up should occur in a minority of patients and even fewer should return for OPH follow up.

9.5 Any plan for follow-up at GOPD or OPH clinic should be documented in patient's notes and letter sent to GP **with the indication clearly stated.**

9.6 Indications for GOPD follow up:

- 9.6.1 Suspicious findings at OPH.
- 9.6.2 Complications occurring at OPH.
- 9.6.3 When endometrial cancer is diagnosed, patients should be advised that they may need an MRI scan and should be referred to a Gynaecological oncologist who will liaise with the MDT.

10.0 Communication and Results to the Referring Consultant and GP:

10.1 A letter should be sent to the referring consultant and GP after every OPH.

10.2 The histology report should be sent to the patient's GP as soon as it is available.

10.3 All histology reports showing cancer are usually **automatically** referred to the MDT by the pathologist. The hysteroscopist should confirm that this has been done and also inform the referring consultant as soon as is practicable.

11.0 References:

1 National Collaborating Centre for Women's and Children's Health. Heavy menstrual bleeding. *NICE guideline*. Jan 2007.

2 Clark T J, Gupta J K. Handbook of Outpatient Hysteroscopy. *Oxford University. Press*, 2005.

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Appendix A - GP referral proforma for Outpatient Hysteroscopy

Outpatient Hysteroscopy (OPH)
GP referral proforma

- Patient's name: .....
- Age: .....
- Date of birth: .....
- Address: .....

  .....

  .....
- BMI: .....
- Indication for OPH: (*Please select one or more of the following)*

1.	Heavy regular periods	O	
2.	Heavy irregular periods	O	
3.	IMB		O
4.	PCB		O
5.	PMB		O
6.	Abnormal bleeding on tamoxifen	O	
7.	Polyp seen on scan	O	
8.	Other indication *(Please explain below)*	O	

  .....

  .....

- Has insertion of Mirena coil been discussed?

  Yes O No O

- Has she agreed to have Mirena coil inserted?

  Yes O No O Not sure O

- Can she tolerate a speculum examination?

  Yes O No O

- Does she accept the idea of having hysteroscopy as an outpatient procedure?

  Yes O No O

- Does she have any medical problem?

  Yes O No O *(If yes, please explain below)*

  1. .....
  2. .....
  3. .....

- Is she taking any medication?

  Yes O No O *(If yes, please explain below)*

  1. .....
  2. .....
  3. .....

- Is she allergic to any medication?

  Yes O No O *(If yes, please explain below)*

  1. .....
  2. .....
  3. .....

Please ensure that the patient is not pregnant and that she hasn't got signs or symptoms of active Pelvic Inflammatory Disease at the time of referral.

Appendix B: Analgesia

The new analgesic regimen for Myosure morcellation (all given in the 1hr preop) is:

Paracetamol 1g/PO
Codeine 30mg/PO

Diclofenac 100mg/PR

Paracervical analgesic block at the time of the procedure.

The analgesic regime for Novasure radiofrequency treatment (given in the 1hr preop) is:

Paracetamol 1g/PO
Codeine 60mg/PO

Diclofenac 100mg/PR

Paracervical analgesic block at the time of the procedure.