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Success rates at cervical catheterisation in a sonographer-led HyCoSy service: a retrospective baseline audit

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HyCoSy (Hysterosalpingo-contrast sonography) is the investigation of choice for the evaluation of tubal patency as recommended by the National Institute for Health and Clinical Excellence (NICE) (2004)¹ – now the National Institute of Health and Care Excellence. Role extension and development in Ultrasound has led to sonographer-performed HyCoSy being undertaken in many UK centres in recent years. However, published audit surrounding sonographer-performed HyCoSy is limited. The aim of the study was to evaluate success/failure rates of cervical catheterisation in women referred for HyCoSy examinations in a sonographer-led service in a hospital setting and to explore the methods and techniques identified in the literature for improving success.

Method

The retrospective audit was conducted in a hospital setting and each examination was performed by one of three sonographers. Referrals for HyCoSy were made in accordance with NICE guidelines and made by either a fertility nurse specialist, consultant or registrar in Obstetrics and Gynaecology. In a sample size of n=143, catheterisation was attempted in 92% (n=132) and abandoned prior to catheterisation in 8% (n=11). The HyCoSy examination was undertaken during the late follicular phase, prior to ovulation and up to day 14 of the menstrual cycle. All women referred for HyCoSy examination as part of subfertility investigations between January 2015 and January 2016 were included in the study. The use of a consecutive sampling method in this study allowed for the whole population (for one year) to be reviewed, as a means of reducing sampling error to an acceptable level².

Results and Discussion

Overall failure rates at cervical catheterisation were found to be acceptable when compared with the literature findings³. A second attempt was successful in most cases. First time failure rates were high, suggesting a need to improve these. Data analysis revealed few free-text practitioner comments associated with difficulty. Information regarding attempts made by sonographers to overcome difficulties was therefore limited. The difficulties encountered at cervical catheterisation are reported in the published literature and also in this study. Common problems include; uterine position, cervical complications and cervical spasm. Sonographers should consider the use of ultrasound for guidance purposes during catheter insertion in difficult cases. The usefulness of the baseline TV scan should not be overlooked.

References


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