

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

ALOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre
 Devizes NHS Treatment Centre
 Emersons Green NHS Treatment Centre
 Shepton Mallet NHS Treatment Centre**

INDICATIONS

- Pre-menopausal women over 45 with negative endometrial biopsy
- 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

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Pelvic examination
- FBC
- USS if possible

REFERRAL CRITERIA

- Indications as above

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- Telephone call to patient 7 days before surgery
- No food 6 hours prior to the procedure
- Sips of water 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

FOLLOW-UP

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

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **Gynaecology**
 PROCEDURE(S): **Hysteroscopy, insertion/removal of IUCD**
 ALOS: **Day case or outpatient**

AVAILABLE AT: **Cirencester NHS Treatment Centre
 Devizes NHS Treatment Centre
 Emersons Green NHS Treatment Centre
 Shepton Mallet NHS Treatment Centre**

INDICATIONS

- Intermenstrual bleeding in a woman less than 45 years old greater than 3 months duration who do not fulfil the fast track criteria
- Uterine polyp
- Displaced IUCD 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) if possible

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- If outpatient under local anaesthetic, patients do not need to stop warfarin or aspirin. INR needs to be below 3 on day of surgery.
- No food 6 hours prior to the procedure
- Sips of water 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

FOLLOW-UP

- Follow-up call 24 hours post-discharge

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

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

ALOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre
 Devizes NHS Treatment Centre
 Emersons Green NHS Treatment Centre
 Shepton Mallet NHS Treatment Centre**

INDICATIONS

- Persistent pelvic pain
- Ultrasound evidence of endometriosis/endometriomas
- Simple ovarian cyst
- Sterilisation - having declined all alternative methods

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- History and examination including pelvic examination
- Negative pregnancy test
- Triple swabs
- USS pelvis (trans-vaginal) if possible
- Counselling re sterilisation – failure rate, irreversible, risk of ectopic pregnancy, contraception until sterilisation

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water 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

FOLLOW-UP

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

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **Gynaecology**
 PROCEDURE(S): **Total abdominal hysterectomy +/- bilateral salpingo oophorectomy**
 ALOS: **2 to 3 nights**

AVAILABLE AT: **Cirencester NHS Treatment Centre** (outpatients/follow-up only)
Devizes NHS Treatment Centre (outpatients/follow-up only)
Emersons Green NHS Treatment Centre
Shepton Mallet NHS Treatment Centre

INDICATIONS

- Intractable menorrhagia/ or dysmenorrhoea, following failure of other treatments
- 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 (trans-vaginal) if possible

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 6/7

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water 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

FOLLOW-UP

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

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

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

ALOS: **Day case to 1 night**

AVAILABLE AT: **Cirencester NHS Treatment Centre** (outpatients/follow-up only)
Devizes NHS Treatment Centre (outpatients/follow-up only)
Emersons Green NHS Treatment Centre
Shepton Mallet NHS Treatment Centre

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 6/7

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water 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

FOLLOW-UP

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

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **Gynaecology**
 PROCEDURE(S): **Vaginal hysterectomy, colporrhaphy, sacrocolpopexy**
 ALOS: **3 to 4 nights**

AVAILABLE AT: **Cirencester NHS Treatment Centre** (outpatients/follow-up only)
Devizes NHS Treatment Centre (outpatients/follow-up only)
Emersons Green NHS Treatment Centre
Shepton Mallet NHS Treatment Centre

INDICATIONS

- Intractable menorrhagia/ or dysmenorrhoea, following failure of other treatments
- Simple hyperplasia – patient declined progestogens
- Prolapse of vagina, uterus or vault

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

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

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water 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

FOLLOW-UP

- Follow-up call 24 hours post-discharge
- 6 week appointment

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **Gynaecology**
 PROCEDURE(S): **Minor vulval procedures**

ALOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre
 Devizes NHS Treatment Centre
 Emersons Green NHS Treatment Centre
 Shepton Mallet NHS Treatment Centre**

INDICATIONS

- Vulval cyst e.g. Bartholin's
- Vulval skin tag/polyp
- Vulval sebaceous cyst

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water 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

FOLLOW-UP

- Follow-up call 24 hours post-discharge

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required