

Comments on: Pain relief and information decision-making for outpatient hysteroscopy and procedures

Date: 14 March 2022

Instructions/key pointers:

- All Committee members should comment whether or not this is your area of expertise, RCOG guidance is aimed to be accessible to specialists and non-specialists alike
- Ensure comments address relevant section of guidance
- Keep comments evidence-based and backed by references
- Please be aware that your comments will be read widely. For clarity purposes please make sure your comments are in full sentences, and are legible as standalone comments
- Editorial/grammatical errors will be picked up by the RCOG Editorial team – so please ignore these

Name of Reviewer	Section	Line numbers	Comments
Patient Safety Learning	0	6	<p>We welcome the publication of this first edition good practice guidance. We believe that there would be value in elaborating on how it this has been developed and in particular whether there has been any direct engagement with patients who have had hysteroscopy procedures within the NHS as part of this process.</p> <p>Patient engagement is key to improving patient safety. We believe that patients should be engaged for safety at the point of care, if things go wrong, in improving services, advocating for changes and in holding the system to account. This is especially important in the case of procedures such as hysteroscopy where patients and patient groups have expressed significant concerns about existing processes, particularly regarding pain relief and informed consent. We would suggest there may be value in also producing an accompanying guide for patients to this end.</p>
Patient Safety Learning	2	15-34	We believe this is a helpful introduction and background to the issues around hysteroscopy procedures in the NHS.
Patient Safety Learning	3.1	40-47	<p>The guidance refers to communication resources being available to outpatient hysteroscopy services. We would suggest it also may be useful to make this available to primary care providers as well – experiences reported to us by both patients and healthcare professionals have suggested that the quality of information provided by GPs in this respect can often be variable, so having these resources available would be invaluable</p> <p>We also believe it would be useful to share good practice examples of what this documentation may look like and ensure that this is produced to a standard that is easily accessible for patients, such as those set out as part of the Patient Information Forum’s PIF Tick quality mark.</p>
Patient Safety Learning	3.1	52-63	We believe it is important that during this process it should be clearly communicated that although this can be a quick procedure that it is invasive and not trivial. The guidance may benefit from incorporating this point.
Patient Safety Learning	3.1	59-63	We welcome the inclusion of guidance concerning providing opportunities to reschedule appointments and more time for women who may have been unaware they had been scheduled for a hysteroscopy procedure, or who need more time to consider this. We have heard from many women who have reported not knowing that they were having the procedure and feeling pressurised into proceeding – it is important that this does not occur and that any concerns are taken seriously and handled sensitively.
Patient Safety Learning	3.2	79	In the document, this is the first of several mentions that suggest patients may experience period-like pain, or a variant of this term. While we appreciate pain is a complex issue, we would note that this is quite an imprecise description and that

			some women may not find this helpful in making an informed decision about their care; many women experience pain differently. We believe there needs to be significant greater research undertaken into the extent of pain around these procedures and better ways of sharing what pain might be like without referring to such general terms.
Patient Safety Learning	3.4	116-119	Are there any examples of a good practice safety checklist referred to here, specifically adapted for hysteroscopy procedures, which could be shared in addition to this guidance? We believe this would be helpful in supporting healthcare professionals in undertaking outpatient hysteroscopy procedures.
Patient Safety Learning	3.5	146-154	We welcome these specific provisions to ensure the privacy and dignity of the patient undergoing this procedure.
Patient Safety Learning	4.8	349-352	<p>We welcome the specific inclusion in the guidance reference to the importance ensuring the woman involved clearly understands that she can stop the procedure at any time. We have heard of circumstances where women have not found this not to be the case.</p> <p>We would also ask whether it may also be beneficial to include a suggestion to use of a concept of a 'two-step stop' to the woman during the consent. This being where a patient can ask for the procedure to be paused at any time and is then told what part of the procedure they are at/time left to complete this. They are then be asked if they would like the entire procedure to stop based on this information. Such an approach could help to ensure that the intent of this part of the guidance, ensuring women can stop this procedure at any time, is satisfactorily fulfilled in practice.</p>
Patient Safety Learning	5.3	387-390	We believe it is crucial that patient-reported outcome data is routinely collected after these procedures to identify any emerging patient safety concerns and made publicly available. We would also suggest that incidences of significant pain should be considered an adverse event, being recorded, reported, and responded to appropriately
Patient Safety Learning	6	399-401	<p>We believe stating 'a minority of women will feel severe pain' is an unhelpful statement and should be removed.</p> <p>This guidance itself suggests that one third of women reported pain scores of 7-10 out of 10 in lines 219-220. While this is technically a 'minority', we are concerned that use of this term underplays a significant proportion of women's lived experiences in this respect. At the beginning of the guidance when describing this in lines 17-19 we believe the language is much more appropriate.</p>
Patient Safety Learning	8	440-458	<p>We note under further considerations this guidance refers to the importance of training for those providing outpatient hysteroscopic services. We believe it is important that staff who undertake these services should receive standardised and regulated training. This should include the risks of severe pain, clinical factors that make someone more susceptible, the limitations of clinician perception to assess pain, the importance of listening to women throughout and the application of consent guidelines.</p> <p>Skills are clearly important but also are the behaviours that support women's decision making and their confidence in being able to say 'no' if there are uncomfortable, in pain and /or anxious.</p> <p>We note that training needs are not covered in this guidance. However, in this section it also refers to the work undergoing to revise Guideline No. 59 <i>Best practice in outpatient hysteroscopy which the guidance</i>. We would ask that these considerations are included in this work or, if this is not possible, then RCOG indicates where this necessary piece of work will be addressed as a priority.</p>