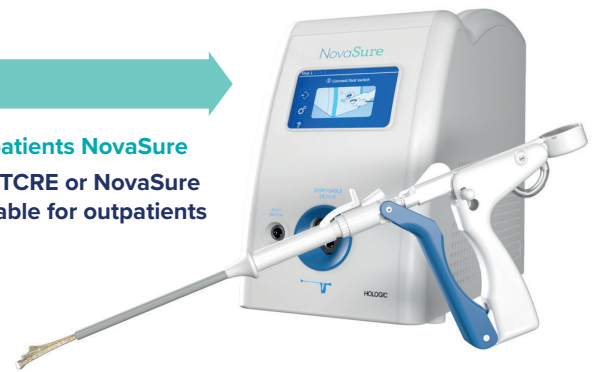
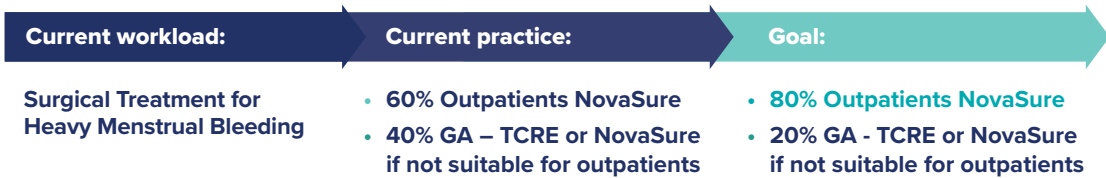


EAST SUFFOLK & NORTH ESSEX FOUNDATION TRUST CASE STUDY:

Moving NovaSure® Endometrial Ablation to Outpatient Gynaecology

NovaSure®: The journey

Endometrial Ablation



REFERRAL PATHWAY:

Ambulatory Gynaecology / Fadi Alhaily 2018

Colchester Hospital University NHS Foundation Trust

Order reference: []
 OP reference: []
 Issue date: April 2018

Heavy Menstrual Bleeding Pathway guidance

Steps that should be undertaken before referring women with HMB or irregular Bleeding outpatient hysteroscopy service

GGPO assessment: this is very essential FOR ALL WOMEN

History

Clinical Examination

Investigations:

- FBC (whenever clinically indicated)
- Von Willebrand Factor (family history or menorrhagia since menarche) to be discussed with consultant / haematologist

TV Scan when indicated

Discuss & Offer 1st Line Rx, if not already prescribed e.g. RUS/Tranexamic Acid and/or mifepristone, Contraceptive Pill (following UKMEC)

Patient information leaflet (NICE guideline (NG58) Published date: March 2013)

Perform endometrial sample

Criteria of referral for NovaSure / MyoSure under Local Anaesthetic

NovaSure offered after failure 1st Line measures for HMB and Failure of Mirena device unless patient declines Mirena Device

Pipelle biopsy should be benign and US scan should be available

Explain procedure is conducted under extended LA block with strong analgesics

When not sure about suitability refer/discuss with the hysteroscopic consultant prior arranging for outpatient Hysteroscopy

If decision is made for NovaSure in the OP-Hysteroscopy Clinic:

- Use uterine cavity length measured (<5.7cm) before booking for NovaSure.
- Fill in TGI Admission form to state Local Anaesthetic and Dr instead List, unless patient has

Admissions Office to check with Admissions letter to be sent for L confirming of admission; Patient letter of admission

NovaSure request will not be accepted if available and benign

Please explain that NovaSure is recommended contraceptive pre-procedure

Please don't not arrange for GnRH procedure at it is contraindicated

Ambulatory Gynaecology - INVASIVE PROCEDURE SAFETY CHECKLIST FOR: Hysteroscopy/colposcopy/minor procedures

BEFORE THE PROCEDURE	TIME OUT			SIGN OUT		
	Yes	No	N/A	Yes	No	N/A
Identified patient				Identified patient		
Identified procedure				Identified procedure		
Identified site				Identified site		
Identified patient consent				Identified patient consent		
Identified anaesthesia				Identified anaesthesia		
Identified equipment				Identified equipment		
Identified personnel				Identified personnel		
Identified drugs				Identified drugs		
Identified fluids				Identified fluids		
Identified blood products				Identified blood products		
Identified time				Identified time		
Identified patient				Identified patient		
Identified procedure				Identified procedure		
Identified site				Identified site		
Identified patient consent				Identified patient consent		
Identified anaesthesia				Identified anaesthesia		
Identified equipment				Identified equipment		
Identified personnel				Identified personnel		
Identified drugs				Identified drugs		
Identified fluids				Identified fluids		
Identified blood products				Identified blood products		
Identified time				Identified time		

Colchester Hospital University NHS

NOTE: All protocol examples are available upon request – please contact: ukgynsurgical@hologic.com

Setting up the outpatient service:



PREREQUISITES:

- ✓ Appropriate patient selection
- ✓ Appropriate patient information leaflet provided
- ✓ Service should follow appropriate protocols, guidelines and pathways
- ✓ Competent and skilled doctors and nursing staff
- ✓ Well organised and calm clinic atmosphere
- ✓ Background music creates relaxing environment to reduce patient anxiety
- ✓ Resuscitation equipment should be available
- ✓ Comfortable recovery area nearby – bed/recliner and refreshments

STAFFING:

Appropriate staffing levels are required.

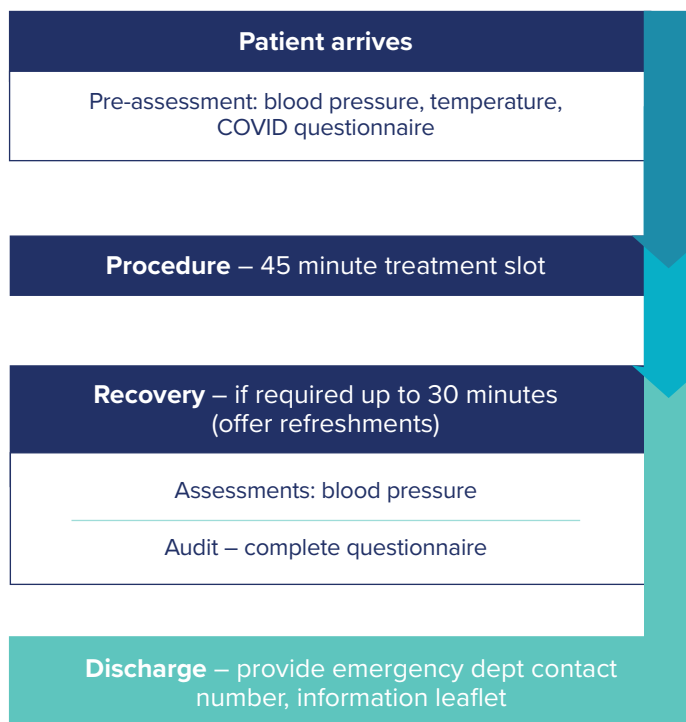
These will vary according to local circumstances (patient populations, numbers seen per clinic) and the type of service offered (concomitant pelvic ultrasound, pure diagnostic service or diagnostic and therapeutic service).

(Recommendations 'RCOG Best practice in Outpatient Hysteroscopy': [LINK HERE](#))

OUR TEAM:

- **Trained Clinician**
- **Registered general Nurse (x2) b5**
- **Healthcare assistant - dedicated woman's advocate – 'vocal local' – b2**

THE PATIENT JOURNEY = 1 HOUR 30 MINS



KEY METRICS:

- Converted **60% NovaSure procedures to outpatients**
- Average pain scores: **2.7 out of 10 VAS**
- 0%** Intra operative complication rate
- 0.1%*** Post operative complication rate
- 92%** avoided hysterectomy
- RTT - FA : FU Ratio improvements
- 45 hours** theatre reallocations*
- Cost savings** estimated in excess of **£31,760***

*Annual volume

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Information contained within is based on preliminary audit data Oct 2018- Feb 2019: Outpatient Clinic Results, Colchester Hospital.