

DML Excellence Awards 2016 Report

**Project No: 297 – Promoting outpatient treatment lesions of the cervix under local anaesthesia.
Proposal for a novel categorisation audit tool.**

Address: Wexford General Hospital

Location: Ireland East Hospital Group

Brief Description (up to 200 words)

Wexford is one of 15 colposcopy centres supported by the National Cervical Screening Programme. Large loop excision of the transformation zone (LLETZ) is the most common form of treatment for cervical precancer. In many cases LLETZ can be performed in outpatient settings using local anaesthesia (LA). There is international consensus that <20% of patients should have LLETZ performed under general anaesthesia (GA).

An audit of our practice revealed that, between January 2010 and June 2013 inclusive, of the 970 cases of LLETZ, 141 (14.5 %) were performed under GA. We reviewed the indications for GA and devised a categorisation tool for audit purposes:

- Category 1: associated pathology requiring treatment under GA.
- Category 2: colposcopist's anticipation of difficulty with the procedure.
- Category 3: Patient's request.

Colposcopists booking a LLETZ under GA are required to complete a simple form categorizing the rationale for GA.

The decision must be sanctioned by a senior clinician.

Our audit has greatly increased the willingness of all colposcopists to promote outpatient treatment. We are proud that our rate of GA LLETZ has decreased from 19.4% in 2010 to 5% in 2015. We have also established that GA LLETZ did not confer any therapeutic advantage.

Main goal(s) and aims of the Project

The main goal of the project was to reduce the number of women who undergo GA for treatment of cervical precancer.

Outline of Approach – main steps taken to implement the Project

We conducted a retrospective audit of almost 1000 cases of LLETZ performed at Wexford General Hospital Colposcopy services. The gathered data allowed us to identify areas of improvement and why some women had been admitted to hospital for LLETZ treatment under GA. We also found that reasons for GA could be categorised.

Furthermore, we found that there were wide variations in GA rates between clinicians in the unit. Using the “LLETZ under GA audit tool” the number of patients in each category is reduced and clinicians are supported in their decision making.