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| | Trust Ref.:C75/2019 | |
| STANDARD OPERATING PROCEDURE (SOP) | Issue date: 8/12/19 | |
| University Hospitals of Leicester  NHS Trust | Revision date: 8/12/22 | |
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Colposcopy Standard Operating Procedure UHL Gynaecology LocSSIP

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| Change Description: Colposcopy Invasive Procedures. | Reason for Change: Trust requirement |
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| APPROVERS | POSITION | NAME |
|-----------------------------------|---------------------------------------------------|------------------------------------------|
| Person Responsible for Procedure: | Consultant & Lead Clinician | Miss Vishanthi Shesha |
| SOP Owner: | Consultant & Lead Clinician Gynaecology Matron | Miss Vishanthi Shesha Rachelle Bowden |

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).


Colposcopy examination is performed as an out-patient procedure using local anaesthetic as a cervical block. The Colposcopy service is based within the gynaecology out-patient department. Patients are referred via the Trust Cervical Screening team following an abnormal cervical screen result. Patients are consulted prior to a Colposcopy examination 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.

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.

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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.

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

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Infection Prevention Measures include:

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

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

Workforce – staffing requirements:

The minimum safe staffing standards for a colposcopy procedure is a Coloposcopist 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 Coloposcopist 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.

Procedural Verification:

The Coloposcopist 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 & Coloposcopist) 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 Coloposcopist & 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

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 Coloposcopist 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.

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Monitoring:

No external patient monitoring is required during this procedure.

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 area 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 is given by the nurse 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.

Training:

The SOP and LocSSIP checklist sticker will be disseminated via email to the Colposcopy team and discussed at the monthly MDT meeting.

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The SOP will be discussed at the quarterly Gynaecology Governance meeting.

Documentation:

The Colposcopy service uses an electronic database with a restricted access. The LocSSIP sticker will be placed in the patients' medical notes next to the Colposcopy proforma.

References to other standards, alerts and procedures:

Colposcopy Service Standard Operating Procedure; UHL: C205/2016
Guideline Disclosure to Patients of Cervical Cancer Invasive Results; UHL:C204/2016
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
Safety Standards for Invasive Procedures; UHL: B31/2016
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
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

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