



An Audit of Outpatient Hysteroscopy in Royal Derby Hospital

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Introduction

Hysteroscopy offers an extension of the gynaecologists' armamentarium as it improves the diagnostic accuracy and permits better treatment of abnormal intra-uterine conditions. All gynaecological units should provide dedicated outpatient hysteroscopy service as it is associated with clinical and economic benefits.

Objectives

The objective was to assess the compliance of our practice with the standards in the RCOG/BSGE guideline and to assess correlation between our hysteroscopic and histological findings. The auditable standards of the RCOG that were assessed include success rate and reasons for failures, rate of cervical dilatation, and percentage of women with written information leaflet and informed consent.

Materials & Methods

We retrospectively reviewed the medical notes of one-hundred and fourteen patients who had hysteroscopy over 3 months period in Royal Derby Hospital. Data obtained were analysed using Microsoft excel soft ware

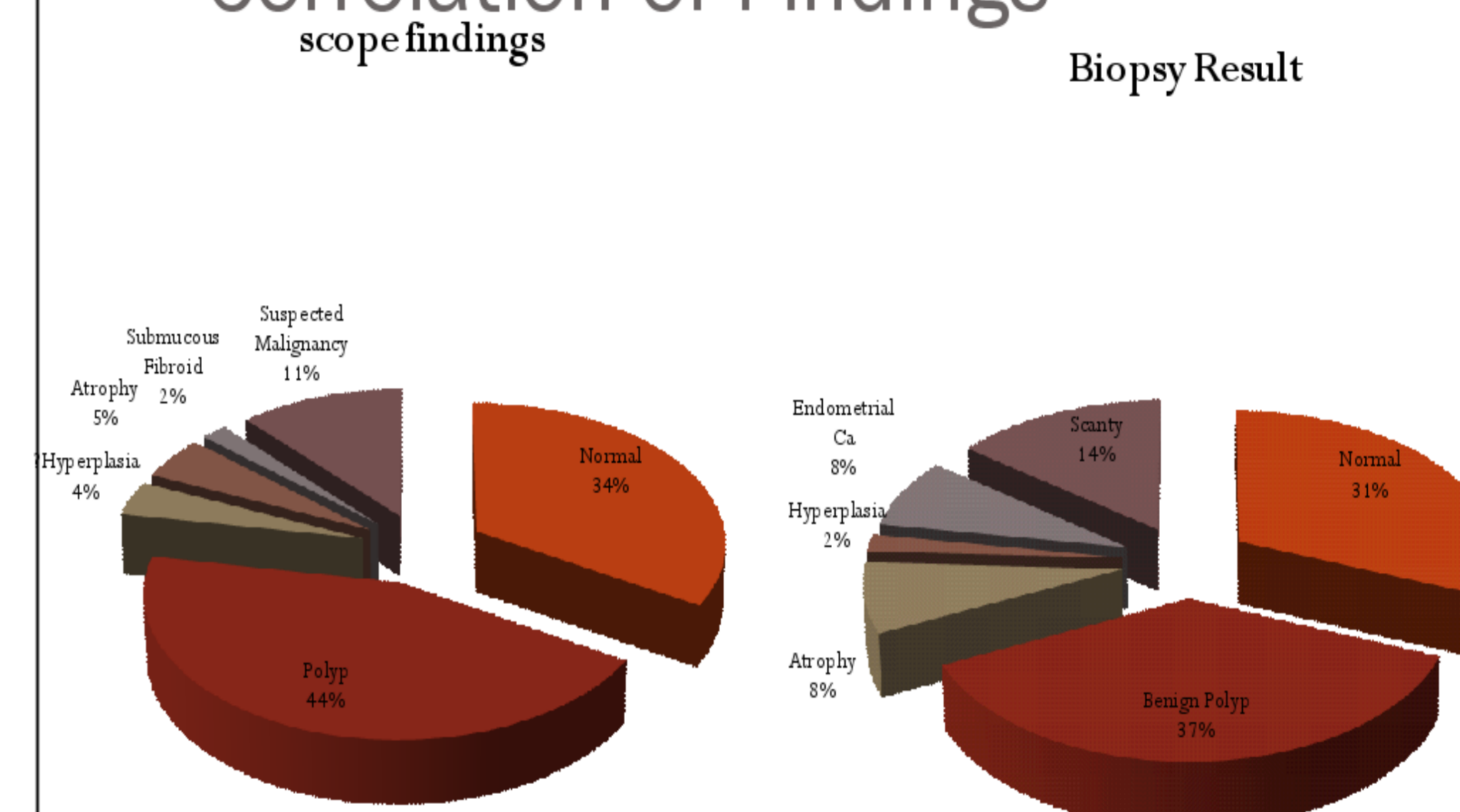
RESULTS

Parameter	number	%
Total number of patients	114	100%
Successful Procedure	103	90.4%
Consent	114	100%
Vaginoscopy Approach	72	63.2%
Cervical Dilatation	15	13.2%
Use of L Anaesthetic	15	100%
Patients with polyps	45	39.5%
Outpatient polypectomy	38	84.4%
Further IP Procedure	14	13.4%
Standard Documentation	96	84.2%

Results

The result showed that postmenopausal bleeding (48%) was the commonest indication for the referral to the outpatient clinic. Success rate was 90.4%. All the patients were given information leaflets prior to consent. Recommended vaginoscopy approach was used in 63.2%, cervical dilation was done in 15%. Success rate of outpatient polypectomy was 84.4%. Documentation was considered standard in 84.2% of patients. The Correlation between histology and hysteroscopic findings was satisfactory with sensitivity of 100% and specificity of 75% for endometrial carcinoma. Hysteroscopy could not differentiate between endometrial hyperplasia and carcinoma. Where no sample was available for histology, hysteroscopy was significantly helpful.

Correlation of Findings



Sensitivity and specificity for Endometrial Cancer

Hysteroscopic Finding	Histology Positive	Histology Negative	Sensitivity and Specificity
Hysteroscopy Positive	8	12	Sensitivity 100%
Hysteroscopy Negative	0	35	Specificity 74.5%
Predictive Value	PPV 40%	NPV 100%	

Recommendations and Conclusion

We recommended expansion of the outpatient operative service to include endometrial ablation, sterilisation and removal of sub-mucous fibroids and use of a standardised proforma for documentation of procedure in all patients. The audit revealed good compliance with guideline and that outpatient hysteroscopy service in the hospital was efficient. Hysteroscopy is invaluable where sample is not available for histology.

References

Royal College of Obstetricians and Gynaecologist. Green-Top Guideline No 59. Best Practice in Outpatient Hysteroscopy. RCOG. March 2011