NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Clinical audit tool: Hysteroscopic metroplasty of a uterine septum

Implementing the NICE guidance on hysteroscopic metroplasty of a uterine septum for primary infertility (IP509)

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This clinical audit tool accompanies the interventional procedure: Hysteroscopic metroplasty of uterine septum

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This document is a support tool for clinical audit based on the NICE guidance. It is not NICE guidance.

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Nick Raine-Fenning, Consultant and Medical Director/Reader of Reproductive Medicine and Surgery Nurture Fertility, University of Nottingham

National Institute for Health and Care Excellence

Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT; www.nice.org.uk

Clinical audit tool

NICE has recommended that hysteroscopic metroplasty of a uterine septum for primary infertility should only be used with special arrangements for audit. This means that clinicians undertaking the procedure should audit and review the clinical outcomes of all patients. Audit data should be reviewed at appropriate intervals and practice should be changed if the results suggest the need to do so.

To help clinicians audit and review clinical outcomes NICE has produced this clinical audit tool, which is for use at local discretion. It contains clinical audit criteria and a data collection form which can be used in its current form or amended to suit local preferences.

A data collection form should be completed for each patient. Demographic information can be completed if this information is essential to the project.

Patient identifiable information should never be recorded on the data collection form and clinical audit data could be pseudonymised. For example, a secure file containing the audit IDs linked to the patient identifiable items of information could be held in a different location to the clinical audit data. This will enable the data to be linked to the patients again but it will mean that clinical audit data alone will not identify individuals.

To ensure that any valuable insight regarding the consequences of this procedure is shared among clinicians, serious or previously unrecognised patient safety incidents should be documented and information submitted to the National Reporting and Learning System (NRLS).

For further information about clinical audit, clinicians should refer to a clinical audit professional within their own organisation or the HQIP website.

To ask a question about this clinical audit tool, or to provide feedback to help inform the development of future tools, email auditsupport@nice.org.uk.

Audit criteria

Criterion 1	The percentage of patients undergoing hysteroscopic metroplasty of a uterine septum for primary infertility who have had any of the following clinical outcomes: • normal-sized uterine cavity • miscarriage • preterm delivery • pregnancy to term • live births • other.
Exceptions	None
Standard	Outcomes from published literature should be considered when reviewing audit data, such as those set out in the guidance.
Data items	See data collection tool, data items 16, 17, 20 to 26.
Definitions	None
Criterion 2	The percentage of patients undergoing hysteroscopic metroplasty of a uterine septum for primary infertility who have had any of the following adverse events: • uterine perforation • uterine rupture during subsequent pregnancies or deliveries • bleeding • cervical laceration • incomplete resection of the septum • intrauterine adhesions • other.
Exceptions	None
Standard	Outcomes from published literature should be considered when reviewing audit data, such as those set out in the guidance.
Data items	See data collection tool, data items 18, 19, 27 to 29.

Definitions	**Adverse event grades** 0: No adverse event I: Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions. II: Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions and local parenteral nutrition are also included. III: Requiring surgical, endoscopic or radiological intervention IIIa: Intervention not under general anaesthesia. IIIb: Intervention under general anaesthesia IV: Life threatening complication (including CNS complications) requiring IC/ICU-management IVa: Single organ dysfunction (including dialysis) IVb: Multi organ dysfunction V: Death of a patient Suffix 'd': If the patient suffers from a complication at the same time of discharge, the suffix "d" (for 'disability') is added to the respective grade of complication. This label indicates the need for a follow-up to fully evaluate the complication. For further definition of these grades please visit the Surgical complication website.
Criterion 3	The percentage of patients undergoing hysteroscopic metroplasty of a uterine septum for primary infertility who have: • been told that there are uncertainties about the efficacy of the procedure • received written information explaining that there are uncertainties about the efficacy of the procedure • given written consent to treatment.
Exceptions	If the patient is unable to understand information and/or give consent to treatment.
Standard	100%
Data items	See data collection tool, data items 8 to 10.
Definitions	NICE recommends its information for the public. This is written to help patients who have been offered this procedure (and their families or carers) to decide whether to agree to it or not.

Data collection form for 'Hysteroscopic metroplasty of a uterine septum for primary infertility'

Audit ID:	Sex:	Age:	Ethnicity:

The audit ID should be an anonymous code. Patient identifiable information should never be recorded.

Data item	Data	Tick/complete box as indicated			
Date of procedure and baseline data					
1	Date of procedure				
2	Type of septum:				
3	Is the woman planning to get pregnant?	Yes	☐	No	☐
4	Number of miscarriages				
5	Number of preterm deliveries				
6	Number of term deliveries				
7	Number of live births				
Consent					
8	Has the patient been told that there are uncertainties about the procedure's efficacy?	Yes	☐	No	☐
9	Has the patient received written information explaining that there are uncertainties about the procedure's efficacy?	Yes	☐	No	☐
10	Has the patient given written consent to treatment?	Yes	☐	No	☐
Adverse events – intraprocedural					
11	Uterine perforation	Grade:			
12	Bleeding	Grade:			
13	Cervical laceration	Grade:			
14	Incomplete resection of the septum	Grade:			
15	Other adverse event	Detail: Grade:			
Clinical outcomes – up to 30 days					
	Date of follow-up	Date:			
16	Normal-sized uterine cavity	Yes	☐	No	☐
		Detail:			
17	Other clinical outcome	Detail:			

Adverse events – up to 30 days					
18	Intrauterine adhesions	Grade:			
19	Other adverse event	Detail: Grade:			
Clinical outcomes – all subsequent follow-up (copy section as needed)					
	Date of follow-up	Date:			
20	Pregnancy	Yes	☐	No	☐
		Detail:			
21	Miscarriage up to 12 weeks	Yes	☐	No	☐
		Detail:			
22	Miscarriage after 12 weeks	Yes	☐	No	☐
		Detail:			
23	Preterm delivery	Yes	☐	No	☐
		If weeks, gestational age:			
24	Term delivery	Yes	☐	No	☐
		Detail:			
25	Live birth	Yes	☐	No	☐
		Detail:			
26	Other clinical outcome	Detail:			
Adverse events – all subsequent follow-up (copy section as needed)					
27	Uterine rupture during subsequent pregnancies or deliveries	Grade:			
28	Intrauterine adhesions	Grade:			
29	Other adverse event	Detail: Grade:			

Adverse event grades

0: No adverse event
I: Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions.
II: Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions and local parenteral nutrition are also included.
III: Requiring surgical, endoscopic or radiological intervention
IIIa: Intervention not under general anaesthesia.
IIIb: Intervention under general anaesthesia
IV: Life threatening complication (including CNS complications) requiring IC/ICU-management
IVa: Single organ dysfunction (including dialysis)
IVb: Multi organ dysfunction
V: Death of a patient
Suffix ‘d’: If the patient suffers from a complication at the same time of discharge, the suffix “d” (for ‘disability’) is added to the respective grade of complication. This label indicates the need for a follow-up to fully evaluate the complication.