Colposcopy Nursing guideline

University Hospitals of Leicester NHS Trust

Trust ref: C14/2025

Contents

1. Introduction and Who Guideline applies to

This guideline is for all nursing and support staff working within UHL Gynaecology colposcopy service both at UHL and Allied Clinics part of the LLR Commissioning. It is to ensure and maintain quality care to all service users.

The aim of this guideline is to deliver diagnostic and therapeutic intervention colposcopy services that are maintained to accredited standards to all appropriately referred patients.

The Colposcopy service is based within the gynaecology out-patient department at the Leicester General Hospital. Patients are referred via the Derby cytology Lab following an abnormal cervical screening result. UHL operate a see and treat policy for women referred with abnormal cervical cytology. These patients are directly referred from the lab and are booked into clinics as per the screening pathway time schedules by gynaecology clinic co-ordinators.

Colposcopy Clinical Nurse Specialists and Trainees are supported by Consultants where necessary for decisions and treatments.

2. Nursing:

2.1 COLPOSCOPY NURSE STAFFING

Lead Nurse Colposcopist

- To manage a caseload of patients attending for colposcopy with all referral indications, performing both diagnostic and therapeutic interventions
- To maintain accreditation with the British Society of Colposcopy and Cervical Pathology (BSCCP) which includes seeing 50 new abnormal cytology cases per year and attending a BSCCP accredited meeting every 3 years
- To support the Lead Colposcopist in ensuring that standards are maintained, audit requirements met and monitoring reports produced promptly
- To co-ordinate the monthly MDT meetings, present the cases and communicate management plans to patients and referrers
- To supervise trainee Colposcopists (Nursing and Medical) and provide teaching to medical and nursing students attending clinic
- To undertake external teaching sessions to cytology sample takers
- To undertake annual patient satisfaction surveys

Role of support staff in colposcopy clinics

- To assist all members of the colposcopy team to deliver a high standard of care to patients.
- To maintain at all times a caring and professional attitude toward the needs of the patient.
- To liaise closely with medical and other nursing staff to ensure that clinics are conducted effectively and efficiently.
- To ensure that all equipment and consumables are available for clinic and initiate ordering of stock where necessary to maintain adequate levels.
- To chaperone and support patients and assist Colposcopist's during all procedures
- To take responsibility for monitoring daily clinical checks of equipment and stock levels within the Service.
- Maintain high standards of infection control.
- To ensure biopsy samples are marked as screening samples with stamps provided in clinic to ensure timely results.
- To ensure patient details are recorded in the clinic room book with procedure carried out.

2.2 Health & Safety

All staff should familiarise themselves with the Trust policies as follows:

- **Health and Safety UHL Policy.pdf Trust ref: A17/2002**

- **Control of Substances Hazardous to Health COSHH UHL Policy.pdf Trust ref: B10/2002**
- **Blood Borne Viruses (HBV, HCV and HIV) Occupational Exposure UHL Policy.pdf Trust ref: B4/2006**
- **Medical Devices UHL Policy.pdf Trust ref: B26/2005**
- **Safer Handling UHL Policy.pdf Trust ref: B56/2011**
- **Cleaning and Decontamination for Infection Prevention UHL Policy.pdf Trust ref: B5/2006**
- **Infection Prevention UHL Policy.pdf Trust ref: B4/2005**
- **Waste Management UHL Policy.pdf Trust ref: B39/2024**

Associated patient information leaflet:
The colposcopy service (found on YourHealth or via the following link; A4 Blue Apr 2019)

Women attending the clinic alone with small children must be advised that the clinic staff take no responsibility for the child throughout the appointment and ideally the child should remain in the waiting room with a friend or relative.

2.3 Clinic Checks

In order to ensure patient, staff and visitor safety, a number of checks are carried out by the nursing staff at the beginning of the day and before, during and after every procedure, as follows:

Start of day and pre-clinic preparation

- In the interest of health and safety, infection prevention, patient safety and comfort, all equipment is checked to ensure that it is clean and in sound working order before every clinic session.
- Environmental checks should be carried out to check that there are no potential hazards in the patient area using the daily checklists which should be kept for future reference.
- Colposcopy baskets containing drugs and acetic acid are to be retrieved from locked store cupboard prior to clinic starting.
- Emergency colposcopy box should be checked prior to each clinic session to ensure all equipment is stocked and readily available.

During clinic

- All patients must be chaperoned by a member of the nursing team
- All equipment must be checked before and after use with each patient. Any malfunction should be reported immediately and the equipment taken out of operation.
- To avoid sample labelling errors, only the patient record relating to the patient being examined should be in the clinical room. When the patient enters the room a verbal check is made between the patient and the Nurse / Clinician

- All Clinicians complete a modified WHO check list which is now incorporated into the database and the clinic history pro-forma. (Colposcopy Local Safety Standards for Invasive Procedures (LocSSIP) see appendix 1) to ensure the right procedure is performed on the right patient and pregnancy has been excluded.
- Patient details should be checked with the patient from the ID label before labelling of the specimen pots. Prior to placing specimens in the request envelope, it must be confirmed that correct matching labels are affixed to the specimen pot(s) and request form.
- A patient ID label should be placed on the specimen record sheet together with accurate details of the number and nature of specimen(s) sent to the laboratory.
- The request envelope should be placed in the pathology specimen collection box before the next patient is taken into the clinical room. *See section on management of histology and cytology samples.*
- The colposcope, couch, loop diathermy machine, suction machine, floor area and trolley should be thoroughly cleaned between patients. Any spillages should be cleaned in accordance with the Trust Policy.
- Single use instruments should be disposed of safely and correctly in clinical waste bags/bins in accordance with the Trust Policy.

Post-clinic

- The clinical treatment rooms should be thoroughly cleaned at the end of each session, including the couch, trolley, colposcope, loop diathermy machine, suction machine, floor and work surfaces.
- Any necessary re-stocking of clinical equipment and stationery should be carried out to ensure that everything is in place for the next clinic session.
- All equipment should be checked in readiness for the next session and switched off/unplugged if it is the end of the clinic day.
- Suction equipment filters should be changed daily unless required earlier.
- Suction tubing and diathermy pencil should be changed after each patient.

2.4 Performing Urine pregnancy testing

All staff must undertake training in the Allere HCg Easy Urine method of pregnancy testing. The patients' pregnancy test (if applicable) should be recorded on the LocSSIP (Local Safety Standards for Invasive Procedures) checklist.

2.5 Guidance for assisting with punch biopsy samples

- Ensure that biopsy forceps are readily available; open sterile packaging and hand to the Colposcopist when requested.
- Prepare the formalin specimen pot with appropriate labelling; having confirmed with the patient that the correct ID label has been affixed
- Reassure and support the patient during the procedure.
- Remove the biopsy from the forceps, and place in the sample pot. Multiple biopsies can be placed in the same formalin pot.

- A final check should be made to ensure that the labels on the pot and the request form are the same and are those of the patient before the specimen is removed to the pathology specimen collection box. This should be recorded on the LocSSIP checklist by the nursing staff.
- Post procedure, the patient should be counselled about what to expect following the biopsy, together with advice about avoiding infection. A written information leaflet should be given to reinforce the information and the patient advised to contact the clinic if they have any concerns. In the event of heavy bleeding the patient leaflet advises the patient to contact the Gynaecology Assessment Unit (GAU) at LRI.
- Patients should be advised that the results will be communicated to them and the GP in 4-6 weeks.
- If any patient feels unwell during or post biopsy, she should be advised to lie flat on the couch until she recovers. In the event of vasovagal collapse the patient should be managed in accordance with the Nursing Guidelines; a recovery room is available if required.

2.6 Assisting with LLETZ/diathermy

- All staff should familiarise themselves with the Protocol for the Safe use of Diathermy in Colposcopy Procedures **(Appendix 2)**
- The trolley should be set up with the tray, cotton wool balls, sponge holder and solutions in the usual way practicing ANTT.
- The dental syringe, loaded with the first anaesthetic cartridge should be placed on the trolley and additional cartridges placed with it. It is the responsibility of the Colposcopist to check that the cartridge is the correct dosage and in date.
- The clinician will inform the Nurse what size Loop and diathermy ball is required.
- A formalin histology pot should be labelled with an ID label after checking the details with the patient. The pot should be placed on the trolley until required.
- E Consent (concentric) is required for all LLETZ procedures and should be recorded on the colposcopy Loccsip.
- A green RBS card should be placed on patients notes for admin purposes

2.7 Safety checks prior to commencing treatment include the following:

- Are there any metal prostheses, pins or plates in area adjacent to treatment area i.e. hips or knees? An alternative site for the diathermy plate must be used if this is the case.
- Does the patient have a pacemaker? If yes, defer treatment and seek advice from her cardiologist.
- Are there any piercings in place from umbilicus downwards? If yes, advise removal due to small risk of diathermy burn. If this is not possible cover with micropore tape.
- Are there any tattoos in the area where the diathermy pad is to be placed? If so an alternative site should be used.

- If the patient has used moisturiser on the skin where the diathermy plate is to be attached, the area should be washed and dried with the patient's permission prior to affixing the pad to ensure adequate contact.
- An appropriate speculum with smoke evacuation tube should be available on the trolley.
- The suction tubing should be attached to the suction machine with the appropriate filter in place.
- Once the speculum has been inserted by the Colposcopist, the suction tube should be firmly attached to the smoke evacuation tube.
- The patient should have been counselled by the Colposcopist prior to the procedure regarding what to expect, any possible side effects and advice regarding restrictions post treatment. *If there is any concern that the patient is not comfortable with the procedure or has not been adequately informed about what to expect, the Colposcopist should be advised before the procedure commences.*
- Prior to treatment, the patient should be placed on the examination couch and efforts made to ensure that she is as comfortable as possible.
- The diathermy and suction machines should be activated when requested by the Colposcopist. Reassurance should be given to the patient regarding the noises and sensations she should expect.
- The patient should be reassured throughout the procedure. If she is particularly anxious a second nurse should be asked to be present solely to give reassurance whilst the first nurse assists the Coloposcopist.
- Once treatment is completed, the patient should be assisted to sit up. If she feels well enough she can be encouraged to return to the changing room. *In the event of the patient feeling unwell she should be placed in the recovery room*. Refreshments should be offered.
- All patients should receive the post-treatment advice and provide the advice leaflet to take home and given opportunity to ask questions.
- Results from the LLETZ will be communicated in writing to both the patient and her GP within 4- 6 weeks.
- The specimen labels should be checked on the histology pot and request form prior to specimen being placed in the pathology specimen collection box. A label should be placed on the specimen record.
- A notification of treatment should be sent to the GP after the clinic advising that the procedure has been carried out and advising that the patient has been asked to contact them in the event of post procedure infection.

2.8 Performing Cervical Cytology

- Nurses taking cervical cytology samples must have attended a Foundation Cytology Training Course and have completed cytology training as per NHS Cervical Screening Programme Guidelines. They should also attend update sessions every 3 years and it is the responsibility of the individual to ensure that this takes place.
- The Lead Nurse Colpsocopist should keep a record of all staff training.
- Cascade training in the use of the *Thin Prep* Liquid-based Cytology technique must have been undertaken and competency achieved.

- If a cytology screening sample is taken the sample pot must be labelled correctly and checked against the request form that is completed by clinician using either electronic CSMS form (recommended) or paper copy and contains a registered sample taker code and recorded in the sample book.
- The sample and the request form should be placed into the green sample bag and placed in the samples box.
- A green RBS card should be placed onto the patients notes for admin purposes.

2.9 Visitors to Clinic

- UHL is a teaching hospital and encourages medical and nursing students to attend colposcopy clinics as part of their training.
- All visitors to the clinic must be appropriately dressed and wear a visible name badge.
- All visitors must be introduced to women and consent obtained to be present during the appointment and examination. Consent does not have to be written however it must be documented within clinic notes.
- If women are attending their appointment with friends or relatives, consent must be sought from the woman that they wish to have them present during consultation and examination.
- It is the woman's right to refuse to have visiting students as part of their consultation and their wishes must be respected at all times.
- Women attending the clinic alone with small children must be advised that the clinic staff take no responsibility for the child throughout the appointment and ideally the child should remain in the waiting room with a friend or relative.

Please see LocSSIP appendix 1

3. Education and Training

None

4. Monitoring Compliance

None

5. Supporting References

NHS CSP guidance September 2024 Cervical screening: programme and colposcopy management - GOV.UK

nice.org.uk guidance-on-the-use-of-liquidbased-cytology-for-cervical-screening-pdf 2003

NHSE National safety standards for invasive procedures (2023)
https://www.england.nhs.uk/patient-safety/natssips/

6. Key Words

Cervical, Cytology, Diathermy, LLETZ, LocSSIP, Punch biopsy, WHO

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Dr Vishanthi Shesha Consultant Hannah Ball Lead Nurse Colposcopist & Hysteroscopist			**Executive Lead** Chief Nurse
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
January 2025	**1**		**New document**

Appendix 1: Colposcopy Standard Operating Procedure UHL Gynaecology (LocSSIPs)

Change Description:	**Reason for Change:**
Colposcopy Invasive Procedures.	Trust requirement

APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Consultant & Lead Clinician for Colposcopy	Miss Vishanthi Shesha
SOP Owner:	Consultant & Lead Clinician Gynaecology Matron Lead Nurse Colposcopist & Hysteroscopist	Miss Vishanthi Shesha Rachelle Bowden Hannah Ball
Sub-group Lead:	Head of Service	Mr. M Habiba

Appendices in this document:
Error! Reference source not found. **Appendix 2 : Patient Information Leaflet for *Procedure*** Available at: Search (leicestershospitals.nhs.uk)
Introduction and Background:

Scope: This Standard Operating Procedure (SOP) applies to all staff involved in performing a Colposcopy examination within the gynaecology service. Staff groups include; Colposcopy accredited medical and nursing staff and health care assistants (who are competent in assisting during the procedure and ensuring patient comfort and dignity).

The Colposcopy service is based within the gynaecology out-patient department at the Leicester General Hospital. Patients are referred via the Derby cytology Lab following an abnormal cervical screen result. Patients are sent an appointment letter with information leaflet detailing the outcome of the consultation, to ensure that they are suitable for the procedure as an out-patient procedure and will include pregnancy testing.

This SOP is the Local Safety Standard for Invasive Procedures (*LocSSIP*) document; this is compliant with the National Safety Standards for Invasive Procedures (*NatSSIPs*) guidance. The service also has a local guideline *"Disclosure to Patients of Cervical Cancer invasive review results*" and a local SOP "*Colposcopy Service SOP*". The Colposcopy service is also governed by the *NHS Cervical Screening Program* as part of Public Health England which performs external Quality Assurance assessments to ensure compliance to their National Standards

Never Events:
Patients receiving unnecessary treatment due to error in misfiling of smear result. Specific measure: 1. Clinic coordinators prepping the notes to initial the smear result to confirm its filed in the right set of notes. 2. Clinician to sign a checklist box in the Clinic consultation proforma. (Revised clinic examination sheets attached.)
List management and scheduling:
In UHL we operate a see and treat policy for women referred with abnormal cervical smear. These patients are directly referred from the lab and are booked into clinics as per the screening pathway time schedules by gynaecology clinic co-ordinators. Women that need a biopsy or a treatment are identified by clinical questionnaire conducted by accredited Colposcopists. National colposcopy guidelines are followed to either offer a biopsy or treatment after clinical assessment. Laminated copies of the clinical protocols are available in all clinical areas for reference. Colposcopy Clinical Nurse Specialists and Trainees are supported by Consultants where necessary for decisions and treatments. The Colposcopy clinic templates are set according to the competence of the Colposcopist as directed by the Colposcopy Lead Clinician and overseen by the Gynaecology General Manager to ensure that capacity and demand are met. The clinic lists are set up on the Trust IM&T system “HISS” which is available to view by staff working within the service so clinics (equipment etc.) can be set up accordingly. Any changes to the list are communicated by the Administration Manager (or clinic coordinator) direct to the Colposcopist performing the list. This communication is also shared with the senior HCA for the clinic so changes to staffing and room availability are made accordingly. All clinics must be held within the specified Colposcopy rooms and a minimum of 1 HCA must be present to assist the Colposcopist and provide support to the patient. Patients who DNA are rebooked for another appointment and after a 2nd DNA they are referred back to their own GP. Consent Sticker and clinic proforma attached. As this is an out-patients clinic the clinic is booked by the clinic coordinators managing the colposcopy referrals based on the referral criteria and time scales. Laminated SOP in the coordinators room for reference.
Patient preparation:
Patients receive an appointment letter which includes an information leaflet produced by the Cervical Screening Program. This includes a description of what to expect at the appointment. There are no specific instructions or preparation that the patient needs to follow before they attend for their appointment. Patients are not required to fast and can take their medications as usual. During the initial consultation a medical history is taken and the cervical screen result is discussed. Once a treatment plan is agreed patient consent is taken which includes complications and mortality risks that the patient should be informed of. **Common Risks**:

- Discomfort
- Fainting or dizziness
- Bleeding – usually minimal

If Local Anaesthetic is used:

- Palpitations
- Fainting / flushing
- Shaking of limbs

Less Common Risks:

- Haemorrhage
- Cervical Stenosis
- Burns to vaginal wall or skin
- Allergic reaction to the local anaesthetic
- Slight increased risk in late miscarriage or preterm birth following Loop

Excision of the cervix The Colposcopist can offer the procedure under a General Anaesthetic (GA) however the risks are:

- Delay in treatment

Potential complications from a GA

Infection Prevention Measures include:

- Aseptic Non-Touch Technique (ANTT)
- Sterile single use equipment
- Aprons

Relatives may accompany the patient throughout the consultation and procedure if the patient wishes.

Special circumstances:

Women with learning disabilities/mental health issues: A see and treat policy is avoided in this group. Consultant involvement required to make best interest decisions. Patients are initially assessed medically for their fitness. Suitability to assess in outpatients documented. If not appropriate, Booked into consultant clinic to assess and consider involvement of the learning disabilities team if needed.

Women with physical disabilities:

Individual circumstances are taken into account and women may be booked to theatres as clinically indicated for the examination and treatment.

Women needing interpreters. A see and treat policy is avoided. Language line is used for the initial consultation and if needing treatment patient rebooked for another appointment with an interpreter present.

- Post procedure information leaflet included with appointment letter and also given after treatment or biopsy.

- Any condition requiring additional investigations to proceed to treatment are booked for treatment in theatres so that necessary IX are undertaken by the pre assessment team. They still can be done under local anaesthetic.

- As this is a procedure under Local anaesthetic there is no special requirements for diabetic patients

MDT not required on the first apt. anticoagulation for minor procedure policy followed.

Workforce – staffing requirements:
The minimum safe staffing standards for a colposcopy procedure is a Colposcopist and 1 HCA. ANTT must be practised as per the Trusts ANTT Guidelines. All staff must be up to date with their mandatory training specifically Infection Prevention. Visiting students or learners will be supervised in the area by the Colposcopist and must have competencies signed off accordingly. These staff must comply with UHL standards of care including uniform policy (specifically for staff from other organisations). The senior HCA must escalate to the General manager or Matron) if there are any issues identified with regard to resources or staffing. If required a clinic may be cancelled and rebooked if resources are unavailable or safe staffing levels are not achieved.
Ward checklist, and ward to procedure room handover:
• Not applicable as patients are seated in the waiting area of the Gynae services unit. • Not applicable as laterality is not an issue in the treatment of Cervix.
Procedural Verification
The Colposcopist will inform the HCA which procedure is to be performed so additional equipment (if required) can be prepared. Prior to the start of the procedure the HCA (in front of the patient & Colposcopist) will read through the Colposcopy LocSSIP checklist ensuring all checks are verified before the procedure starts. The Colposcopy LocSSIP checklist replaces the WHO checklist within the out-patient environment. The checklist consists of: • Name of the Colposcopist & HCA • Confirmation that the consent form has been signed by the patient • Confirmation that a pregnancy test has been performed (if applicable) • Confirm patient identity with the patient Attach the confirmed ID label onto the specimen container and histology form **Site marking is not applicable as laterality is not an issue in the treatment of Cervix.**
Team Safety Briefing:
• Not applicable as this is an outpatient's clinic, not all patients need treatment.

Sign In:
• Checklist as per the Loccsip incorporated into the clinic proforma sheet.
Time Out:
Time out is the final safety check that must be completed for all patients undergoing invasive procedures just before the start of the procedure. The WHO checklist is the Gold Standard and may be adapted for local use with the deletion or addition of elements to suit the procedural requirements. Some Royal Colleges or other national bodies have checklists for their specialties. This section should have a description of your Time Out procedures: State: • That the patient will be encouraged to participate where possible • Who will lead it (any member can) • That all team members must be present and engaged as it is happening • That is will occur immediately before the procedure start • That separate time out checklist will be completed if there is a separate or sequential procedure happening on the same patient • That any omissions, discrepancies or uncertainties must be resolved before staring the procedure List the components of the time out checklist (see example on page 38 of the NatSSIPs guidance) Provide a copy of the checklist in the appendices to this SOP. Include reference to UHL's antimicrobial policy in relation to antimicrobial prophylaxis required. NB. For procedures under local anaesthetic where the patient is fully conscious Time Out can be combined with the Sign In in one checklist.
Performing the procedure:
ANTT will be used All staff will adhere to UHL's Sharps Management Policy and the Waste Disposal Policy throughout the procedure The Colposcopist and HCA will inform the patient throughout the procedure what they are doing and what sensations the patient may experience, i.e. cramping, tingling etc.
Monitoring:
No external patient monitoring is required during this procedure.
Prosthesis verification:
Not applicable

Prevention of retained Foreign Objects:
Equipment used: Diathermy pencil with a long loop electrode and a ball diathermy electrode Speculum and swabs for haemostasis. Retention of swabs in this procedure is almost unlikely as with every treatment it is standard practice to remove the speculum under colposcopy to ensure the treated area is not bleeding further. Given the space the swab will occlude the area needed to see and hence it cannot be left there. However as with all invasive procedures the Clinician counts the swabs with the HCA before and after the procedure although there is no white board to document this.
Radiography:
Not Applicable
Sign Out:
Sign out must occur before the patient leaves the operative/procedure area. In this section include a description of the content of the sign out which should include: • Confirmation of procedure • Confirmation that counts (instruments, sharps and swabs) are complete • Confirmation that specimens have been labelled correctly • Discussion of post-procedural care and any concerns • Equipment problems to include in team debriefing
Handover:
Not Applicable
Team Debrief:
Any equipment issues / shortage are communicated to the Gynae co-ordinator/ Nurse in charge through a transfer white board in the office. Equipment failure issues are recorded as an incident through datix.
Post-procedural aftercare:
Patient is usually able to be assisted off the Colposcopy procedure chair and then left to change back into own clothes. The patient can then go home. If a patient has any minor side effects such as dizziness etc. there is a recovery are with a recliner chair that they can recover in. Water & hot drinks can be given. If the patient has more serious side effects such as bleeding they can be transferred onto the gynaecology ward to recover. The Colposcopist will give instructions to the ward nurse with regard to aftercare and discharge.

Discharge:
Post procedure aftercare leaflet is given by the HCA/Clinician before the patient goes home. A discharge letter is sent to the patient (copy to the GP) once test results have been reported. Dependent on test results a follow up will be arranged or patient will be discharged back to the care of their GP. Patients are given contact details for the Colposcopy service or the emergency gynaecology unit (for out of hours) if the patient has any concerns.
Governance and Audit:
Safety incidents within this service include: • Damage to a structure i.e. ureter, vagina • Equipment failure / faulty / missing • Drug error / incident • Post procedure bleeding All staff are trained in completing a Datix form. Incidents will be handled and reported in line with the usual Trust “Incident and Accident Reporting Policy”. All clinical incidents will be reported and reviewed at the Gynaecology Risk meeting and escalated to the monthly CMG Quality Board. To submit monthly Safe Surgery Audit and WHOBARS assessment as per Safe Surgery Quality Assurance & Accreditation programme
Training:
The SOP and LocSSIP checklist sticker will be disseminated via email to the Colposcopy team and discussed at the monthly MDT meeting. The SOP will be discussed at the quarterly Gynaecology Governance meeting. The colposcopy team have a quarterly management and Business meeting chaired by the Colposcopy lead and Cervical Screening provider lead (CSPL) Respectively. Representation from the management, administration, nursing and clinical team is mandatory. Performance audits, incidents, operational issues are discussed. Learning events from the incidents are discussed and change of policies are disseminated through these meetings. Any urgent issues are discussed in the monthly colposcopy meetings. Clinically urgent issues are dealt by the Colposcopy Clinical or nurse lead.
Documentation:
The Colposcopy service uses an electronic database with a restricted access. The LocSSIP is now incorporated into the Clinical consultation sheet to ensure this is not missed.

References to other standards, alerts and procedures:
National Safety Standards for Invasive Procedures, NHS England 2015: https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf UHL Safer Surgery Policy: B40/2010 Colposcopy Service Standard Operating Procedure; UHL: C205/2016 Guideline Disclosure to Patients of Cervical Cancer Invasive Results; UHL:C204/2016 Safety Standards for Invasive Procedures; UHL: B31/2016 UHL Sedation Policy: Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures B10/2005 UHL Consent to Treatment or Examination Policy A16/2002 UHL Delegated Consent Policy B10/2013 UHL Patient Identification Band Policy B43/2007 Shared decision making for doctors: Decision making and consent (gmc-uk.org) COVID and PPE: UHL PPE for Transmission Based Precautions - A Visual Guide COVID and PPE: UHL PPE for Aerosol Generating Procedures (AGPs) - A Visual Guide Sharps management Policy; UHL:B8/2013 Incident & Accident reporting Policy; UHL:A10/2002 Aseptic Non-Touch Technique Policy; UHL:B20/2013 Waste Management Policy; UHL:A15/2002 Checklist Template - Blank.xlsx (Can be found on UHL Connect, LocSSIP - Safe Surgery & Procedures – LocSSIP resources – checklist template)
END

Appendix 2: Protocol for the Safe use of Diathermy in Colposcopy Procedures

Electrosurgery equipment manufacturers' operating instructions and literature

Manufacturers' operating instructions, educational booklets and video programmes should be read or viewed and thoroughly understood by all personnel, before use of the equipment.

Patient electrical isolation

When the active electrode is energised in contact with the patient, the whole of the patient's body is available to serve as a return path. Electrical isolation of the patient from the earthed metal parts of the couch and leg supports by means of insulating mattresses is essential. The patients hands must not be allowed to touch any earthed metal when diathermy is in progress and contact with the patient by touching should be avoided. Special care should be taken to safeguard patients who are subject to involuntary movement. A burn occurs when the energy cannot be safely dissipated over a large area. If staff have to touch the patient, contact with the patient using the whole hand may be harmless but fingertip contact could result in a painful burn.

Preparation of the patient

Colposcopy procedures carried out in outpatient clinic generally involve removal of only the patient's undergarments below the waist. Body piercings particularly around the operating site and any metal item nearer than the return electrode, should be removed where possible. If this is impracticable, they should be covered with adhesive tape in cross form. Items of large metal jewellery which may prejudice the electrical isolation of the patient by making contact with an earthed object should also be removed.

Pacemakers, defibrillators and neuro-stimulators

Where a patient has an implanted pacemaker, defibrillator or neuro-stimulator, it is advised to carry out the procedure in Theatres as an inpatient under a local so that safety procedures can be implemented. Where necessary an anaesthetic opinion should be sought.

Attachment of return electrode

Diathermy equipment manufacturers' instructions on attachment and positioning of the return electrode must be followed. To reduce the risk of heat being generated at the point of contact with the patient, the pad should provide a large low impedance contact area on conductive tissue that is close to the operative site. Consequently, the whole area of the return electrode must be in contact with the patient without wrinkles. Surface area impedance can be compromised by excessive hair, adipose tissue and scar tissue. The return electrode should not be attached in the area of prosthetic inserts. If the alternative limb is also not available, use an area nearer to the excision site.

Connection of the active electrode

Where a choice of length of active electrode lead is available from the supplier, choose the shortest length that will allow the lead to run from the diathermy electrode to the connection on the generator. Any surplus lead must NOT be coiled; neither should the lead be looped to clip it to the patient's couch or the generator trolley. Unlooped attachment to support the lead to prevent undue strain on the surgeon's hand and generator connection plug is acceptable. Particular care should be taken to keep the lead away from the colposcope and in no case should it be looped around the surgeon's arm to support

Inspection and storage of the cutting loop
Before use, the cutting loop should be carefully inspected and not used if the insulation is impaired. A holster of non-conducting material placed within easy reach of the surgeon should be used to house the active electrode when not in use. It should be kept clean and dry. Under no circumstances should the diathermy loop or coagulation ball be energised away from the excision site.

Electrical isolation of the nursing staff and clinician when the electrode is energised
Nursing staff
As a general rule, nursing staff should avoid touching the patient when the electrode is energised. If contact is essential, this should be by firm whole hands not tips of fingers. Care must be taken not to allow contact with the earthed couch frame while touching the patient.
Clinicians
The wearing of surgical gloves does not provide an effective means of isolation for the clinician during electro-surgery. Consequently, clinicians should isolate their arms, head and feet from the earthed couch and base and supporting column of the colposcope. A range of insulated electrosurgical accessories is available from appliance manufacturers to assist in providing effective isolation. The unused hand should not touch the patient when at rest. Although the eyepiece of the colposcope is plastic, the metal supporting tube should not be touched. If a teaching arm is fitted to the colposcope, the observer must take similar isolation measures to the clinician.

Smoke evacuation
A dedicated filtered evacuation system should be used to remove surgical smoke in order to allow clear observation of the excision site and removal of the potential health risk to personnel. The hospital vacuum system should not be used for this purpose. Recent research quoted in the *Archives of Dermatology* claims that viral transmission via surgical smoke had been demonstrated.

Precautions in the use of swabs and solutions
During electrosurgery it is normal for sparking to occur at the active electrode. These sparks are easily able to ignite fluids which have low ignition temperatures, and dry swabs and drapes. It is therefore important that spirit based fluids are not used for skin cleaning, disinfection or preparation of patients, particularly when other easily ignited materials such as dry swabs or drapes are used. When lubrication is required, use lubricants that are water based.