

## AVAILABLE AT:

- Emersons Green NHS Treatment Centre
- Shepton Mallet NHS Treatment Centre (outpatients only)
- Devizes NHS Treatment Centre (outpatients only)
- Cirencester NHS Treatment Centre (outpatients only)

SPECIALITY:	<b>GYNAECOLOGY</b>
HRG CODE(S):	<b>M07</b>
PROCEDURE(S):	<b>Abdominal hysterectomy</b>
AVERAGE LENGTH OF STAY:	<b>4 Nights</b>

## INDICATION FOR REFERRAL:

- Intractable menorrhagia following endometrial ablation/MIRENA
- Large Fibroid Uterus not amenable to Uterine Artery Embolisation
- Endometriosis not responsive to conservative treatment/failed treatments
- Simple hyperplasia – patient declined progestogens

## PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	<b>FBC, Cervical cytology up to date</b>
Imaging	<b>TV Ultrasound of pelvis (if possible)</b>
Other tests (e.g. EMG)	<b>N/A</b>

## INFORMATION

Nutrition / Hydration	<b>No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure</b>
Medication to cease	<b>All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results Stop aspirin 5 days before</b>

## DISCHARGE

Medication (TTOs)	<b>Diclofenac 50 mg 8 hourly x3 days</b>
Follow up	<b>6 weeks</b>
Specific Discharge Info	<b>Vaginal spotting for up to 4 weeks Contact ward if heavy bleeding or fever</b>

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SPECIALITY: **GYNAECOLOGY**  
HRG CODE(S): **M02, M05**  
PROCEDURE(S): **Hysteroscopy and minor/intermediate procedures**  
AVERAGE LENGTH OF STAY: **Day Case**

INDICATION FOR REFERRAL:

- Irregular vaginal/menstrual bleeding in women < 45
- TV USS revealing uterine polyp, abnormally thickened endometrium
- > 3 months of Intermenstrual bleeding

PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	<b>FBC</b>
Imaging	<b>Transvaginal ultrasound of pelvis (if possible)</b>
Other tests (e.g. EMG)	<b>Triple swabs of genital tract negative Negative pregnancy test where appropriate</b>

INFORMATION

Nutrition / Hydration	<b>No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure</b>
Medication to cease	<b>All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results</b>

DISCHARGE

Medication (TTOs)	<b>Cocodamol (30/500mg) 2 tabs 4hourly x 2 days</b>
Follow up	<b>Not required unless abnormal histopathology</b>
Specific Discharge Info	<b>Expect vaginal bleeding following procedure for 5-7days</b>

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SPECIALITY:	<b>GYNAECOLOGY</b>
HRG CODE(S):	<b>M02</b>
PROCEDURE(S):	<b>Excision, biopsy vulva</b>
AVERAGE LENGTH OF STAY:	<b>Day Case</b>

## INDICATION FOR REFERRAL:

- **Vulval cyst – eg Bartholin's**
- **Vulval skin tag/polyp**
- **Vulval sebaceous cyst**

## PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	<b>N/A</b>
Imaging	<b>N/A</b>
Other tests (e.g. EMG)	<b>N/A</b>

## INFORMATION

Nutrition / Hydration	<b>No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure</b>
Medication to cease	<b>All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results</b>

## DISCHARGE

Medication (TTOs)	<b>Cocodamol(30/500mg) 2 tabs 4 hourly x 3 days</b>
Follow up	<b>N/A</b>
Specific Discharge Info	<b>Vulval toilet with shower head 4 times /day to keep area clean</b>

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SPECIALITY:	<b>GYNAECOLOGY</b>
HRG CODE(S):	<b>M05</b>
PROCEDURE(S):	<b>Insertion/removal of IUCD</b>
AVERAGE LENGTH OF STAY:	<b>Day Case</b>

## INDICATION FOR REFERRAL:

- **Inability to insert/remove IUCD in Primary Care**
- **Lost IUCD strings**
- **Stenosed cervix precluding removal**
- **As treatment for heavy menstrual bleeding**  
- **MIRENA** when unable to fit in Primary Care

## PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	<b>GPs to exclude infection</b> <b>Triple swabs from genital tract in individuals at high risk of STIs</b>
Imaging	<b>TV Ultrasound where IUCD strings not visible to assess site of device, demonstrate uterus &lt; 10cm or small fibroids prior to insertion of Mirena</b>
Other tests (e.g. EMG)	<b>Patient advised to use alternative contraception</b>

## INFORMATION

Nutrition / Hydration	<b>No restriction if outpatient/No food 6 hours prior to the procedure. Clear fluids up to 2 hours prior to the procedure</b>
Medication to cease	<b>N/A</b>

## DISCHARGE

Medication (TTOs)	<b>N/A</b>
Follow up	<b>N/A</b>
Specific Discharge Info	<b>Menstrual spotting up to 3 months following insertion</b>

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SPECIALITY:	<b>GYNAECOLOGY</b>
HRG CODE(S):	<b>M06</b>
PROCEDURE(S):	<b>Laparoscopy, tubal sterilisation and other intermediate procedures</b>
AVERAGE LENGTH OF STAY:	<b>Day Case</b>

## INDICATION FOR REFERRAL:

- **Request for sterilisation having declined all alternative methods**
- **Persistent pelvic pain**
- **Ultrasound evidence of endometriosis/endometriomas**

## PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	<b>FBC</b>
Imaging	<b>TV USS for pain (if possible)</b>
Other tests (e.g. EMG)	<b>Triple swabs from genital tract for patients with pelvic pain</b>

## INFORMATION

Nutrition / Hydration	<b>No food 6 hours prior to the procedure Clear fluids up to 2 hours prior to the procedure</b>
Medication to cease	<b>All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results</b>

## DISCHARGE

Medication (TTOs)	<b>Cocodamol (30/500mg) 2 tabs 4 hourly x 2 days</b>
Follow up	<b>None for sterilisation 6 weeks for laparoscopic interventional treatments</b>
Specific Discharge Info	<b>Abdominal pain/shoulder pain and bloating for 2 days; advised to contact ward urgently if nausea/vomiting/ abdominal pain/fever thereafter</b>

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**SPECIALITY:** **GYNAECOLOGY**  
**HRG CODE(S):** **M07**  
**PROCEDURE(S):** **Vaginal hysterectomy, colporrhaphy, sacrocolpopexy**  
**AVERAGE LENGTH OF STAY:** **3-4 Nights**

INDICATION FOR REFERRAL:

- Symptoms/evidence of uterine prolapse requiring surgical intervention
- Symptoms/evidence of vaginal prolapse requiring surgical intervention
- Heavy menstrual bleeding not responding to other treatments and with uterus, 12 weeks size
- Vault prolapse

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PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	<b>FBC if heavy menstrual bleeding</b>
Imaging	<b>Out rule urinary tract infection</b>
Other tests (e.g. EMG)	<b>Physiotherapy for 6 months prior to referral if prolapse</b>

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INFORMATION

Nutrition / Hydration	<b>No food 6 hours prior to the procedure. Clear fluids up to 2 hours prior to the procedure</b>
Medication to cease	<b>All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results</b>

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DISCHARGE

Medication (TTOs)	<b>Diclofenac 50mg 8 hourly (max 150 mg in 24 hours) x 5 days</b>
Follow up	<b>6 weeks</b>
Specific Discharge Info	<b>Vaginal spotting/discharge for 3-4 weeks</b>

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SPECIALITY: **GYNAECOLOGY**  
 HRG CODE(S): **M03**  
 PROCEDURE(S): **TVTO**  
 AVERAGE LENGTH OF STAY: **Day Case/1 Night**

INDICATION FOR REFERRAL:

- **Stress incontinence**

PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	<b>N/A</b>
Imaging	<b>Out rule urinary tract infection</b>
Other tests (e.g. EMG)	<b>6 months physiotherapy with no improvement in symptoms prior to referral</b>

INFORMATION

Nutrition / Hydration	<b>No food 6 hours prior to the procedure. Clear fluids up to 2 hours prior to the procedure</b>
Medication to cease	<b>All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results</b>

DISCHARGE

Medication (TTOs)	<b>Diclofenac 50mg 8 hourly( max 150 mg in 24 hours) x 5 days</b>
Follow up	<b>6 weeks</b>
Specific Discharge Info	<b>May experience difficulty in emptying bladder - re-refer immediately</b>

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**SPECIALITY: GYNAECOLOGY**  
**HRG CODE(S): M02, M05, M06**  
**PROCEDURE(S): Endometrial ablation**  
**AVERAGE LENGTH OF STAY: Day Case**

INDICATION FOR REFERRAL:

- **Heavy Menstrual bleeding not responding to MIRENA**
- **Heavy Menstrual Bleeding not responding to pharmaceutical agents**
- **Heavy Menstrual bleeding where patient doesn't wish to conceive**

PRE- REFERRAL TESTS / REQUIREMENTS

Pathology	<b>FBC</b> <b>Normal Endometrial histology in woman &gt; 40</b>
Imaging	<b>Transvaginal Ultrasound (if possible)</b> <b>– uterus &lt; 10cm, small fibroids&lt;3cm</b>
Other tests (e.g. EMG)	<b>N/A</b>

INFORMATION

Nutrition / Hydration	<b>No food 6 hours prior to the procedure</b> <b>Clear fluids up to 2 hours prior to the procedure</b>
Medication to cease	<b>All patients stop Warfarin 4 days, INR on day before surgery with GP or Nurse, and patient to ring PACU with results</b>

DISCHARGE

Medication (TTOs)	<b>Cocodamol (30/500mg) 2 tabs 4 hourly x 2 days</b>
Follow up	<b>8 weeks</b>
Specific Discharge Info	<b>Persistent vaginal discharge for 4 to 6 weeks, crampy period like pain</b>