O & G

**Welcome and introduction**

We would like to welcome you to the department of Obstetrics and Gynaecology at the Countess of Chester Hospital. We hope that you find your time with us both enjoyable and rewarding. There is a lot of senior support available to our junior doctors and we encourage you to ask for help if you are unsure.

**Contributions and acknowledgements**

Dr Tim Chan

Dr Janneke Van Rij

**The department**

**Consultants**

All of the Consultant’s offices are based in the Longhouse on the first floor; they also have a Consultants office on Labour ward for when they are OGW (Obstetrician and Gynaecologist of the Week). A contact list for the team is updated regularly and can be found around the department, you will find contact details for the consultants here or you can reach them via their secretaries.

**Secretaries**

All of the secretaries can be found in the Obs & Gynaecology office in the Longhouse building on the first floor.

The secretaries will be able to help you to;

· Organise appointments for patients

· Gather patient’s records

· Arrange meetings with their consultant

· Typing letters

**The team**

Currently within the team we have 2 Associate specialists;

**Dr Riad Bules**

**Dr Jaya Kovvali**

Bleep: 2550

Bleep: 2594

We have 15 junior doctors:

7x O&G ST3-7

2x O&G ST1-2

5x GP trainees

1x F2.

**Consultant timetable**

The consultants with in the Obstetrics & Gynaecology department work on an 8 week rotation.

**Current team structure (to be amended with each new team)**

You will be emailed which team you are a part of and who your educational supervisor is prior to starting.

Blue Team

Dr Brighan, Mr Wood, Dr Dinardo

Red Team

Dr Davies, Mr Hawe, Dr Van Rij

Green Team

Mr Mc Cormack, Mr Semple,

Yellow Team

Mr Ibraheim, Dr Rao, Dr V Finney

**Specialist nurses**

**Women and Children’s pharmacist**

Gemma Webster Ext: 5620, Bleep 3451

**Maternity/ gynaecology physiotherapist**

Hazel Dutton Bleep 2584

**On call bleeps**

**Useful Telephone Numbers**

**Services**

Please check the rota for up to date information regarding clinics.

**The wards**

**Labour Ward**

Labour ward is located on the ground floor of the women’s and children’s building. The ward contains and assessment area, low-risk delivery rooms, high risk delivery rooms and the Obstetric Theatre.

When you are on call, you will spend most of your time on this ward.

**Women’s Surgical Unit (Ward 40)**

Ward 40 is located on the first floor in the main building of the hospital. The ward takes both elective and emergency admissions for Gynaecology.

There is an assessment-room for Gynae Emergencies on the ward. Patients may only be accepted for review in the assessment room if there is a bed available for them.

Every week-day morning, all gynae patients on ward 40 are reviewed by the on-call Gynae SHO and a registrar. After the ward-round, the registrar will go to their allocated clinic. The ward SHO should remain on the ward following the ward round and complete any outstanding jobs.

**Cestrian Ward (Ward 32)**

Ward 32 is the antenatal/postnatal ward. It is located on the first floor of the women’s and children’s building. Daily ward rounds are conducted 8:30-9:00. Each team sees their own patients (see team structure), a list of patients by team is provided by the ward staff.

If no members of a team are present, the patients are reviewed by members of another team. Please check the flow-chart can be found in the midwives office on ward 32.

**Early Pregnancy Assessment Unit (EPAU)**

This is a Rapid Access Clinic for complications in early pregnancy, providing appointments between 09:00-12:30 daily. Two emergency slots are reserved between 09:00-09:30 for ward admission or for patients in their 2nd trimester who require an urgent scan (these patients must be discussed with SpR).

The Early Pregnancy Unit is located in Gynae Outpatients. Patients can be referred via GPs, A+E, Midwives and O&G Staff.

The diary is held in EPAU/GAU 9:00 - 17:00. Out of hours the EPAU diary is held on W40.

**Gynae Assessment Unit**

The GAU is an assessment unit for urgent gynae referrals. Patients are seen via referral only. The opening times are 9:00 - 17:00 (the last patient must be in the department by 16:30).

**Annual and study leave guidance**

You must give 6 weeks’ notice for all leave requests. Up to 3 juniors can be on leave at any time (2x SpR, 1x F2-ST2 or 1 SpR, 2 F2-ST2). Requests are made using the pink annual leave forms. The can be found at medical staffing or in the junior doctor’s office in the Longhouse.

Study leave is applied for using the HENW electronic forms, junior doctors employed by the Trust should request study-leave using a paper study-leave form. Study leave must be requested for all courses including regional teaching. If you wish to attend specialist clinics outside the Trust, please request study-leave as well. If you are on call, you will not be able to attend regional teaching.

If you have lieu days from previous jobs you will not be able to carry these over to your obstetrics and gynaecology rotation. Equally, if you have not taken all of your leave by the end of your placement you may not be able to take these days in your next placement.

All AL and SL requests should be submitted to the rota-master (Dr van Rij). You will receive a signed copy of your form to confirm (alternatively, you will receive confirmation via email).

**Swaps**

A swap-form must be signed by both doctors for all swaps. Swap-forms must be submitted prior to publication of the weekly rota.

Nights must be swapped as a full set.

If you are swapping weekend or night on calls, the rest periods are swapped too. You may have to swap long days in order to keep rest-days, long days must be swapped as a whole day not 17:00-20:45.

Please submit all swap-forms to the rota master.

**Sick Leave**

**It is important you ring the OGW on the Labour Ward between 08:30-08:45.**

You must also ring Medical Staffing to inform them of your absence, you will be required to have a return to work interview with a medical staffing officer or your Education Supervisor.

**Teaching**

Next to weekly departmental teaching, there are 13 Rolling Half Days per calendar year. Clinical activities are cancelled for these half-day sessions. Attendance is mandatory unless you are on call.

**The Working Day**

There are a few different ‘types’ of days you can have:

- Normal Day 0830-1700 (Rota emailed the week before (clinics/theatre etc)

- Gynae On-Call 0830-1700

- Long Day (On Call Day) 0830-2045

- Nights (On Call Nights) 2030-0845

**Normal Day**

Your day starts at 8:30 on ward 32 with the AN/PN ward rounds. Please see the list of patients for your team. Once you have seen your patients, let the midwives know about your plan and they can generally sort things out e.g. Tissue Viability Nurse Referrals, Dietician Referrals, bloods etc. Referrals to other specialities e.g. urology or gastroenterology need to be dealt with by yourself either on the phone or via meditech.

Ward Round should finish by 9am, after which your scheduled activity for the day generally starts (see the weekly rota). If there are still patients to be seen by 9am, you can always come back at lunchtime to see them, if there are any urgent queries the midwives will ask the on-call SHO to review.

*If you need help?*

You can contact the registrar or consultant on your team or the Labour Ward Registrar on call (if appropriate)

If your first session of the day is in theatre or the Jubilee Day Unit, you are expected to attend the pre-op ward round (please check with your consultant)

**Handover**

Handover occurs on Labour ward at 08:30, 17:00 and 20:30 and occasionally at 13:00 if a member of staff is working a half day.

The following members of staff are expected to attend the handover: OGW, Labour Ward Registrar (Day & Night), Labour Ward SHO (Day & Night), Gynae SHO, Gynae Ward Round Registrar (9:00 only).

Any outliers or acutely unwell patients are noted on the white-board on labour ward.

**Gynae-On Call**

When you are on-call for gynae, you hold the **3445** bleep between the hours of 08.30 to 17:00, you will be exempt from your ‘Normal Day’ duties. Your typical day would start with a handover from the night team on the labour ward at 8:30. You will need to pick up the **3445** from there. You will then do a Ward Round of the patients on W40 with the allocated ‘Gynae WR’ Registrar, this normally lasts half an hour and you would be expected to complete any jobs arising from the Ward Round and would also be the nurses’ first port of call for anything from prescriptions, analgesia or reviews. At around 10am, the pharmacist may bleep you to do some jobs on W32 including amending TTO’s or any other medication related queries.

For the rest of the day, you will be:

- Covering the gynae patients on W40, W32 and Gynae Pre-Op patients

- Accepting referrals from the GP, A+E or may also get called for inpatient reviews from other specialties

- Reviewing patients in the Gynae Assessment Unit

The GAU is normally open from 9:00-17:00, if you have multiple referrals (which can happen) you can stagger them e.g. ask one to come at 2pm, 2.45pm etc. It is a good idea to inform the GAU nurse in charge when you are sending a patient there on **x6263**. The latest time you should ask your patient to arrive at GAU is around **16.30** as the GAU closes at 5pm sharp.

*If you need help:*

There are regular consultant-lead sessions on GAU in the afternoons (check the rota when you are on call). During these sessions you can review your patients and discuss them directly with the consultant on for Emergency Gynae.

If there is no consultant or registrar down for Emergency Gynae in the afternoon, your first port of call would be the registrar covering labour ward or the OGW consultant.

When you accept gynae emergency patients you need to decide where you will see them, the most ideal place in order of preference are:

1. GAU - 9:00-17:00 if the patient is stable

2. W40 (Assessment Room) – phone the nurses on **x3474** or **x2138** before sending them there to make sure they have a bed for the patient

3. A+E - if the patient is unstable or out of hours when W40 is full. (Not ideal, but remember to bring a speculum/swabs/KY Jelly with you)

*Tips for seeing patients in A+E:*

- Nurses can often be busy with “A+E” patients, however, just because patients have been “gynae accepted” the nurses working in A+E are still responsible for them. Be nice to them and they will often help you with things like chaperoning, doing obs and printing requests for High Vaginal Swabs or Urine MSU etc.

- A+E don’t always have speculums, bring your own if are seeing gynae patients in A+E

- The “Surgical Assessment Room” around by EAU, if this is free, is quite good as it offers privacy and a decent light for examination.

- When you ask a GP referred patient to attend A+E, it is helpful to let A+E know (See Useful Numbers below) so they can bleep you to tell you that they have arrived. It is a good idea to ask for a set of obs (which I don’t think is unreasonable) whilst they are waiting. Otherwise they can often sit in a cubicle/waiting room with nothing done.

*Exception: If you are referred a patient with ‘hyperemesis’ (either from GP or A+E), you can normally send them to W32 to be seen there, again let the midwives know before you do on* **x5174.**

***Labour Ward On Call***

You will normally be on a Long Day if you are covering the labour ward. Day normally starts with a handover from the night team followed by a ward round of the patients and sorting out any jobs. For the rest of the day you will be seeing patients in the assessment area of labour ward, covering labour ward (cannulas, prescriptions etc.) as well as the Day Unit. After 5pm you will also cover gynae (See above). There are generally elective/emergency c-sections during the day that you may be asked to assist with. *Reminding yourself how to scrub for theatre would be useful!*

***Tinzaparin***

Please note that there is a separate VTE-guideline for Obstetrics. Pregnant women have a VTE-score performed at booking, 28 weeks, on admission as an in-patient and after delivery.

If a patient requires tinzaparin postnatally, the first dose should be prescribed 4 hours after delivery. The next routine dose should be prescribed for the following day.

A lot of mistakes are being made with tinzaparin prescriptions - if you are not sure please ask.

***Sorting out TTOs (Nights)***

There is a colourful TTO folder on Ward 32 which the midwives put TTO requests in, it is the responsibility of the night SHO to make sure the TTOs are done prior to handover. Alternatively, the TTOs for patients having an elective caesarean section can be completed immediately after the surgery.

Helpful Tips:

- Avoid codeine on d/c due to breastfeeding – opt for PRN paracetamol and ibuprofen

- Ferrous Sulphate 200mg in anaemic patients is BD and marked for GPTOREVIEW

- Ensure regular meds like inhalers/thyroxine/antidepressants etc are prescribed and marked as they form the TTO for the GP also.

***E-Discharges***

E-discharges are created using Meditech and should be completed within 24 hours of discharge. It is the responsibility of the doctor discharging the patient to ensure that the E-discharge has been filled in.

Each day there is a named E-discharge SHO, their responsibility is to check the 'E-Discharge' spreadsheet and ensure that there are no outstanding E-discharges. The spreadsheet can be found on:

Shared Drive (S:) > Clinical > E-Discharges > Outstanding E-Discharges Spreadsheet

Click the "Gynae" tab at the bottom to show the outstanding Gynae E-discharges

Access to this folder is only on certain computers, at the time of writing, the computer to the right of the Midwives base on Ward 32 has access.

Remember to mark the e-discharge as ‘Complete’ by putting a ‘Y’ at the end, otherwise it will still show up as outstanding

***Non-Viable Forms***

When patients have had a miscarriage and passed products of conception or after treatment for ectopic pregnancy, a non-viable form needs to be filled out to allow them to be cremated. The nurses on W40 will often let you know that one needs doing. For the address section, you can put Obs + Gynae Department, COCH

***Referring to Gynae Outpatients***

If you see a patient that doesn't need acute admission to gynaecology but feel that they would benefit from an outpatient gynae clinic review e.g. incidental adnexal masses, you can refer them on meditech by choosing "CONSULTOP" under the F9 Lookup in 'Category'

***Booking patients for Emergency Theatre***

Patients that are to go to theatre e.g. I+D of abscesses, surgical evacuations of miscarriage etc. need to be booked on Meditech by choosing "EMERGENCY THEATRE BOOKINGS" under the F9 Lookup in 'Category'. You will need to bleep the Emergency Theatre Co-Ordinator afterwards: ***Ext: 6247, Bleep 2750***.

**Referrals**

Referrals are usually received via phone for GP, A&E and walk in. Meditech referrals are printed out by the secretaries and seen by an appropriate member of the team.

**Tips for Clinics**

***Antenatal Clinic***

- Patients attending this clinic have a reason to be there…check the referral letter in the notes. Most commonly for serial growth scans (be familiar with the indications for these)

- There is a small black results book in clinic; put the patient’s details, indications for the test and plan of action e.g. when requesting LFT’s and Bile Acids for query obstetric cholestasis

- Patients can be sent around to the day unit if they have an acute concern e.g. reduced fetal movements for a CTG. Phone them to let them know that you’ll be sending them around.

***Gynae Clinic***

- Use the results sheet to let someone know that you have requested some investigations which will need following up e.g. Pipelle Biopsy, Ultrasound scans etc.

- Letters must be dictated using the standardised template. This template is available in all the clinic rooms

***Theatre***

- When you are down for theatre on the rota, you would usually be expected to attend the Pre-Op ward round, the time at which this starts depends on where you are (Main Theatres or Jubilee Day Centre) and when it is (AM/PM list).

- If possible, try to speak to the consultant doing the theatre list beforehand to see what they would prefer.

- If an emergency patient is stable they will normally not be operated on after 22:00.

**Useful Guidelines**

We have a large number of guidelines on O&G, which are updated regularly. Please see the document library on the intranet.

**Rota Abbreviations**

**Medical student induction guide**

You may examine a patient if they are awake and give consent. You can perform an intimate examination on a patient who is under a general anaesthetic and a written consent has been obtained prior to the operation. The consent should be obtained during pre-op ward-round by both a member of the surgical team and the student.

You will receive a copy of this form during your induction.

**Gynaecology**

Your gynaecology experience will centre around both outpatient and inpatient care. It is important that you clerk in-patients who are going to theatre prior to the theatre session, attend theatre and follow their care pre and post-operatively.

**Obstetrics**

Obstetric care will involve antenatal clinics and labour ward sessions. There is also the need for you to attend the postnatal ward round. You should try and attend a postnatal ward round each week with the midwives, noting the assessment they make of the patients.

**On-call**

You are encouraged to spend time out of hours during your placement.

**Bedside Teaching**

You are encouraged to arrange bedside teaching with the firm you are attached.

Examples of useful cases

**Obstetrics**

· Normal vaginal delivery

· Caesarean section

· Pre-eclampsia

· Gestational Diabetes

· Antepartum Haemorrhage

· Placenta Praevia

· Hyperemesis

· Gestational Hypertension

**Gynaecology**

· Abnormal bleeding

· Bleeding in early pregnancy

· Cervical cancer/ CIN

· Ectopic pregnancy

· Endometrial carcinoma

· Contraception

· Endometriosis

· Fibroids

· PID

· PCOS