

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Colporrhaphy, sacrocolpopexy**

ALOS: **3 to 4 nights**

#### INDICATIONS

- Uterine or vaginal prolapse in line with Somerset prolapse pathway

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- USS
- FBC

#### REFERRAL CRITERIA

- Refer to specialist gynaecological physiotherapist for trial of pelvic floor exercises prior to referral
- Consider use of ring pessary prior to referral as appropriate

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team INR to be below 1.4 on day of surgery

- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Patient to expect vaginal spotting or discharge for 3 to 4 weeks

#### DISCHARGE CRITERIA

- Mobilising
- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Resolution of prolapse

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Endometrial ablation**

ALOS: **Day case**

#### INDICATIONS

- Menorrhagia, following the agreed Somerset pathway
- Pre-menopausal women over 45 with negative endometrial biopsy

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Pelvic examination
- FBC
- USS

#### REFERRAL CRITERIA

- Indications as above
- Future fertility not required

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- Telephone call to patient 7 days before surgery
- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient received a pre-admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Day case
- Advice regarding analgesia
- Patient to expect vaginal discharge for up to 6 weeks

#### DISCHARGE CRITERIA

- Pain controlled
- No significant PV loss
- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Consultant appointment at 6 weeks

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Reduction or absence of menstruation

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Hysteroscopy**

ALOS: **Day case**

#### INDICATIONS

- Intermenstrual bleeding <45 years old, >3 months in women who do not fulfil the fast track criteria
- Uterine polyp
- Displaced IUS/D where removal in FPC has failed
- Not for fertility investigations

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Pelvic examination
- FBC
- Negative triple swabs
- Up to date cervical cytology
- Negative pregnancy test
- USS pelvis (trans-vaginal)

#### REFERRAL CRITERIA

- As per indications

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery

- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Day case

#### DISCHARGE CRITERIA

- No excessive vaginal bleeding
- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Removal of polyp / IUS / IUD

#### ONWARD FORWARD CRITERIA

- Diagnostic procedure – may need further treatment so may need to link with other care pathways
- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Laparoscopy (diagnostic and therapeutic)**

ALOS: **Day case**

#### INDICATIONS

- Persistent pelvic pain
- Ultrasound evidence of endometriosis/endometriomas
- Simple ovarian cyst
- Sterilisation

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- Negative pregnancy test
- Triple swabs
- Pelvic USS
- Counselling re sterilisation – failure rate, irreversible, risk of ectopic pregnancy, contraception until sterilisation

#### REFERRAL CRITERIA

- Consider fast track referral if any suspicious findings on ultrasound scan
- As indications

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery

- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Advice regarding analgesia
- Advice regarding wound care / suture removal if appropriate

#### DISCHARGE CRITERIA

- Pain well controlled
- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- 6 weeks appointment following interventional procedures

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Sterility, if procedure performed for sterilisation

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter stating procedure undertaken
- If diagnostic laparoscopy – a management plan for any conditions diagnosed
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Total abdominal hysterectomy +/- bilateral salpingo oophorectomy**

ALOS: **3 to 4 nights**

#### INDICATIONS

- Intractable menorrhagia/ or dysmenorrhoea, following failure of other treatments or patient choice in line with Somerset agreed pathway
- Large uterus > 12 weeks in size not amenable to uterine artery embolisation
- Endometriosis not responsive to conservative treatments
- Simple hyperplasia – patient declined progestogens

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- FBC
- Up to date cervical cytology
- USS pelvis

#### REFERRAL CRITERIA

- Indications as above
- If >45 with irregular bleeding consider endometrial biopsy
- Negative pregnancy test and use contraception if appropriate until procedure

#### NOT APPROPRIATE FOR REFERRAL

- Post-menopausal bleeding or abnormal scan findings - high suspicion of cancer

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- Discussion regarding bilateral salpingo oophorectomy
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively

- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Warn patient they may have vaginal spotting up to 4 weeks

#### DISCHARGE CRITERIA

- Passed urine and bowels open

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Consultant appointment at 6 weeks

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Resolution of symptoms

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Information on HRT prescribing if bilateral salpingo oophorectomy performed
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Transvaginal tape**

ALOS: **Day case to 1 night**

#### INDICATIONS

- Stress incontinence

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- Urinalysis and MSU

#### REFERRAL CRITERIA

- As per indications
- No obvious prolapse
- Patient has had 6 months specialist physiotherapy with no improvement in symptoms

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Pain controlled

#### DISCHARGE CRITERIA

- Passed urine normally

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Consultant appointment at 6 weeks

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Improvement in patient's symptoms of stress incontinence

#### ONWARD FORWARD CRITERIA

- Not normally indicated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Vaginal hysterectomy**

ALOS: **3 to 4 nights**

#### INDICATIONS

- Intractable menorrhagia/ or dysmenorrhoea, following failure of other treatments or patient choice in line with Somerset agreed pathway
- Simple hyperplasia – patient declined progestogens
- Prolapse in line with Somerset prolapse pathway

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- USS if appropriate
- FBC
- Negative pregnancy test and use of contraception if appropriate until procedure

#### REFERRAL CRITERIA

- For menorrhagia – failed IUS or endometrial ablation
- Consider endometrial biopsy with menorrhagia >45 years
- Not suitable for peri/post menopausal bleeding

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team INR to be below 1.4 on day of surgery

- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Patient to expect vaginal spotting or discharge for 3 to 4 weeks

#### DISCHARGE CRITERIA

- Mobilising
- Passed urine
- Patient support for 24 hours

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Resolution of symptoms

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **Gynaecology**  
 PROCEDURE(S): **Vulval surgery**

ALOS: **Day case**

#### INDICATIONS

- Vulval cyst e.g. Bartholin's
- Vulval skin tag/polyp
- Vulval sebaceous cyst
- In line with Somerset policy for procedures of limited clinical value and excluding lesions which meet fast track criteria

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

#### REFERRAL CRITERIA

- As per indications above

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Pain controlled
- Wound clean and dry

#### DISCHARGE CRITERIA

- Passed urine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Resolution of symptoms

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral