

Gynaecology Pathway

Treatment Pathway code:	WAHT-TP-027
Treatment Pathway Owner:	Mr Jon Hughes
Approved by:	Accountable Director
Date of Approval:	26 th January 2019
Date of review:	1 st January 2021

POP-UP TITLES AND NUMBERING

Gynaecology Assessment Unit pregnancy

- Management of hyperemesis gravidarum
- Management of gestational trophoblastic neoplasia
- Management of ectopic pregnancy
- Administration of anti-d immunoglobulin in early pregnancy bleeding
- Management of bleeding in early pregnancy and early pregnancy loss
- Medication management of miscarriage in the first trimester
- Medical management of midtrimester fetal intrauterine death of termination of pregnancy using mifepristone/misoprostal
- Surgical management of miscarriage
- Management of ectopic pregnancy
- Administration of anti-d following bleeding in early pregnancy
- Expectant management of miscarriage
- Medical management of miscarriage 1st stage
- Miscarriage – what happens next?
- Hydatidiform mole
- **Emergency Gynaecology Assessment Unit Operational policy WRH (EPAU and GAU)**

Oncology

- Insertion of pleurx catheter for the management of malignant ascities in advanced/palliative cancers
- Ovarian cysts

Gynaecology Assessment Unit

- Management and prevention of acute pelvic inflammatory disease (PID)

Colposcopy

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Fertility

- Clomifene patient information
- Side effects of gonadotrophins
- Ovarian hyperstimulation syndrome (OHSS) guideline
- Ovarian hyperstimulation syndrome (OHSS) patient information
- In vitro fertilization (IVF) and embryo transfer
- Intracytoplasmic sperm injection (ICSI)

Gynaecology general/office

- Diagnostic hysteroscopy (under general anaesthetic)
- Hysteroscopic sterilisation
- Abdominal hysterectomy
- Laparoscopy and dye test

- Laparoscopic sterilisation
- Uterine fibroids
- Uterine fibroid embolization (UFE)
- Having endometrial ablation under local anaesthetic

Uro-gynaecology

- Referral to urodynamics within the uro-gynaecology department
- Urodynamics (female)
- Vaginal hysterectomy
- Mid-urethral vaginal tape (MVT)
- Abdominal mesh operation for vaginal vault prolapse
- Cystoscopy

KEY DOCUMENTS TRANSFERRED INTO THIS PATHWAY

Key Document Name	Owner	Code	Version
Management and Prevention of Acute Pelvic Inflammatory Disease (PID)	Paul Moran	WAHT-GYN-008	3
Management of bleeding in early pregnancy and early pregnancy loss	Mamta Pathak	WAHT-GYN-010	4
Management of hyperemesis gravidarum	Miss Pathak	WAHT-GYN-005	6
Laparoscopy and Dye test	John watts Mamta Pathak	WAHT-CG-452	1.3
Medication management of miscarriage in the first trimester (up to gestation 13+6 weeks) using Misop	Pathak Mamta	WAHT-GYN-009	5.3
Side effects of Gonadotrophins	John watts John Hughes	WAHT-GYN-029	1.3
Fertility Clinic OHSS	John watts John Hughes	WAHT-GYN-028	1.4
Intracytoplasmic sperm injection (ICSI)	John watts John Hughes	WAHT-GYN-027	1.3
Clomiphene	John watts John Hughes	WAHT-GYN-026	2.3
In vitro fertilisation (IVF) and embryo transfer	John watts John Hughes	WAHT-GYN-025	1.3
Abdominal hysterectomy	John Hughes	WAHT-GYN-023	1.3
Policy for referral to urodynamics within the Urogynaecology Department	Dawn Knowles Helen Greenham	WAHT-GYN-011	3.3
Vaginal Hysterectomy	Paul Moran	WAHT-GYN-030	1.7
Uterine Fibroids	John Hughes	WAHT-GYN-024	1.3
Ovarian cysts in postmenopausal women	David Pickrell	WAHT-GYN-007	3.4
Medical management of midtrimester fetal intrauterine death or termination of pregnancy using mifepr	Paul Moran	WAHT-GYN-001	1.3
Abdominal mesh operation for vaginal vault prolapse Sacrocolpopexy or Sacrohysteropexy or Sacrocervicopexy	Sinha Deepali	WAHT-GYN-022	1.3
Laparoscopic Sterilisation	Paul Moran	WAHT-GYN-020	1.7
Diagnostic Hysteroscopy (under general anaesthetic)	Paul Moran	WAHT-GYN-019	1.9
Hysteroscopic Sterilisation	Mamta Pathak	WAHT-GYN-031	1.3
Management of ectopic pregnancy	Angus Thomson	WAHT-GYN-021	1.8
Expectant management of miscarriage	John watts Mamta Pathak	WAHT-GYN-032	1.5

Evacuation of retained products of conception (ERPOC)	John Watts	WAHT-GYN-033	1.8
Medical Management of Miscarriage - 1st Stage	Karen Hill Mamta Pathak	WAHT-GYN-015	1.5
Administration of anti-D following bleeding in early pregnancy V1	Karen Hill	WAHT-GYN-014	1.3
Miscarriage - What Happens Next?	Karen Hill Mamata Pathak	WAHT-GYN-013	2.4
Guideline for the administration of anti-D Immunoglobulin in early pregnancy bleeding	Alex Blackwell	WAHT-GYN-004	4.4
Ovarian hyperstimulation syndrome (OHSS)	Paul Moran	WAHT-GYN-006	4
Colposcopy Procedure - Punch biopsy	Catherine Yarnold Susnata China	WAHT-GYN-037	2
Colposcopy Procedure - Loop Diathermy of the Cervix (LLETZ)	Catherine Yarnold Susnata China	WAHT-GYN-036	2
Colposcopy Procedure - Cryotherapy of the Cervix	Catherine Yarnold Susnata China	WAHT-GYN-035	2
Management of Ectopic Pregnancy	John watts Mamta Pathak	WAHT-GYN-002	1.5
Guideline for the Insertion of Pleurx Catheters for the Management of Malignant Ascites in Advanced/	David Pickrell	WAHT-GYN-012	1.1
Urodynamics (female) gynae	Paul Moran	WAHT-GYN-017	1.5
Cystoscopy (gynae)	Paul Moran	WAHT-GYN-018	1.5
Having endometrial ablation under local anaesthesia	Mamta Pathak	WAHT-GYN-016	1.4
The Management of Gestational Trophoblastic Neoplasia	Pratibha Arya	WAHT-GYN-003	3.1
uterine fibroid embolisation (UFE) Guideline and referral pathway	John Hughes	WAHT-GYN-041	1.1
Mid-urethral vaginal tape (MUT)	Paul Moran	WAHT-GYN-040	1.7

AMENDMENTS MADE TO PATHWAY

Date	Amendments made	Approved by
23.08.2016	TP-027 Management of bleeding in early pregnancy and early pregnancy loss. "If viable pregnancy (10+ weeks gestation) confirmed in EPAU / EGAU contact via telephone Antenatal Clinic to ensure that on-going management of pregnancy plan is in place. This will include options for Antenatal screening which will be discussed by maternity health care professionals. (Screening is gestation specific and therefore required timely referral) see WAHT-TP-094	Paul Moran
14.12.2016	Amendment to post-menopausal pathway flow chart. Ovarian cysts 1 cm or above are followed up as per the new recommendations by the Green-top guidance in The Management of Ovarian cysts in Post-menopausal women. Green-top guideline No. 34 (July 2016)	Paul Moran
1 st November 2018	Change to BMI calculator	Jon Hughes
26 th January 2019	Documents re approved	Gynaecology Governance Meeting

11 th May 2019	MDT referral form added to the Oncology Gynaecology page	Jon Hughes
21 st May 2019	WMCA pathways added to gynaecology oncology	Jon Hughes
28 th June 2019	Removal of MDT form from oncology gynaecology page	Jon Hughes
2 nd August 2019	BWH Semen analysis form updated	Jon Hughes
23 rd September 2019	Links to IBS and patient information. HAD scale, multidisciplinary pain clinic, Pain relief clinic, Analgesia history, BSGE patient Questionnaire added to Chronic pelvic pain frequently used documents	Jon Hughes
9 TH October 2019	Request for day case Parecentesis Patient Information removal of a vaginal pessary Patient information Colpo	Gynaecology Governance
31 st October 2019	Management of Hyperemesis Gravidarium	Mamta Pathak

CONSULTATION

This Treatment pathway has been circulated to the following individuals for consultation

Name	Designation
Paul Moran	
Mamta Pathak	
John watts retired Tracey Baldwin	
John Hughes	
Dawn Knowles	
David Pickrell	
Sinha Deepali	
Angus Thomson	
Karen Hill left trust replaced with Barbra Mcleod	
Alex Blackwell	
Catherine Yarnold replaced with Janice Kerr	
Pratibha Arya	

This Treatment pathway has been circulated to the chair(s) of the following committee's / groups;

IMPLEMENTATION

Plan for implementation

How are you going to implement and ensure all relevant staff are aware of this pathway?

Email sent to EPAU / EGAU staff & ANC staff regarding the changes made to TP -027

DISSEMINATION

TRAINING AND AWARENESS

This section should refer to training as identified in the Trusts Training Needs Analysis Appendix A of the Trusts Mandatory Training Policy

REFERENCES

All references should be 'Harvard' referenced

Title	Code

MONITORING AND COMPLIANCE

This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this Treatment pathway. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance

What	How	Who	Where	When
<i>These are the 'key' parts of the process that we are relying on to manage risk.</i>	<i>What are we going to do to make sure the key parts of the process we have identified are being followed?</i>	<i>Who is responsible for the check?</i>	<i>Who will receive the monitoring results?</i>	<i>Set achievable frequencies.</i>
Management of ovarian cysts	Monitor through clinical discussion and gynae MDT	Gynae MDT members and gynaecologists involved in this pathway	Unsure	Yearly

EQUALITY IMPACT ASSESSMENT

To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the treatment pathway affect one group less or more favourably than another on the basis of:	Yes (women)
	Race	No
	Ethnic origins (including gypsies and travellers)	No
	Nationality	No
	Gender	Yes (women)
	Culture	No
	Religion or belief	No
	Sexual Orientation	No
	Age	Yes (pre- and post-menopausal)
2.	Is there any evidence that some groups are affected differently?	Yes
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes
4.	Is the impact of the policy/guidance likely to be negative? If so can the impact be avoided?	No
5.	What alternatives are there to achieving the policy/guidance without the impact?	None
6.	Can we reduce the impact by taking different action?	No
7.	Other comments	None

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

FINANCIAL IMPACT STATEMENT

To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	Uncertain
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
6.	Other comments	None

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval