Gynaecology report

2016

Gynaecology services

- Inpatients
  - Theatre
  - Ward 97
- Outpatients
  - Specialist services
  - EPAU
- Women's Assessment
- EDU
- Fertility services
- Urogynaecology
- Women's Health psychologists
- Social work team
- Physiotherapy
- Support services

Inpatients- 2016

- 1470 general gynaecology surgeries completed;
  - 1430 (97%) primary procedures
  - 24 (1.7%) repeat surgeries as a result of complications of surgery at ACH
  - 16 (1.0%) repeat surgeries as a result of complications of surgery at a private hospital.
- 1263 surgeries were undertaken at the Greenlane Surgical Unit (GSU) and only 161 of these are included in the surgical chapter

Primary indication for surgery

Table 247: Primary indication for primary inpatient gynaecologic surgery NWH 2016

	2016	
	N=	1430
	n	%
Primary indication for surgery		
Abnormal bleeding, non-pregnant	320	22.4
Miscarriage	147	10.3
Termination	158	11.0
Urogynaecology / Prolapse	138	9.7
Ovarian cyst	136	9.5
Abscess	46	3.2
Pain, cause unknown	80	5.6
Cancer / Pelvic mass	49	3.4
Endometriosis	82	5.7
Ectopic pregnancy	77	5.4
Infertility	17	1.2
Anatomical anomalies of the genital tract	10	0.7
CIN/VIN/VAIN	25	1.7
Polyp(s)/Endometrial Sampling	43	3.0
Other, Please specify	102	7.1

Acute and elective surgery

Table 248: Primary surgical procedure and timing of surgery among inpatient primary surgeries performed by the general gynaecology team NWH 2016

		Timing of surgery			
	Total	Acute		Elective	
	N	n	%	n	%
Total	**1430**	**405**	**28.3**	**1025**	**71.7**
Ovarian and /or tubal surgery	208	88	42.3	120	57.7
Hysteroscopy	194	12	6.2	182	93.8
Evacuation retained products conception	128	106	82.8	22	17.2
Surgical termination of pregnancy	157	3	1.9	154	98.1
Urogynaecology procedure	111	3	2.7	108	97.3
Hysterectomy	160	1	0.6	159	99.4
Diagnostic laparoscopy	124	48	38.7	76	61.3
Endometriosis surgery	54	2	3.7	52	96.3
Other vulval procedure	60	46	76.7	14	23.3
Other uterine/cervical	182	72	39.6	110	60.4
Fibroid embolization	5	0	0	5	100
Other	47	24	51.1	23	48.9

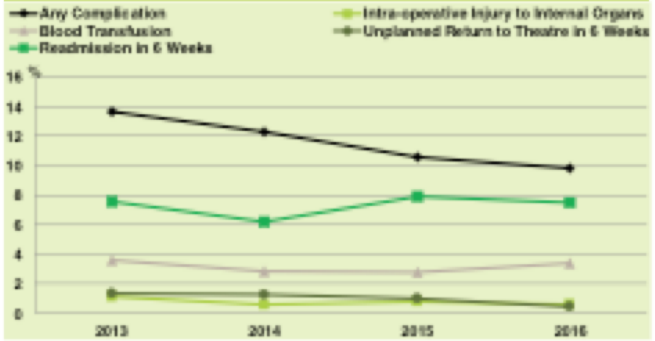
Injury during surgery

Table 249: Intra operative injury at primary surgery NWH 2013-2016

	2013		2014		2015		2016	
	N=1606		N=1607		N=1542		N=1430	
	n	%	n	%	n	%	n	%
Bladder	10	0.6	5	0.3	6	0.4	5	0.3
Bowel	6	0.4	3	0.2	1*	0.1	1	0.1
Ureter					2	0.1		
Major blood vessel							1	0.1
Other	2	0.1	1	0.1	3	0.2	1	0.1
TOTAL	18	1.1	9	0.6	12	0.8	8	0.6

Complications – 2013-2016

Figure 209: Complications of surgery over time NWH 2013-2016



*definitions of surgical complications can be found in section 12.8

Table 251: Complications of surgery by timing of surgery NWH 2016

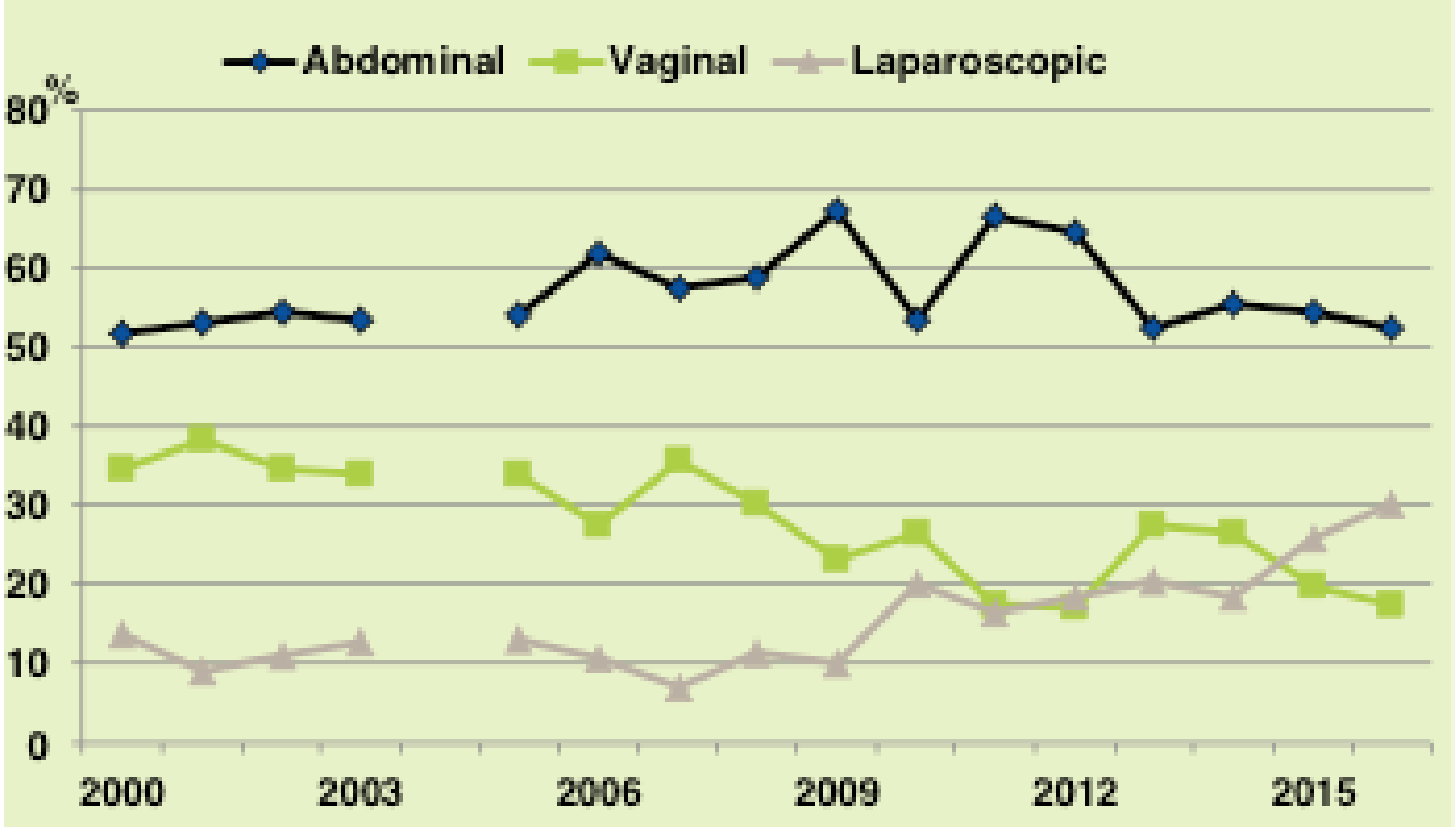
	Acute admission N=405		Elective admission N=1025	
	n	%	n	%
Any complication	**53**	**13.1**	**86**	**8.4**
Failure to complete planned procedure	3	0.7	19	1.9
Intra operative injury to internal organs	2	0.5	6	0.6
Significant post op infection	1	0.2	6	0.6
Anaesthetic complication	1	0.2	13	1.3
Other significant complication	3	0.7	5	0.5
Thromboembolic complication	0		2	0.2
Unplanned return to theatre in 6 weeks	3	0.7	3	0.3
Admission to DCCM	5	1.2	5	0.5
Readmission in 6 weeks	36	8.9	71	6.9
Postop complication	13	3.2	29	2.8
Planned re-admission	2	0.5	11	1.1
Transfusion	0		1	0.1
Other, please specify	21	5.2	30	2.9
Transfusion	30	7.4	17	1.7

Post operative complications

- Hysteroscopy and failure to complete – 9 cases
  - Protocol for the use of misoprostol should be reviewed
- Hysterectomy
  - 15% readmitted (>3 hours) – needs ongoing audit

Route of hysterectomy

Figure 211: Route of hysterectomy among hysterectomies performed by general gynaecologists NWH 2000-2016

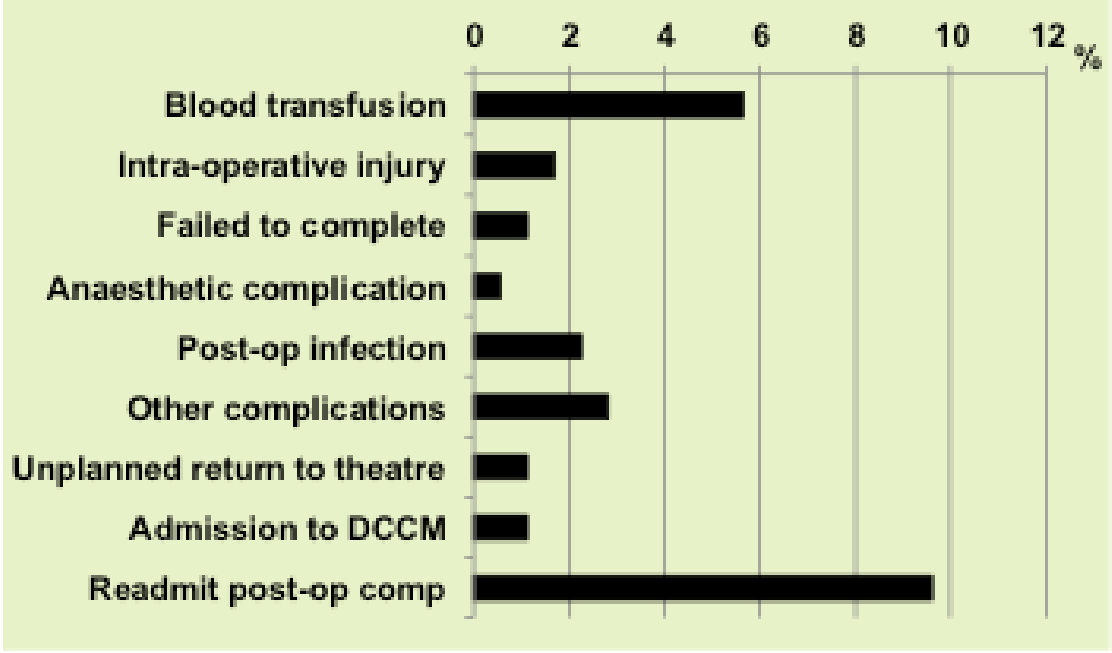


Cochrane review on route of hysterectomy - 2015

- VH appears to be superior to LH and AH, as it is associated with faster return to normal activities.
- When technically feasible, VH should be performed in preference to AH because of more rapid recovery and fewer febrile episodes postoperatively.
- Where VH is not possible, LH has some advantages over AH (including more rapid recovery and fewer febrile episodes and wound or abdominal wall infections), but these are offset by a longer operating time.
- No advantages of LH over VH could be found; LH had a longer operation time, and total laparoscopic hysterectomy (TLH) had more urinary tract injuries.

Complications of hysterectomy

Figure 212: Complications of surgery among women undergoing hysterectomy performed by the general gynaecology team NWH 2016



*definitions of surgical complications can be found in section 12.8

Complications of hysterectomy 2013-2016

Table 257: Complications of surgery among women undergoing hysterectomy performed by the general gynaecology team NWH 2013-2016

	2013 N=205		2014 N=176		2015 N=143		2016 N=177	
	n	%	n	%	n	%	n	%
Any complication	**58**	**28.3**	**46**	**26.1**	**30**	**21.0**	**34**	**19.2**
Blood transfusion	18	8.8	10	5.7	13	9.1	10	5.6
Intraoperative injury	6	2.9	5	2.8	2	1.4	3	1.7
Anaesthetic complications	1	0.5	0		1	0.7	1	0.6
Significant postoperative infection	12	5.9	6	3.4	13	9.1	4	2.3
Other significant complications	11	5.4	5	2.8	10	7.0	5	2.8
Unplanned return to theatre	9	4.4	6	3.4	7	4.9	2	1.1
Admission to DCCM	2	1.0	3	1.7	6	4.2	2	1.1
Readmission to hospital	28	13.7	25	14.2	25	17.5	25	14.1
Planned readmissions					1	0.7	2	1.1
Postop complications					18	12.6	17	9.6
Other					6	4.2	6	3.4

Post hysterectomy infections – 2016

- TI audit showed compliance with antibiotic prophylaxis in 92% but non compliance with the repeat antibiotics if > 4 hours

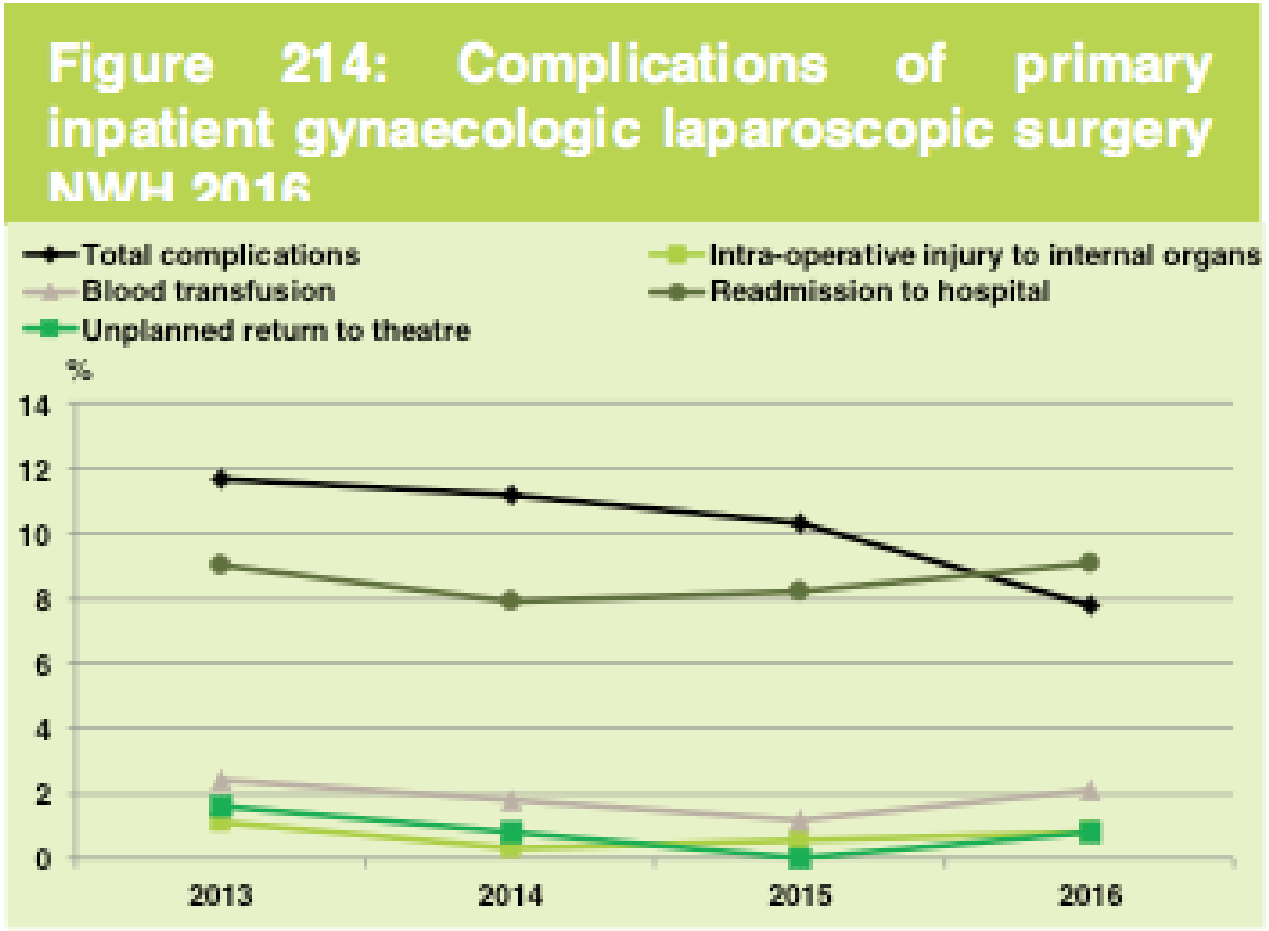
Laparoscopic surgery 2016

- 385 procedures
  - 273 elective and 112 acute
  - Most common indication was endometriosis and ovarian cysts

Table 260: Complications of primary inpatient gynaecologic laparoscopic surgery NWH 2016

	Total N=385	
	n	%
ANY COMPLICATION	30	7.8
Blood transfusion	8	2.1
Intra operative injury	3	0.8
Failure to complete procedure	2	0.5
Anaesthetic complications	5	1.3
Significant post-operative infection	4	1.0
Unplanned return to theatre	3	0.8
Admission to DCCM	1	0.3
Other significant complications	0	
Readmission to hospital	35	9.1
Post op complications	14	3.6
Planned re-admission	0	
Other	21	5.5

Complications – lap surgery 2013-2016

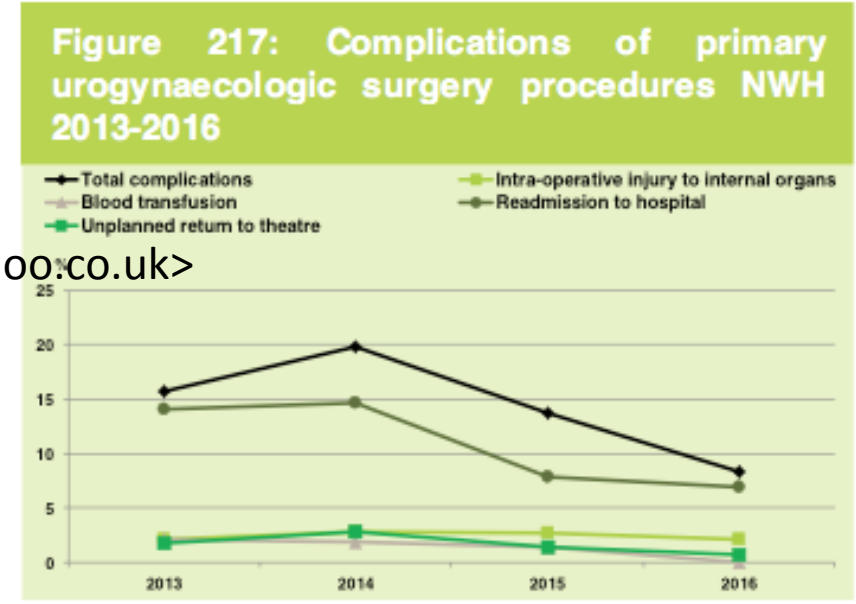


*definitions of surgical complications can be found in section 12.8

Urogynaecology 2016

- 145 procedures (reduced from 219 in 2015 as more being done at GSU)
  - 23 TVTs
  - 3 mesh repairs
  - 104 prolapse repairs
  - 65 other
  - 29 had hysterectomy as part of their primary operation
- 8% complication rate which is significantly lower than previous years

Sarah Armstrong
<sarahcarmstrong@yahoo.co.uk>



Mesh for prolapse repair

Transvaginal mesh or grafts compared with native tissue repair for vaginal prolapse

Review | Intervention

Christopher Maher, Benjamin Feiner, Kaven Baessler, Corina Christmann-Schmid, Nir Haya, Jane Marjoribanks

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Am score 126

See clinical summaries based on this review

Readmission to hospital > 3 hours

- Two leading causes of readmission are wound infections and vault/pelvic haematoma
- Hysterectomy – unchanged from 13.7% 2013 and 14.1% in 2016
- Urogynae – reduced from 14% in 2013 to 6.9% in 2016
- Lap surgery reduced from 15% in 2013 to 6% in 2016

Epsom Day Unit

- Termination of pregnancy – 3501 in 2016
  - In 2006 - 5548
  - Reduction of 37%
  - Increased use of LARCs – now 65%
- 90% are surgical and completed under conscious sedation

GRAMP – Gynae Rapid Multidisciplinary Panel

- From July 2016 a new approach to assessing adverse events
  - adverse intraoperative events, complications in the post-operative period, patients who need to return to theatre and patients who are readmitted.
- Process
  - A summary is written by one of the medical staff involved in the case and then medical staff may come to the GRAMP meeting to discuss the case.
  - Contributory factors and potential avoidability are discussed and recorded.
  - Recommendations made

GRAMP – 1st 6 months

- Reviewed 13 cases
- Common themes were
  - staff not seeking assistance when faced with an adverse event,
  - staff failing to recognise that observations were abnormal,
  - staff failing to escalate concerns when observations become abnormal,
- Two cases with serious intraoperative adverse events were reviewed externally and recommendations made.
- A summary of the cases was presented to medical and nursing staff at the Aspiring to Excellence meeting in April and this will be done twice a year.

Excellence in research

Michelle Wise and team – BEC1: Body mass index trumps age in decision for endometrial biopsy.

- Congratulations to Michelle Wise for winning the ADHB prize for research excellence in 2016
-

Some great feedback from a patient on ward 97

- “All staff introduced themselves and their role in my care”
- “Every nurse asked if I needed anything and followed through with what they said they would do….”
- “Full discussion was held with myself and my husband prior to my surgery, the registrar spoke to me very soon after surgery when I was back on the unit and both she and the consultant visited at the end of the day”

Thank you to all the gynae staff

- And particularly those who complete the database and those who assisted with preparing the report
  - Ines Blaj
  - Gill Gibson
  - Carolyn Bilbrough
  - Erika Hunter
  - Tin Lok Chiu

  - And to Lynn Sadler and Marjet Pot for leading the report preparation