

# EFFECT OF AN OUTPATIENT HYSTEROSCOPY SERVICE IN CATEGORY 1 REFERRALS FOR POSTMENSTRUAL BLEEDING

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## INTRODUCTION

Postmenopausal bleeding (PMB) is a common gynaecological pathology. Whilst the majority of cases are benign, it is crucial to obtain a tissue diagnosis to exclude endometrial cancer. One strategy to reducing time to biopsy is the utilisation of an outpatient hysteroscopy service. The aim of this study was to determine the impact in “time to hysteroscopy” for women referred with postmenopausal bleeding when an outpatient hysteroscopy service was used.

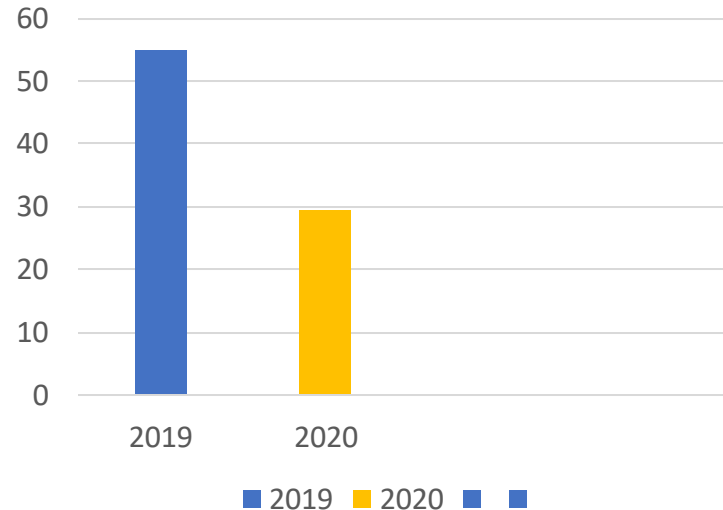
## METHODS

An outpatient hysteroscopy clinic was trialed at the Townsville University Hospital in 2020 in order to reduce time to theatre for patients awaiting hysteroscopy. A retrospective review of patients presenting to Townsville University Hospital for postmenopausal bleeding was conducted for a 3-month time period (August-November) in 2019 and 2020. Inclusion criteria selected all women who were referred for Postmenopausal bleeding. The mean time from Category 1 referral to hysteroscopy was then determined for all patients presenting during this time period.

## RESULTS

22 patients from the 2019 cohort and 21 from the 2020 cohort were included in the study

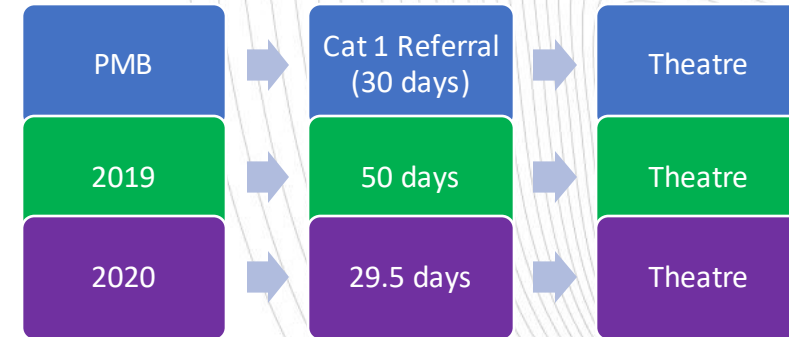
Time to theatre for Cat 1 referrals for PMB



The 2019 cohort had an average wait time of 50 days compared to 29.5 in the 2020 cohort. Patients who required extensive pre-operative optimisation due to medical comorbidities were excluded from analysis.

## DISCUSSION:

The Gold Standard for diagnosis/exclusion of endometrial cancer is histological analysis of an endometrial sample. This can be achieved via pipelle or hysteroscopy and curettage. Unfortunately pipelle often does not yield an adequate tissue sample, leaving most women needing surgical sampling.



A Category 1 referral according to the QHealth Elective Surgical Guidelines should be achieved within 30 days. This is often not achievable due to theatre availability and forever increasing clinician workload. In 2019 the average wait time to theatre for a hysteroscopy, dilation and curettage was 55 days. When an outpatient hysteroscopy service was implemented the following year, the average wait time was reduced to 29.5 days.

**CONCLUSION:** The results of this study show a significant reduction in time to tissue biopsy when an outpatient hysteroscopy service is provided. In addition to reducing patient wait times, the addition of this service reduces the backlog of pending theatre cases and provides a service that is more economically desirable when compared to theatre costs.

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