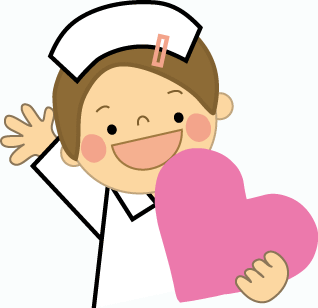
**Women’s Health Care Department** **Gynaecology**

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**Student**

**Information**

**Updated: August 2018 TJGC/DM**

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We would like to take this opportunity to welcome you to our Women’s Healthcare Department. We are very proud of what we would describe as an innovative gynaecological outpatient, diagnostic and treatment unit and hope you enjoy your stay with us.

We have devised this guide and hope you will find it useful as an introduction to our services and as a resource pack.

We have a very enthusiastic team of nurses and doctors who have a wealth of experience in gynaecology and will all endeavour to provide you with a meaningful placement here with us and a rich learning experience. We are passionate about our services and the standard of care that we provide for the patients and their families who use our services.

If you have any problems or concerns during your stay do not hesitate to speak to either your mentor or a senior member of staff who will strive to assist you wherever possible.

**YOUR FIRST DAY IN WOMENS HEALTHCARE**

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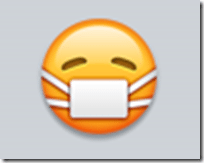
On your first day it is important that the following checklist items are completed on your induction

|  |  |
| --- | --- |
| you were welcomed by the team to the unit |  |
| You were orientated to the unit including fire evacuation plan, location of fire extinguishers, fire exits, and alarm systems. |  |
| you were given the name of and/ or introduced to your mentor |  |
| you were given a brief explanation of the placement |  |
| you were given contact numbers of who to call in case of sickness or absence |  |
| You were informed off where to find the off duty and what shifts you are working. |  |
| You arranged a date to meet with your mentor to discuss aims and objectives of placement, mid point and final interview requirements. |  |
| you were given the opportunity to discuss concerns with either your mentor or a senior member of staff |  |

**WHAT WE EXPECT FROM YOU** 

* **Punctuality** - every member of staff is expected to be on time.

Clinic times start 9am and 1.30pm from Monday to Friday. **Your** working hours are from 0830 to 1700hrs with one half day (0830-1400hrs) with half an hour for lunch. Check with the off duty when your half day occurs. The clinics often run on beyond 1700hrs, you will not be expected to stay unless you so wish.

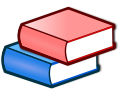
* **Mobile phones** should be switched to **silent** and not used in patient areas or during clinical activity. No photographs to be taken in department or in uniform whilst on placement.
* **Sickness /absence policy** – ****
* Please report to person in charge of clinic telephone no:-01204 390486 you must also inform university of your absence.
* **Uniform policy** should be adhered to by **all** members of staff and students are no exception. Hair off collar. Bare below elbow except one plain wedding ring.
* **Professionalism -** we expect you to behave in a professional manner showing respect to patients and all staff and ensuring confidentiality.at all times. Unless advised otherwise please refer to staff by their title in front of patients.
* **Enthusiasm** - we are an enthusiastic team that will be happy to teach and support you but **you** should show some enthusiasm in our speciality and willingness to learn. Remember this is your placement and you should want to get the most out of it. If you have an interest or request just **ask!** We are all happy to help and we will accommodate you where possible.
* **Supernumerary status- All staff are familiar with supernumery status, and the student role.**

**WARD PHILOSOPHY**

**As Team Members: **

* Each day remember why you entered the caring profession!
* We will all endeavour to work as valuable members of the team!
* Be polite, respectful and hard working at all times. Treating colleagues and patients as we would our own families.
* Encourage research based practice and ensure it is up to date.
* Ensure student/colleagues are exposed to maximum learning opportunities (taking into consideration supernumerary status)!
* Act as positive role models for society
* Always act as patient/student advocate and support where appropriate all members of the multi-disciplinary team.

**WHAT YOU CAN EXPECT FROM US**

** **

* **Respect** - You will be treated as a member of our team throughout your allocation and treated with respect by all members of staff.
* **Mentor/Associate Mentor support** - you will be allocated a mentor who has completed the mentorship module or equivalent. You will be working alongside your mentor for 3 out of 5 shifts as per RCN guidance.When you are not working with your mentor you will be supported by other members of staff are equally as enthusiastic about the care provided in WHC. On placement you will be given a mentor, an associate mentor and a designated health care to support you through your placement.
* **Learning Outcomes** - we will strive to ensure your learning outcomes are met throughout your placement.
* **Time** - you will be given time with your mentor to ensure your assessments and documentation are completed. You will be given time to reflect on your experiences in WHC and voice any concerns you have
* .As learners you will be encouraged to use our IT facilities and on site extensive library services when available**.**
* **Opportunities/Exposure** - we will endeavour to ensure you have a full and meaningful placement with us. There are many opportunities within the gynaecological outpatient’s services for the student nurse/midwives both within the unit and as spoke placements, I have explained them in the pack, don't miss out!
* **Learning Resources**- such as intranet, Library on site and hard copies of policies and procedures and risk assessments. Also available are audits and published articles relevant to gynaecoloy**.**

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**HEALTH AND SAFETY**

It is important that staff is aware of health and safety procedures, policies and protocols. Safety policies can be found in the yellow binder and infection control in the red binder in the office. Individual pieces of equipment will have a user manual available. The intranet. Is also a valuable resource.

Things to consider include:-

* Fire and explosion risks
* Handling chemicals
* Use of electrical equipment
* Handling body fluids
* Disposal of sharps
* Hazardous waste
* Moving and handling
* Accident reporting
* Care of restless &violent patient

**INTRODUCTION TO THE TEAM**



**NURSING TEAM :-**

Registered Nurse Tina Gundlach-Clare Senior Sister / Departmental Manager

Registered Nurse Melanie White

Registered Nurse Debbie Mariner

Registered Nurse Shireen Bhaiji

Registered Nurse Nichola Yearsley – Colposcopy Nurse

Registered Nurse Deborah Foster Peirce - Cancer Nurse Specialist

HCSW Michelle Carter

HCSW Michelle Holt

HCSW Sarah Kay

HCSW Catherine Stanworth

HCSW Melissa Gallagher

Katrina Rhead – Research Practitioner

**CONSULTANT MEDICAL TEAM :-**

Miss Williams - Clinical Lead

Miss Bancroft

Mr. Tomlinson

Mr. Muotune.

Miss Das

Miss Singh.

Miss Chatto

Miss Mulbagal

Miss Kundodyiwa

Mr. Odusoga

Miss Ali-ross

Mr. Winter-Roach- Oncology specialist



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Most clinics have a middle grade doctor and a junior doctor working within the clinic. As these doctors rotate they have not been named in this pack. You will be introduced to them as you meet them in the clinic.

**ULTRASOUND TEAM -** A team of sonographers from maternity department attend daily to perform gynae scans. You will have the opportunity to observe some scanning if you wish during your allocation.

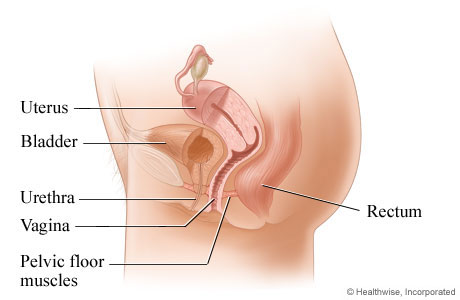
**RECEPTION TEAM** - Sam Palmer and Karen Howarth are the reception staff who obtains all the notes required in clinic, meet & greet patients on arrival and book future appointments for patients. They also insert clinic codes onto the computer for audit purposes and GP funding. We also have a clerical officer Banu Veghad supports the department with administration tasks.

**SECRETARIAL TEAM**  - each consultant has their own secretary who maintains correspondence with General Practitioners and patients regarding their management.

Gynaecology - Anatomy

**FEMALE SEXUAL ORGANS**

 External genitalia

 Pelvic Organs



**THE MENSTRUAL CYCLE**

**OVARIAN AND ENDOMETRIAL CYCLES**



**HORMONE INFLUENCE AND OVARIAN/ ENDOMETRIAL PHASE**



**CLINIC TYPES IN WOMENS HEALTHCARE**

Women’s Health Care Department is rich in resources for learning.

There are many different types of clinics within WHC some consultant led some nurse led which you can be exposed and participate in, There are also clinics performed under ultrasound i.e. Hycose clinics and physiotherapy clinics too.

**Nurse Led:-**

URODYNAMICS is a study of bladder performance which is performed by a nurse who has a particular interest in patients with urinary incontinence. Urodynamics is required to make a diagnosis on the cause of particular bladder complaint.

Each patient is given a Quality of Life questionnaire regarding their symptoms, an information leaflet on the procedure and an input/output chart that also records their symptoms, The procedure lasts approx 45mins and involves using computerised equipment whilst passing small catheters into the bladder and rectum to give a diagnosis for the cause of incontinence. A special toilet is also used to measure urinary flow. Following the test the patient is reviewed by the Consultant who then suggests a management plan. This may require taking medication, having surgery, having a course of physiotherapy or a combination of these.

POST MENOPAUSAL BLEED CLINIC - patients are referred into this clinic via their GP as an urgent referral.

This is because they have a possible cancer causing them to bleed that requires urgent investigation.

The criteria to ensure they are menopausal (without period or 12months)

When they attend the clinic the attending nurse obtains a history assessing when bled, how heavy, whether associated with pain when last true period occurred and last cervical smear. The patient is counseled for a Trans vaginal scan as this gives a much clearer view of the endometrial, and consent obtained. Any latex allergy is established prior to scan. Any patient who cannot tolerate a TV scan requires a full bladder scan.

When the scan report is obtained the attending nurse establishes whether a hysteroscopy is required. The patient is informed of the scan result. If the endometrium is less than 5mm thick the patient has a speculum examination to determine any local cause for bleeding from either cervix or vagina and a smear obtained if previous smear was more than one year. If the endometrium is 5.1mm or more then a hysteroscopy is arranged. This may be performed the same day if there is availability. Bloods for Ca125 (an ovarian cancer marker) and serum oestradiol (a hormone influencing endometrial activity) are obtained. The GP is informed of outcome and management plan.

There is also a nurse led coloposcopy service, there is more information about this in the colposcopy section.

**CONSULTANT LED** :-

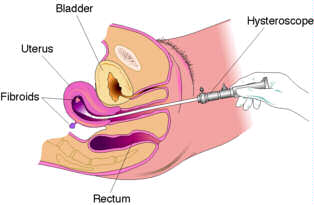
GENERAL GYNAE CLINICS: - All consultants have clinics that have a wide variety of patient referrals. Any problem related to the female reproductive organs is considered to be gynaecological. This means therefore problems relating to either the **ovaries** e.g. ovarian cysts, cancers, PCOS, and hormone problems due to ovarian function, **fallopian tubes** e.g. patency issues, ectopic pregnancy, requests for sterilisation, **uterus** e.g. heavy or painful periods, fibroids, polyps, endometrial cancers, endometriosis, **cervical** e.g. post coital bleeding, discharge, cervical ectopy, **vaginal** e.g. prolapse, dryness, discharge, infections and **external genitalia** e.g. abscesses, irritation due to benign conditions such as lichens sclerosis or pre- cancerous changes VIN I II III / cancer of the vulva, requests for correction surgery e.g. labial reduction or following childbirth due to scarring. General problems such as painful intercourse and , pelvic pain. Some women are referred to WHC with unwanted pregnancies requesting termination of the pregnancy. You need not be involved in these procedures if you conscientiously object.

HYSTEROSCOPY is a diagnostic procedure that is performed in patients with problems of uterine bleeding. This may be to investigate patients with heavy periods for possible causes such as benign fibroids or polyps. It may be to investigate patients with post menopausal bleeding to detect possible endometrial cancers. The procedure consists of assisting the patient into lithotomy position and supporting her throughout the procedure whilst the attending doctor inserts a speculum, visualises the cervix and passes a very fine telescope though the cervix into the endometrial cavity. The doctor assesses the appearance of the lining and visualises the opening to the fallopian tubes. A sample of the endometrium is often obtained and sent for histological examination to detect any abnormalities. The procedure takes approx. 10 to 15mins and explanations are given to the patient throughout. The patient may have period type pains during the procedure and if too uncomfortable it is abandoned. The patient is informed that they are expected to have a watery blood stained discharge following the procedure for a few days. They should have been given an information leaflet prior to commencement of the procedure.

A sterilisation procedure can also be performed by using the hysteroscopy technique as an alternative to a laparoscopy, this is known as (Essure) This gives patient’s greater choice and an anaesthetic is not required.

An ablation technique as a treatment for heavy periods called Novasure is also available within this clinic. The procedure consists of using sound waves to damage the endometrium and reduce blood flow. It is important to give adequate analgesia during this **procedure**.

The department also provides Myosure treatments, a relatively new procedure used to remove small fibroids and polyps. All our treatments have leaflets with more information surrounding them, feel free to browse!.



COLPOSCOPY is a procedure that is concerned with looking at the cervix through a special telescope and painting solutions of acetic acid and iodine onto the cervix to highlight abnormalities. Patients who are referred into this clinic have been referred with an abnormal smear test, or suspicious symptoms.

Cervical smears are taken as part of a national screening programme to detect pre-cancerous cell changes before they become cancerous. They also detect cervical cancer.

Abnormal smear results are graded as borderline changes, mild, moderate, severe dyskariosis, possible glandular neoplasia or cervical neoplasia. These abnormal cells have been linked to the presence of the wart virus ( HPV)

Patients are referred for colposcopy from their GP or other sources and an information leaflet is provided with their appointment so that they are aware what to expect.

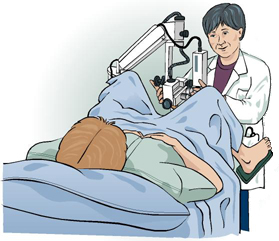
The colposcopist explains the procedure and the patient is asked to remove their underwear and assisted into the lithotomy position by the supporting nurse. A speculum is inserted and the cervix visualised and the solutions applied. If the patient is thought to require treatment from smear result and colposcopy then it is offered. A biopsy is obtained to confirm the degree of abnormality present. This may be a small **punch** biopsy or an **excisional** biopsy that acts as a treatment.

The treatment methods are **ablation** treatment or Semm (also known as cold coagulation) a heat treatment applied to the cervix for a short time (minimum 20 secs) that destroys the abnormal cells. The **excisional** treatment performed in WHC is Lledtz or loop excision. This is performed under a local anaesthetic. Patients are counselled prior to these treatments regarding the procedure as they need to be aware of the after effects of bleeding and discharge, avoiding intercourse for approximately four weeks and avoiding using tampons.

Another excisional treatment used sometimes is the cone biopsy. This is performed under anaesthetic in theatre and involves removing a cone shaped wedge from the cervix that is able to remove abnormal cells from higher into the cervical canal. This procedure is not used very often due to the advance in techniques.

Smear tests are required following all the above to ensure effectiveness of treatment. The first smear is performed six months after treatment with what is called the Test of Cure (tests if patients are carrying high risk HPV) . The result of this will determine the need for any further follow-up.

In cases of neoplasia being diagnosed an MRI scan is arranged and management decision made following grading. In early cancers a hysterectomy is required whereas in more advanced tumours radiotherapy may be the preferred management.

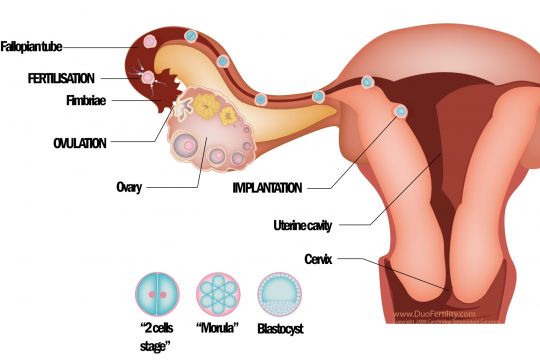


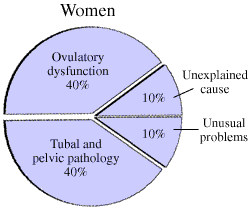
INFERTILITY CLINIC: - Miss Bancroft and Miss Kundodywa have a particular interest in infertility and have a clinic specifically for patients and their partners trying to conceive. Patients are referred into clinic when they have been trying for a pregnancy for approx. 1 yr without success.

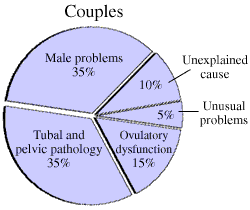
The initial consultation is performed in the nurse led clinic and consists of a detailed assessment of the patient and their partner’s history, physical health and lifestyle. Height, weight and BMI are documented and swabs for infection obtained. Hormonal tests are requested at different times through their menstrual cycle to detect any hormonal imbalance that may be a factor in their inability to conceive. The partner is requested to have a semen analysis to ensure adequate sperm count present. An ultrasound scan may be arranged and a tubal patency test to ensure there is no blockage of the tubes. This may be by way of laparoscopy and dye test performed in theatre under GA or hysterosalpingogram (HSG) performed in Xray.

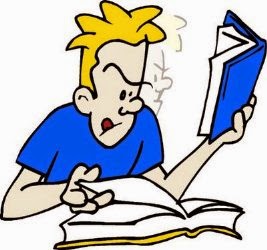
When all the results are available a further appointment is provided to review the possible cause of infertility and determine a management plan.

**Conception**

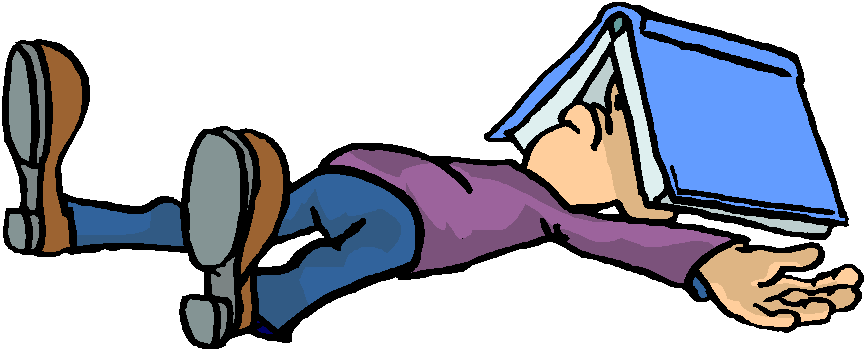


**Causes of infertility** 





Remember; we all know what its like to be a student , we are here to help ……………………just ask !



**Gynaecological Surgery** There are too many surgical procedures in gynaecology to name them all. Here are some of our most common procedures that are performed under anaesthetic.

**Hysterectomy** - removal of the uterus. It can be performed both vaginally and abdominally. Performed for many reasons such as menorrhagia (heavy periods), fibroids, pain, cancer. 'Major' surgery requiring inpatient stay of 2-3 days. Ovaries may be removed at the same time if patient is menopausal or they are diseased.

**Vaginal Repair (with or without mesh support)** - repair of the pelvic floor and vaginal walls that support organs such as bladder (anterior) bowel (posterior) and uterus that can descend into the vagina due to lack of support. Can be combined with vaginal hysterectomy if there is prolapse of the uterus. Hospital stay of 1-3 days.

**Laparoscopy** - a camera is passed through a 'keyhole' incision made below the umbilicus. Used as a diagnostic tool for pelvic pain, for infertility investigations to check tubal patency whereby dye is flushed through the tubes, as a sterilisation procedure where clips are applied to the fallopian tubes or can be used in more 'major' types of surgery such as ectopic pregnancy, ovarian cysts, and uterine prolapse techniques such as hysterosacrocolplexy. A day case procedure or 1-2 days if 'major' surgery.

**Endometrial Ablations** - There are several techniques that are a treatment for heavy periods - simple day case procedures. **Novasure** is a procedure using radio frequencies to destroy the lining of the womb. It can be done as outpatient or inpatient. **Balloon Ablation** uses a device filled with hot liquid to destroy the lining of the womb. This is done only as an inpatient procedure.

**D&C** -dilatation of the cervix and curettage of the endometrium. Day case diagnostic procedure to obtain sample of the endometrium. Not performed as much since pipelle's available.

**Hysteroscopy - camera** test often performed under anaesthetic if thought that patient would require other surgery simultaneously such as D&C or polypectomy.

**Surgical Evacuation of Uterus** - removal of products of conception in a delayed or incomplete miscarriage. Can be planned if patients choice, or emergency if bleeding uncontrollable.

**Surgical Termination of pregnancy -** this is usually only performed in the case of a failed medical termination. Products of conception are removed by suction.

**Marsupialisation of Bartholins Abscess** - infection of the bartholins gland causing vulval swelling and acute pain. Emergency admission requiring incision if the abscess and the area left open to allow drainage. A small 'wick' dressing is often inserted in theatre to clean area. This is removed prior to discharge Minor day case surgery.

**Versapoint-** an outpatient hysteroscopic removal of polyps under local anaesthetic.



POSSIBLE LEARNING OPPORTUNITIES AND UNIT EXPECTATIONS

(in accordance with NMC student guidance)

* Working as a team member within WHC, developing effective relationships and communication skills. Participating in all aspects of the outpatient setting, including ward cleanliness.

Exposure to trust and ward protocols in regard to all areas of clinical practice (guidance available on the intranet or Sr Tina’s office.)

* Develop an awareness of and understanding of infection control issues, waste disposal, sterile services (HSDU) and specimen handling and recording.
* Be aware of sexual boundaries ensure patients privacy, dignity and confidentiality maintained throughout their visit to WHC many women are attending for very sensitive issues.
* Observing the care of and supporting patients within the wide variety of clinics in WHC.
* To develop a good general knowledge of gynecological conditions and treatments.
* To develop communication skills with patients ensuring they are aware of management plan and are provided with literature and contact numbers where required. (act as patient advocate at all times) ( if you feel out of your depth ASK for help !!!!!
* .Exposure and participation in the assessing, planning and implementation of patient care.
* Assist in all procedures (dependent on stage of training) performed within the clinic e.g. colposcopy, hysteroscopy, minor op’s, urodynamics, coil fitting, biopsies of vulva, cervix and endometrium and supporting patients throughout their procedures and recovery.
* Caring for day attending patients nursed in a four bedded ward area. These patients are often cared for due to medical termination of pregnancy for unwanted pregnancy or missed miscarriage. The ward area is also used for patients needing nurse input post-surgical procedures done under local anaesthetic within the unit.
* Assisting in provision of care on the nurses’ station, providing assessment of GP referrals and opportunity to develop skills in giving subcuticular and intramuscular injections.
* adhere to trust uniform policy.
* Seek out learning opportunities, there are plenty of them, and all staff more than happy to teach!!
* .Address senior staff appropriately, using correct titles unless told otherwise.
* We adopt a team approach to mentoring and welcome new staff and learners, we hope you find this pack useful.



Spokes and Hub Placements

There will be times that there is no clinic session throughout your stay in WHC. This time may be utilised for studying/assignments or by observing in another linked placement. These are as follows:-

* Observing gynae. surgery in theatre with patients under anaesthetic (providing theatre induction has been undertaken) This would be from 2pm till 5pm (for second year students only)
* Pathology/histopathology- Exposure to the role of the pathologists and their team, and their importance role in the diagnostic process
* Sexual Health Department – Exposure to all aspects of sexual health and family planning.
* Physiotherapy- a therapy that offers assessment, advice and treatment for gynaecology and urogynaecology conditions
* Oncology Specialist Nurse- exposure to this specialist role, including consultant led clinics, Multi-Disciplinary Team meetings, pre, peri and post treatment review.
* M1 Gynaecology/Breast Ward- this ward deals with a range of patients who need long and short post op care. They also have an emergency assessment area that accepts referrals from A&E and GP’s.
* Ultrasound scan- ultrasound diagnostic tests for female conditions.

**COMMON GYNAECOLOGICAL**

**ABBREVIATIONS**

- **TAH** Total Abdominal Hysterectomy

**VH** - Vaginal Hysterectomy

**BSO** - Bilateral Salpingo-Oophrectomy

**D&C** - Dilatation and Currettage

**BTL** - Bilateral Tubal Ligation.

**Lap Ster** - Laparoscopic Sterilisation.

**TVT** - Trans Vaginal Tape

**TOT** - Trans Obturator Tape

**EVAC** - Evacuation

**STOP** - Surgical Termination Of Pregnancy

**MTOP** - Medical Termination Of Pregnancy

**EUA** - Examination Under Anaesthetic

**GA** - General Anaesthetic

**LA** - Local Anaesthetic

**IUI** - Intra Uterine Insemination

**ICSI-** Intra-cytoplasmic sperm injection

**IVF** - In Vitro Fertilisation

**HCG** - Human Chorionic Gonadatrophin

**PCOS** - Poly Cystic Ovarian Syndrome

**IUCD** - Intra Uterine Contraceptive Device

**IUS** - Intra Uterine System

**LMP** - Last Menstrual Period

**PMB** - Post Menopausal Bleed

**ANC** - AnteNatal Clinic

**HSG** - Hystero-Salpingo Gram

**QUIZ**

1) What is menorrhagia? ……………………………….Name the types of surgery that are offered for treatment of this condition? ........................................................................................................................

Name the non-surgical treatments...................................................................

2) What is a uterine prolapse?.........................................................................

Name other types of prolapse..........................................................................

When would a patient require treatment for a prolapse?..................................

Name the 2 types of pessary used...................................................................

3) Name the grades of dyskariosis form a cervical smear test...........................

..........................................................................................................................What are the types or treatment that are performed in WHC for pre-cancerous changes?...........................................................................................................

4) Name the 2 hormones produced by the anterior pituitary gland that effect the menstrual cycle ...........................................................................................

What hormones are produced by the ovary?.....................................................

5) What is meant by PMB? ............................................................................... What are the possible causes of this?...............................................................

6) What is meant by 'Missed Miscarriage'?........................................................

What treatment options are offered to patients?................................................

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**EVALUATION**

It is important that students provide us with feedback regarding **their** placement to enable us to improve our learning environment and in doing so facilitate the learning needs of **future** students. We would appreciate you spending a few moments to complete this evaluation report when your placement is complete. If you protect your identity then you may forward it to us at any time after your placement. Please mark it for the attention of Nichola Yearsley and I will share your comments positive or negative to the team.

THANKYOU

Was the organisation of your placement?

Excellent Good Fair Poor

Were your learning outcomes acheived?

Yes No Partially

If not what was the reason for this?...................................................................

..........................................................................................................................

Were staff approachable and willing to teach?

Yes No Mainly

Did you feel adequately supported during your placement?

Yes No Mainly

What did you enjoy best about this placement in WHC?....................................

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What did you enjoy least?.................................................................................

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Suggestions how we could improve your learning experiences..........................

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Any other comments?........................................................................................

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THANKYOU FOR YOUR TIME AND GOOD LUCK WITH THE FUTURE.