

COVID & NOVASURE®: HOW TO MOVE TO AN OUTPATIENT SETTING

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
- ✓ Minimised infection risk to staff and patients
- ✓ Less anxiety for patients
- ✓ Less disruption for patients - avoid nil by mouth and shorter recovery
- ✓ Less time in hospital for the patient
- ✓ Fast procedure – total treatment time <5 minutes, 90 seconds average NovaSure procedure time¹
- ✓ Substantial cost savings with moving to an outpatient procedure (see below)

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 cavity²
- Choose the device that will allow an effective and fast procedure²
- 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 fluids³
- 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-2⁴

The impact of SARS-CoV-19 will reduce capacity for recovery beds and theatre availability highlighting the need to improve efficiencies within the service and expand outpatient utilisation to reduce waiting lists and backlog. Due to the SARS-CoV-19 pandemic, additional measures have been put in place impacting the procedure time and theatre capacity.

! Offering the NovaSure procedure in Outpatients can help to reduce the backlog impacting Trusts due to SARS-CoV-2 and maintain safe practices following recommendations.

COST SAVINGS**

Outpatients vs. Day Case

Contact us at ukgynsurgical@hologic.com to request business case tools, cost models and example protocols.

	Cost per patient Outpatients	Cost per patient Day Case	Volume of patients	Total Cost Outpatients	Total Cost Day Case	COST SAVINGS	Average Treatment Time ⁵	Number of Patients treated per session (4 hours)	Time spent in hospital
Therapeutic procedure*	£820	£2,015	100	£82,000	£201,500	£119,500	Outpatients – 40 minutes	6	40 minute treatment time 20-30 mins recovery Total: 1-1.5 hours
							Day Case – 60 minutes	4	30 mins pre-op assessment 2 hours pre-procedure waiting 60 minute treatment time 2-4 hours recovery Total: 5.5-7.5 hours

* including the cost of a NovaSure disposable device (average selling price)



PATIENT TESTIMONIALS⁶

“Better option than being stuck in hospital for hours on end.”

“The other option for me was a hysterectomy whereas this was so quick, less invasive and less risky.”

“I didn’t feel pain, just some discomfort, I didn’t really feel anything.”

“I didn’t realise it would be so quick...I thought it would be more painful than it was.”

****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 treatment/hospitalisation times on the reference indicated and customer experience.

EXAMPLE PAIN PROTOCOLS⁷

Mr. F. Gardner, Consultant Obstetrician & Gynaecologist, Queen Alexandra Hospital

Pre-Procedure (1-2 hrs):

- Paracetamol - 1g PO
- Diclofenac - 100mg PO
- Tramadol - 50 - 100mg PO
- Ondansetron - 4mg PO

Paracervical Block:

- Inject 2 ml Levobupivacaine 0.25% in the anterior lip of cervix and use a Tenaculum to manipulate the cervix
- Inject 4 ml Levobupivacaine 0.25% at 11 and 1 o'clock
- Inject 5 ml Levobupivacaine 0.25% at 9, 3, 8, 4, 7 and 5 o'clock
- Use a 35 mm needle with a normal syringe to aspirate prior to injecting repeatedly down the track of each injection site

Fundal Block:

- Use a separate 2ml syringe for each fundal injection, changing the syringes when the tip of the needle is still in the Myometrium to avoid flash back of the saline distension medium.

AUDIT DATA

+ PENNINE ACUTE HOSPITALS⁸ [View audit](#)

Outpatient endometrial ablation acceptable to 83% of patients, 90% patients had improvement of symptoms at 1 year and reported major improvement to QoL

+ UNIVERSITY HOSPITAL NORTH TEES & JAMES COOK HOSPITAL⁹ [View audit](#)

100% of women reported positive overall experience of OP NovaSure®

+ QUEEN ALEXANDRA PORTSMOUTH¹⁰ [View audit](#)

Endometrial ablation with *intracervical* block mean pain score of 5.9

Endometrial ablation with *paracervical AND fundal block* mean pain score of 1.1

WATCH some example fundal block protocols [here](#) from Shrewsbury and Telford NHS Trust and from East Suffolk and North Essex Foundation Trust [here](#).



CLINICIAN OPINIONS AND EXPERIENCES

“The speed and simplicity of the NovaSure procedure in an outpatient setting is particularly important during the evolving Covid-19 pandemic. This is because we need to balance the urgent need to provide effective health care interventions without the risk of exposing patients to Corona virus infection. By avoiding hospital admission, we can minimise the risk of exposure to the virus through reduced human contact, and by avoiding general anaesthesia we can prevent viral transmission by the generation of aerosols.” – *Prof. Justin Clark, Birmingham Women’s Hospital*

“In these difficult times it has been a real advantage to be able to perform NovaSures in the out patient setting, with the help of a fundal block and to minimise hospital visits and the need for a general anaesthetic” – *Mr. Peter Scott, Consultant Gynaecologist, Derriford Hospital*

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