

COVID & Hysteroscopy: The Benefits of a ONE STOP Service

WHAT DOES THIS MEAN FOR YOU AND YOUR PATIENTS?

- ✔ Ability to reduce waiting lists and backlog of patients allowing more patients to be seen sooner
- ✔ Substantial cost savings with moving to an outpatient procedure (see below)
- ✔ Minimised infection risk to staff and patients
- ✔ Less anxiety for patients
- ✔ Less time in hospital for the patient
- ✔ Fast procedure
- ✔ Fewer appointments so patients need to take less time off work, arrange less childcare, pay for less parking/travel

COVID GUIDELINES - BSGE GUIDELINES can be found [here](#)

Current COVID Guidelines recommend the following considerations:

- Recommended to avoid multiple insertion and removal of the hysteroscope from inside the uterine cavity¹
- Choose the device that will allow an effective and fast procedure¹
- Hysteroscopy is not considered an AGP, in addition, limited evidence which is currently available does not indicate presence of the COVID-19 virus in genital fluids²
- Whilst all women should be offered a choice of anaesthesia and treatment settings for hysteroscopic procedures, they should be aware that an outpatient setting avoids hospital admission, thereby minimising the risk of exposure to SARS-CoV-2³

! Offering a ONE STOP service utilising the Omni™ hysteroscope in the outpatient setting can help to streamline the hysteroscopy service thereby reducing the backlog impacting Trusts due to SARS-CoV-2. It also allows maintenance of safe practices and following key recommendations, reducing risk to both patients and staff.

COST SAVINGS: OUTPATIENTS – ONE STOP VS. 2 APPOINTMENTS:**

	Cost per patient	Volume of patients	Total Cost
Diagnostic procedure	£336	100	£33,600
Operative procedure*	£661	100	£66,100
2 appointments*	£997	100	£99,700
ONE STOP appointment*	£661	100	£66,100
COST SAVINGS			£33,600

* including the cost of a MyoSsure disposable device

Example of how introducing a ONE STOP hysteroscopy clinic pathway could double treatment capacity within the same clinic slots

Type of Clinic	Appointment Time ⁴	Number of patients seen per clinic	Number of clinics	Number of patients TREATED per week
Diagnostic	30 minute	8	1	0
Operative	45 minute	5	1	5
ONE STOP	45 minute	5	2	10

PROPOSED PATHWAYS – 3 APPOINTMENTS INTO 1

Current Pathway

1st Appointment:
OUTPATIENT first attendance + scan



2nd Appointment:
OUTPATIENT Diagnostic Hysteroscopy



3rd Appointment:
OUTPATIENT Operative Hysteroscopy

Proposed Pathway

1st Appointment:
OUTPATIENT first attendance, scan, Diagnostic +/- Operative Hysteroscopy (SEE and TREAT)

****DISCLAIMER:** Hologic Ltd has used reasonable efforts to provide accurate costing advice, but this advice should not be construed as providing clinical advice, dictating reimbursement policy or substituting for the judgment of a Practitioner. It is always the provider's responsibility to determine and submit appropriate codes, charges and modifiers for services that are rendered. Provider is responsible for verifying reimbursement coverage. Hologic Ltd assumes no responsibility for the timeliness, accuracy and completeness of the information contained herein. Since reimbursement policy and regulations change frequently, it is recommended that providers consult with the relevant coding department regarding reimbursement coverage. Hologic UK has based appointment/clinic times on the reference indicated and customer experience.



CONTACT US AT: ukgynsurgical@hologic.com
For business case tools, cost models and example protocols.

AUDIT DATA

+ STOBHILL HOSPITAL⁵

- Outpatient polypectomy resulted in a median pain score of 3
- Only 1.05% of women with polyps could not tolerate the procedure
- The mean duration of polyp resection was 41.4 seconds
- Out of 241 MyoSure procedures, 7.5% (n=18) had histology confirmed as endometrial atypical hyperplasia or malignancy, of which 50% (n=9) had a pre-procedure endometrial biopsy reported as BENIGN
- No inpatient admissions and all patients discharged within 1 hr

+ ST JAMES UNIVERSITY HOSPITAL, LEEDS⁶ [View audit](#)

- 94.8% success rate for pathology removal
- 100% retained products of conception removal
- 93% experienced mild or moderate pain (75% mild)
- 99% would undergo the procedure again / recommend to a friend

+ QUEEN ALEXANDRA PORTSMOUTH⁷

- Overall patient satisfaction scores between 7 and 10
- Ambulatory MyoSure service increased patient safety and optimised patient experience as well as offering substantial cost savings

‘FAST START’ with MyoSure

What do you need to ‘get started’?

MyoSure Manual is the ideal option to introduce into a **SEE and TREAT** Service.

Combined with the Omni™ Hysteroscope, all you will need is the MyoSure Manual disposable device to **GET STARTED!**



For more information about MyoSure Manual please [Click here](#) or contact your local rep.

Introducing the NEW 3 in 1 Omni Hysteroscope

Taking **SEE & TREAT** to the next level!

3 IN 1

Convenience to see and treat pathology with a single hysteroscope



Rod lens allows for quality visualisation throughout procedures



Easy access and treatment for larger patients



Easier insertion and greater patient comfort



For more information about the Omni Hysteroscope [Click here](#) or please contact your local rep.



SUCCESS STORIES

“Since acquiring the Omni scopes we have set up our see and treat service with the MyoSure. The Omni scopes have added the benefit of not having to change over equipment and made the service as streamlined as possible.

This has been instrumental in maintaining the throughput of patients and ensuring minimal visits to the hospital during these times, particularly for women with PMB who are deemed to be more vulnerable” - **Mr. Ayman Ewies, Sandwell General Hospital**

References: 1. Carugno J, Di Spiezio Sardo, A, Alonso L; et al. COVID-19 Pandemic. Impact on Hysteroscopic Procedures: A Consensus Statement From the Global Congress of Hysteroscopic Scientific Committee. 2020 Apr 24;S1553-4650(20)30211-9. 2. ESGE Recommendations for Gynaecological Endoscopic Surgery for COVID-19 Outbreak. Updated on 16 April 2020 <https://esge.org/wp-content/uploads/2020/04/ESGE-Gynaecological-surgery-during-Covid-outbreak-Final-27-April-2020.pdf> 3. Joint RCOG, BSGE and BGCS guidance for the management of abnormal uterine bleeding in the evolving Coronavirus (COVID-19) pandemic. 18/05/20 v3 - <https://mk0britishsociety8d9m.kinstacdn.com/wp-content/uploads/2020/05/Joint-RCOG-BSGE-BGCS-guidance-for-management-of-abnormal-uterine-bleeding-AUB-in-the-evolving-Coronavirus-COVID-19-pandemic-updated-FINAL-180520-1.pdf> 4. <https://www.nhs.uk/conditions/hysteroscopy/nhs.uk/> Last accessed 4th August 2020. 5. Rodger M, Taggart C. Ambulatory experience at Stobhill ACH, October 2019. Hologic data on file. 6. More V, Smyth C, Davis J – Department of Obstetrics & Gynaecology, Manor Hospital, Walsall. Evaluation of ‘Myosure’ in Outpatient Treatment of endometrial polyps / submucosal fibroids. Georgiou D, Tranoulis A, Jackson TL. Hysteroscopic tissue removal system (MyoSure) for the resection of polyps, sub-mucosal leiomyomas and retained products of conception in an out-patient setting: A single UK institution experience. Eur J Obstet Gynecol Reprod Biol. 2018 Dec;231:147-151 7. Gardner FJE, Evantash E. Hysteroscopic morcellation in the UK: Published data and audit data from the Queen Alexandra Hospital, Portsmouth. 2014. MLCO-05339. 7. <https://www.nhs.uk/conditions/hysteroscopy/> Last accessed 4th August 2020.

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