

Conclusions These findings suggest that Helica TC is safe and simple laparoscopic surgery for treatment of early stage endometriosis. It also appears to improve reproductive outcome.

EP8.15

Benchmarking best practice in outpatient hysteroscopy (OPH)

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Objectives To assess practice at the outpatient hysteroscopy (OPH) service at Bolton NHS Foundation Trust (BFT) against RCOG Green Top Guideline 59, *Best Practice in Outpatient Hysteroscopy*.

Methods Prospective audit of 72 women attending the OPH clinic between July and October 2012. Standards were derived from the RCOG guideline, *Best Practice in Outpatient Hysteroscopy*. Audit pro formas were completed by the clinician performing the procedure. Patients completed satisfaction questionnaires at the end of the procedure. Complications were identified by admissions to the gynaecological ward. Infections were identified via positive microbiology on the online pathology system within 2 weeks of the procedure.

Results OPH is performed in a dedicated hysteroscopy suite with appropriate staffing. It is undertaken with verbal consent using a 3.5 mm rigid hysteroscope. Common indications included post-menopausal bleeding (PMB), abnormal uterine bleeding or polyp indicated by scan. 49% of women who presented with PMB underwent hysteroscopy at the same sitting.

The failure rate of diagnostic hysteroscopy was 7% due to pain, cervical stenosis and uterine synechiae. 43% of women received local anaesthesia during cervical dilatation. Vaginoscopy was employed in 39% of patients. 55% of polyps were removed in clinic using Versapoint™. A further 45% of women had polypectomy under general anaesthesia for various reasons. The failure rate of out-patient operative hysteroscopy was 0%. Only 6% of women required simple analgesia post procedure. There was only one instance of UTI; no vasovagal episodes, uterine perforation or readmissions. Pain score on a visual analogue scale ranged from 2–10, average being 6.1. Patients were either satisfied or highly satisfied with all aspects of the service.

Conclusions OPH service at BFT complies with national standard's best practice and has high patient satisfaction rates. Complications were rare. Preprocedure analgesia, vaginoscopy technique and use of local anaesthesia prior to cervical dilatation would significantly lower the average pain score. Self administration of simple analgesia at home will reduce clinic workload and optimise analgesic effect when patient undergoes the procedure. Restructuring the appointment system would ensure that the majority of the patients receive a truly one-stop service.

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Randomised comparative study of conventional mini laparoscopy versus modern mini laparoscopy in patients of infertility

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Objectives To compare diagnostic conventional mini laparoscopy (5 mm) versus diagnostic modern mini laparoscopy (2.9 mm) in patients of infertility in terms of diagnostic evaluation, operative difficulty as judged by single surgeon, operating time, complications, postoperative pain, hospital stay and to assess patients' acceptance of conventional mini laparoscopy versus modern mini laparoscopy.

Methods Design: Prospective randomised comparative study. Setting: Day care surgery, Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi. Patients: Eighty patients of infertility undergoing diagnostic laparoscopy.

Intervention: Diagnostic laparoscopy using 5 mm scope (Group I) in 40 patients and using 2.9 mm scope (Group II) in 40 patients.

Results Group I and Group II were comparable to each other with respect to diagnostic accuracy. Visualisation of the objects was satisfactory in both the groups but image quality was better with 5 mm endoscope. With 2.9 mm scope, there was obvious reduction in size of the projected image on screen. There was no significant difference in operating time in Group I patients compared to Group II patients (7.7 min versus 8.7 min in) and due to direct entry of trocar, operating time was short. The hospital stay in both Group I and Group II was not statistically significant (3.5 hours versus 3.3 hours). In both the groups there was no statistically significant difference in postoperative pain (Mild pain in 39 patients of Group I versus 38 patients of Group II and rest had moderate pain). Patients' acceptability was satisfactory in both groups and Group II patients were more satisfied than Group I patients.

Conclusions All the variables (diagnostic accuracy, operative difficulty in terms of direct trocar entry, visualisation of the image, operating time, intraoperative complications, postoperative pain, hospital stay, patients' acceptance) using 5 mm endoscope and 2.9 mm endoscope are comparable except the quality of the image and size of the projected image on screen, which were better in 5 mm Group I.