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Biography

Ayisha Bhutta is an experienced Obstetrician and Gynecologist with over 10 years of clinical experience. She holds an MBBS, MRCPi (ObGyn), and MRCOG Part 1, and continues to enhance her expertise through continuous professional development and workshops. She has extensive experience in antenatal, gynecology, labor ward, emergency, and operative care, and currently works at Latifa Women and Children Hospital. Dr. Bhutta is actively involved in teaching medical students and mentoring junior doctors, reflecting her strong passion for education, mentorship, and advancing women's health. Her clinical strengths include managing high-risk pregnancies, making swift and accurate clinical decisions under pressure, and delivering compassionate, patient-centered care. Dedicated to continuous learning and professional growth, Dr. Ayisha Bhutta remains committed to achieving excellence in Obstetrics and Gynecology within the NHS.

Improving Compliance with Haemoglobin Surveillance in Multiple Pregnancy: A Quality Improvement Initiative

About

Background: Outpatient hysteroscopy is the recommended first-line investigation for women with suspected intrauterine pathology. Unsuccessful procedures increase patient anxiety, delay diagnosis, and increase demand for theatre-based hysteroscopy. Following an initial service evaluation, a quality improvement project was undertaken to identify barriers to successful outpatient hysteroscopy and implement service improvements.

Methods: Two retrospective audit cycles were performed within a district general hospital. Cycle 1 reviewed 1,072 women attending the outpatient hysteroscopy service (April 2022–March 2023). Cycle 2 evaluated 365 women (August–December 2025). Data collected included patient demographics, referral indications, pain scores, procedural outcomes, use of methoxyflurane (Pentrox), histopathology, and reasons for incomplete procedures. Findings from Cycle 1 informed targeted quality improvement initiatives, including referral screening against NICE NG88, improved patient selection, enhanced documentation, optimisation of analgesia recording, and updates to the outpatient hysteroscopy proforma.

Results: In Cycle 1, 52.5% of women successfully underwent outpatient hysteroscopy, 14.6% required hysteroscopy under general anaesthesia, and 30.6% did not require or were inappropriately referred for the procedure. Pain and referral quality were identified as major contributors to unsuccessful outpatient management. Cycle 2 demonstrated that 246/365 women (67.4%) successfully underwent outpatient hysteroscopy, while 119 (32.6%) procedures were not completed. Pain remained the commonest cause of failure (26.1%), followed by inappropriate referrals (20.2%), patient choice (16.0%), surgical difficulty (15.1%), and medical reasons (10.1%). Mean pain scores decreased from 6.8/10 pre-procedure to 3.2/10 post-procedure. Documentation identified ongoing opportunities to improve recording of Pentrox use and patient counselling.

Conclusions: This two-cycle quality improvement project identified referral quality, pain management, and documentation

as key determinants of successful outpatient hysteroscopy. Introducing standardised referral pathways, improved analgesia documentation, and enhanced patient information provides a pragmatic approach to improving patient experience, reducing unnecessary general anaesthetic procedures, and increasing service efficiency. Ongoing re-audit will evaluate the sustainability of these interventions.