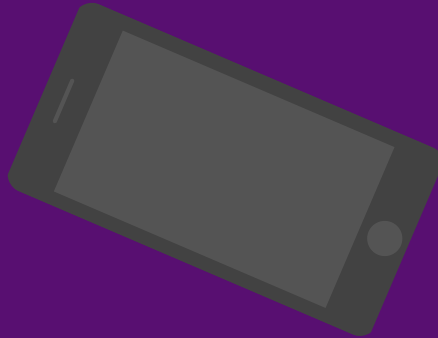
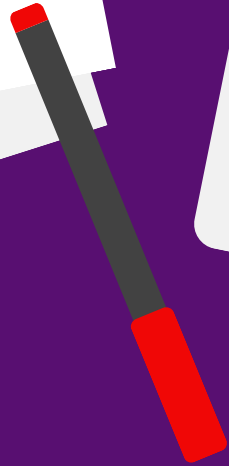


WISDOM



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Nov 8th 2024 | 10 AM | Hosts - Swansea Bay UHB

OGSW CONFERENCE

Obstetric & Gynaecology Society of Wales
Autumn 2024 Conference

Welcome to OGSW Autumn 2024 Conference



Dear Attendee...

Welcome to Swansea Stadium for the Autumn 2024 OGSW conference!

We are delighted for you to join us today for a day packed full of interesting speakers, innovative abstracts and engaging sponsors.

Each presentation, speaker, and sponsor has been designed to inspire, educate, and empower you in your work, and we encourage you to take full advantage of the opportunities available.

We look forward to a conference filled with learning, networking, and meaningful discussions (and great food) !

Warm regards,
Swansea Bay UHB organising team

Abdi Ali
Manju Nair
Najiya Ali
Dhvani Lalan
Neha Uddin
Leah Thornton-Lane
Toluwalase Ojo

CONFERENCE PROGRAM

10:00 – 10:20 - REGISTRATION & COFFEE

10:20 – 10:30 - WELCOME NOTE

10:30 – 11:00 - PRESIDENT'S ADDRESS

Dr. Raneer Thakar

Transformative Advances in Maternity and Gynaecology Services: What's New in RCOG?

11:00 – 11:30 - SAVING LIVES:

Professor Ranjit Akoleker

Still birth prediction and prevention

11:30 – 12:00 TEA/COFFEE BREAK

Poster Viewing opportunity

12:00 – 12:30 - ADVANCES IN ADOLESCENT GYNAECOLOGY

Dr Katherine Malbon

Importance of Transition and Addressing Mental Health

12:30 – 13:15 - ORAL PRESENTATIONS BY TRAINEES

13:15 – 14:00 - LUNCH

Poster viewing opportunity

14:00 – 14:30 - DIGITAL DOCTORS

Professor Phil Newton

AI's Impact on Medical Education

14:30 – 15:15 - SHOWCASING WALES

Mr Gupreet Kalra

Addressing Inequity of Access to Assisted Reproductive Treatment in High Income Countries

Mr Alan Treharne

Value Based Healthcare Clinic for Management of Abnormal Bleeding on HRT: Bevan Exemplar Project

Dr Anita-Louise Rees & AnnMarie Thomas

Uned Gobaith ('Unit of Hope'): Optimizing Perinatal Mental Health

15:15 – 15:45 - TEA/COFFEE BREAK

Poster Viewing opportunity

15:45 – 16:30 - EFFICIENT AND EFFECTIVE

Professor Justin Clark

The Benefits of Day Case Hysterectomy

16:30 – 17:00 - WOUNDED HEALERS

Dr Ian Collings

Strategies for Enhancing Doctor Wellbeing

17:00 – 17:30 - PRIZES AND CLOSING REMARKS

12:30– 13:15
ORAL PRESENTATIONS BY TRAINEES

NOTES :



Assessing the Compliance with the National Optimal Pathway (NOP) for Endometrial Cancer in South West Wales



Oral Presentation

Authors: Dr Muhammad Alshuaibi* (Presenter), Dr Alifya Mukadam*, Ms Paula Bidder*, Mr Nagindra Das*, Professor Kerry Lutchman-Singh*

*Gynaecology-Oncology Centre, Swansea Bay University Health Board

Aim:

To ensure compliance with the National Optimal Pathway (NOP) for Endometrial Cancer with a target rate of 75%, identify areas of non-compliance, and provide recommendations for improvement.

Methods Used:

Two audits have been conducted; one focused on evaluating diagnostic compliance and the other on assessing surgical compliance with the NOP. Utilizing electronic medical records and reviewing clinical letters and surgery logs for 79 patients, the audit compared data from January to June 2022 with that of January to June 2023. Data collection focused on the pathway from the Point of Suspicion (PoS) to the First Definitive Treatment (FDT), any delays and causation was identified, and statistical analyses performed using SPSS.

Results and Discussion:

Findings of both audits revealed significant non-compliance. The diagnostic audit showed a decline in compliance with the target of seeing patients within 7 days from the PoS, dropping from 15% in 2022 to 11% in 2023, likely due to clinic capacity. However, adherence to same-day outpatient hysteroscopy improved from 91% to 100%. The average histology reporting time increased from 10 to 12 days, and MRI requests for suspected cases decreased from 69% to 63%, though the percentage of MRI reports available by the MDT date improved from 72% to 80%. Unfortunately, the median diagnostic pathway length increased from 59 to 70 days, well above the 28-day standard. Many patients entered the surgical pathway after breaching the diagnostic pathway's NOP target. The surgical audit revealed only 3.75% compliance with NOP standards, with the main barriers being insufficient surgical capacity (76.25%), patient-related delays (8.75%), surgeon unavailability (5%), inadequate theatre time (3.75%), and the need for further investigations (2.5%).

Conclusion:

While justifiable reasons for non-adherence were identified, the overall compliance with the NOP remains unacceptably low. Fast-tracked processes will be implemented to enhance the pathway and mitigate the issues, with a further service improvement evaluation.

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Serial Fetal Growth Monitoring Practical, Application of Evidence



Oral Presentation

Authors: Dr Rishu Tandon, Ms Tipswalo Day, Ms Talar Amin, Mr Letchuman R Shankar

Aim:

This presentation aims to increase understanding of GAP Grow chart and rationale of principles behind it. It will also explore evidence on role of antenatal CTG fetal pH prediction. It will encourage critical thinking using real life examples to facilitate discussion and debate about controversial issues using evidence base.

Methods Used:

A set of questions were constructed and evidence was explored around introduction of GAP Grow chart and rationale behind using Subgroup characteristics. A critical analysis explores answers related to antenatal CTG Fetal pH prediction, Early versus Late onset Fetal Growth Restriction and its use in intrapartum fetal monitoring.

Results and Discussion:

Placental disease is most common cause of Fetal Growth Restriction. Pathophysiology of late onset Fetal growth restriction could be associated with villous immaturity and other pathologies producing a placental diffusion defect with reduction in villous cross sectional area often below the threshold of doppler detectable by umbilical artery doppler

Conclusion:

Evaluation of clinical history and dynamic risk assessment may help reduce the subjectivity in interpretation of evidence. Late onset FGR can have different pathophysiological mechanism leading to subtle hypoxia which can be difficult to predict. Physiological knowledge of CTG interpretation can help improve the detection of fetus at risk but careful consideration is required prior to subjecting fetus to the stress of labour.

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Assessment of a Regional advanced gynaecological Laparoscopic Training Programme in North Wales



Oral Presentation

Author: Georgia Roberts

Aim:

To evaluate the impact of a regional advanced gynaecological laparoscopic training programme in North Wales by comparing rates of total laparoscopic hysterectomy (TLH), total abdominal hysterectomy (TAH) and laparoscopic assisted vaginal hysterectomy (LAVH) in 2018-2020 with 2022-2024.

Methods used:

Data was obtained from Betsi Cadwaladr University Health Board (BCUHB) Information Services Department and organised to identify patients who underwent the relevant procedures during the study time frames. The digital health records for these patients were then reviewed to obtain additional data. The acquired data was collated and analysed.

Results and Discussion:

The laparoscopic hysterectomy rate increased from 36.5% in 2018-2020 to 74.8% in 2022-2024. This represents a 105% increase. The increase in rate of TLH in the second cohort meant that it had replaced TAH as the most common route of hysterectomy. Additionally, the conversion rate of TLH to TAH had decreased between these periods.

Conclusion:

The regional advanced gynaecological laparoscopic training programme was successful and had a positive impact on the rate of laparoscopic hysterectomy performed in Wrexham Maelor Hospital.

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Rectal Adenocarcinoma in Pregnancy Presenting as Chronic Constipation: a Case Report and Literature Review



Oral Presentation

Authors: Tayyaba Rashid (Presenter), Hari Muppala

Aim:

Constipation is a common symptom and affects 50% of pregnancies. Most often constipation is temporary with benign cause and settles with dietary change and usual medications. However, a thorough assessment and multidisciplinary input is essential to rule out more serious causes if history suggests it is consistent and not responding to traditional treatments. Bowel cancer is one of the differentials of severe and prolonged constipation in pregnancy.

Methods Used:

Case report and Literature review

Results and Discussion:

A 32 years old lady presented to emergency department at 14 weeks of gestation with severe and long-standing constipation. Associated with mild abdominal pain but no vomiting or weight loss. No family history of cancers. She was taking laxatives preceding 6 months, but constipation got worse. Unremarkable digital rectal examination by surgeons. A diagnosis of constipation was made and planned for phosphate enema and discharged after opening bowels.

She presented again to emergency department at 16 weeks of gestation with severe constipation, unable to eat or drink due to significant abdominal pain, nausea and vomiting. She was admitted under gynae for suspected bowel obstruction and urgent surgical input. Further digital examination revealed rectal mass 6 cms from the anal verge. Later she had laparotomy and de-functioning colostomy. On day 1 post laparotomy, ultrasound confirmed anhydramnios and fetal demise. She had medical management for late miscarriage. Biopsy later confirmed adenocarcinoma of the rectum. Care was handed over to colorectal and oncology teams for further investigations and follow ups.

Conclusion:

Colorectal carcinoma presenting during pregnancy is uncommon. These cases present diagnostic and therapeutic challenges. Signs and symptoms of abdominal pain, vomiting and constipation usually attributed to normal pregnancy leading to delayed diagnosis and advancement of cancer. Hence, we are presenting this case to highlight the importance of good history taking, and early multidisciplinary input in severe and prolonged constipation.

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Audit of Outpatient Hysteroscopy Service Practice



Oral Presentation

Authors: Ms Manal Shaker Taha (presenter), Dr Abdulmuiz Idrees, Mr Ihab Abbasi, Mr Islam Abdelrahman

Aim:

To evaluate the outpatient hysteroscopy service at Glangwili General Hospital, focusing on areas for improvement by assessing diagnostic, operative, and failed hysteroscopy rates, referrals to the day surgery unit (DSU), waiting time and follow-up letters to patients regarding histopathology results.

Methods Used:

A retrospective review was conducted on data from the outpatient hysteroscopy clinic for March and May 2024.

Results and Discussion:

86 women attended the outpatient hysteroscopy clinic. Demographics showed 89.5% of women were over the age of 50, 82.6% were postmenopausal, and 26.7% were on hormone replacement therapy (HRT).

Diagnostic Hysteroscopy:

- 87.2% (75 women) had a complete diagnostic hysteroscopy.
- 12.8% (11 women) had incomplete hysteroscopies, mainly due to cervical stenosis (7 cases) or pain and panic attacks (4 cases).

Referrals to DSU:

- 25.6% (22 women) were referred to the DSU for hysteroscopy, mainly due to large polyps (8 cases), intolerance to polypectomy by Myosure (3 cases), or incomplete diagnostic hysteroscopies (11 cases).

Therapeutic Hysteroscopy:

- 25.6% successfully underwent polypectomy via manual Myosure in the outpatient setting.

Follow-Up Letters:

- 79.1% received letters confirming normal histology, 8.1% were referred to the Rapid Access Clinic, and 3.5% did not receive follow-up letters. Two DSU hysteroscopies failed (2.3%).

Among women on HRT, 100% had normal histopathology results.

Referral delays, up to six weeks, were mainly due to scanning.

Conclusion:

Recommendations

1. Continue efforts to maintain high success rates of outpatient hysteroscopies.
2. Promote manual Myosure polypectomy to reduce DSU referrals.
3. Implement a standardized proforma to improve documentation.
4. Urgently refer HRT patients with postmenopausal bleeding to gynecology rather than the USC hysteroscopy pathway.
5. Reinforce the operator's responsibility for follow-up letters.
6. Reimplement a one-stop clinic to reduce waiting times.

The outpatient hysteroscopy service at GGH is effective with high success rates. Improvements in DSU referrals, follow-up processes, and the use of manual Myosure polypectomy can further enhance service efficiency.

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Preconception Folic Acid Advice



Poster Presentation

Authors: Tahsin Ali (Presenter), Cardiff Univeristy School of Medicine , Prof Kinza Younas, Swansea Bay University Health Board

Aim:

A patient survey for the timing and dosage of folic acid supplementation advice, based on a patient's risk factors for having a pregnancy affected by a neural tube defect.

Methods Used:

We aimed to collect a minimum of 200 responses by interviewing patients attending antenatal clinics and the day assessment unit at Singleton Hospital. The questions identified potential risk factors, timing and dosage of folic acid, gestation at presentation, and barriers to compliance. The data was collated on a spreadsheet and analysed to determine if standard practice was met per NICE guidance.

Results and Discussion:

A total of 215 patients were interviewed. 87.5% of patients received folic acid supplementation advice after conception, while only 12.5% received preconception advice. 26% of the patients interviewed took folic acid both preconception and post conception, 71% took it post conception only, and 3% did not take it.

Preconception advice was given to 12.5% of patients due to fertility needs such as difficulty in conceiving, recurrent miscarriages, or long-term epilepsy management. 31 patients took preconception folic acid without medical advice, as a result of personal research or advice from friends and family.

A group of patients with a BMI over 30kg/m², 84% were prescribed the higher 5mg dose. Among 12 patients with other risk factors, only 8 were given the higher dose, all of whom also had a BMI over 30kg/m².

90% of those who did not take folic acid regularly, did not understand its purpose. However, understanding was generally poor with only 38% knowing the correct benefit. 6 patients had a language barrier, all of whom did not take folic acid regularly. The ethnicities of these patients were, Bangladeshi (n=4), Kurdish (n=1) and Nigerian (n=1).

Conclusion:

Adherence to clinical guidelines was suboptimal. The main barriers to preconception advice being given, which need to be addressed are patients presenting post conception, as well as language barriers and poor understanding.

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Service User Experience from Out-Patient Hysteroscopy Clinic



Poster Presentation

Authors: Munazza Ruby (Presenter), P Acuna, S Thenuwara, Geeta Khumar

Aim:

This survey aimed to gather information about the experiences of women attending outpatient hysteroscopy clinics at Wrexham Maelor Hospital in North Wales, using the British Society for Gynaecological Endoscopy's (BSGE) Out-patient Hysteroscopy Patient Satisfaction Survey (OPH-PSS) questionnaire.

Methods Used:

All eligible women attending OPH between January 2023 and December 2023 were offered the opportunity to complete the survey following their procedure. A total of 116 forms (paper questionnaire) were completed and evaluated. This included diagnostic and therapeutic hysteroscopies, with considerable number undergoing endometrial biopsies +/- polyp resections.

Results and Discussion:

The survey showed that 86% of women received clear pre-procedure information, and 94% felt well-informed about what to expect during outpatient hysteroscopy (OPH). Satisfaction with reception and waiting areas was high, with 97% expressing appreciation and 71% rating them as excellent. Communication from clinic staff was excellent, with 99% finding explanations easy to understand and feeling comfortable discussing concerns. Most patients (88%) did not feel distressed or embarrassed, and 98-99% gave positive feedback on privacy, respect, and involvement in decision-making. Pain scores varied, with 10% reporting no pain, 70% experiencing mild pain, and 20% reporting severe pain during the procedure. Despite this, 89.7% would choose the same setting for future procedures. Ninety-five percent were satisfied with their overall OPH experience, including the care and post-procedure advice received. Overall, the survey highlighted a positive experience for women undergoing outpatient hysteroscopy in the clinics, demonstrating a strong commitment to patient comfort, clear communication, high-quality care, and ensuring patient satisfaction in every aspect.

Conclusion:

OPH is well-tolerated, with positive overall experience reported by majority. Ensuring a positive experience is paramount, with efforts focused on offering choice of care settings for hysteroscopy for 100% of women, involving patients in decision-making, providing comprehensive pre-procedure information, offering all possible safe options for pain relief, and ensuring comfortable facilities.

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Acute Haemoperitoneum as a Complication of Large Fibroid in Post-Menopausal Women



Poster Presentation

Authors: Dr Tosheen Arshad, Dr Jayaprabha Jayakumar, Dr Hafiza Saima Naseem, Dr Zainab Ilyas

Aim:

To present a rare case of 5L hemoperitoneum due to fibroid uterus presenting as syncope.

Methods Used:

Case study

Result and Discussion:

A 55-year-old patient with a known multi-fibroid uterus awaiting elective surgery presented to the Emergency department with 2 episodes of syncope and facial weakness. She was initially seen by the medics as a stroke call. CT head was done which ruled out intracranial pathology, where she had another episode of syncope and complained of acute-onset abdominal pain. She had a distended abdomen and discomfort which made the treating team concerned about intra-abdominal pathology as the cause. Laboratory tests were done and contrast computerised tomography revealed hemoperitoneum due to an actively bleeding 16cm pelvic neoplasm. Gynaecology on call team were alerted and she was reviewed immediately and on examination abdomen was distended and guarded with generalised tenderness. A subtotal abdominal hysterectomy was performed and found 5L of hemoperitoneum.

The pre-operative haemoglobin level was 131 g/L, during surgery she received 3 units of blood. Post operatively, she was debriefed and vitally stable. Day 3 post operative, she developed right sided abdominal pain. CT urogram revealed right ureteric injury. Right nephrostomy was attempted by Urology team under local anaesthesia which failed the first time and a repeat nephrostomy under GA was performed successfully.

Histopathological examination confirmed multiple fibroids in myometrium and many areas of infarcted necrosis. Tumour present in inked uterine serosal surface. Findings were consistent with smooth muscle tumour of uncertain malignant potential. Adenomyosis is also seen in myometrium.

An MDT was organised to discuss further care plan for the patient with a diagnosis of Epithelioid smooth muscle tumour of uncertain grade. MRI done for follow up a planned in MDT showed no residual lesion and for clinical follow up.

Uterine myomas, fibroids or leiomyomas are benign neoplasms that can present as abnormal uterine bleeding and pressure symptoms. Significant complications are infrequent, but they can be life-threatening. This is a case of a bleed from a fibroid uterus where excessive intra-abdominal bleeding resulted in hemoperitoneum. In this clinical scenario, timely recognition and intervention were essential to prevent morbidity and mortality.

This case discusses the diagnostic challenges and surgical management of a case of hemoperitoneum resulting from spontaneous haemorrhage from a ruptured vessel on the surface of a leiomyoma.

Conclusion:

The atypical presentation of multiple syncope with facial weakness and abdominal pain and the presence of a multi-fibroid uterus posed diagnostic challenges. This case underscores the importance of considering leiomyomas as a potential cause of acute abdominal pain and bleeding. Timely surgical intervention, supported by a multidisciplinary approach, is essential for optimal patient outcome.

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Management challenges in a Young Patient with Low-Grade Endometrial Stromal Sarcoma; A Case Report on Fertility Preservation and Advanced stage Disease



Poster Presentation

Authors: Rafeef Abu Shamleh (Presenter), Ahmad Souriti, Nagindra Das, Kerry Lutchman Singh

Aim: This case report aims to present the diagnosis, treatment, and management challenges in a 29-year-old woman with low-grade endometrial stromal sarcoma (LG-ESS), a rare uterine mesenchymal tumour. The report highlights the clinical progression, fertility preservation concerns, and treatment decisions, including hormonal suppression and bilateral oophorectomy.

Methods Used:

The patient presented with abnormal intermenstrual bleeding and low haemoglobin. An emergency hysteroscopy revealed a prolapsed submucosal fibroid, later diagnosed as LG-ESS on histology. MRI confirmed a focal endometrial lesion. Initial management included hysteroscopic resection and MDT evaluation. Due to the hormonal sensitivity of LG-ESS, hormonal suppression with a GnRH analogue was recommended, although the patient initially declined due to concerns about side effects. However, persistent symptoms and tumour progression prompted repeat imaging and MDT discussions, leading to a hysterectomy with bilateral salpingectomy and later bilateral oophorectomy to reduce oestrogen-driven tumour recurrence.

Results and Discussion:

Post-operative pathology confirmed stage IVB LG-ESS with substantial lymph-vascular space invasion (LVSI) and lung metastasis. The patient underwent a laparoscopic hysterectomy with bilateral salpingectomy, followed by MDT recommendation for bilateral oophorectomy and long-term GnRH analogue therapy to suppress hormonal influence on the tumour. Further staging with CT was pursued, and the sarcoma MDT recommended close follow-up due to the high risk of recurrence.

Conclusion:

This case emphasizes the importance of hormonal suppression in managing LG-ESS due to its oestrogen sensitivity. Fertility preservation concerns must be balanced against the risk of tumour progression. The decision to perform a bilateral oophorectomy highlights the need for

aggressive management in advanced-stage LG-ESS. MDT involvement and long-term follow-up are critical in optimizing outcomes for these patients

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Granulosa Cell Tumour of the Ovary in an Adolescent: A Rare Case of Adult-Type AGCT Presenting with Abdominal Distension and Secondary Amenorrhea



Poster Presentation

Authors: Dr Rafeef Abu Shamleh (Presenter) , Dr Muhammad Alshuaibi, Mr Nagindra Das, Professor Kerry Lutchman-Singh

All members of Gynae-Oncology Centre in Swansea Bay University Health Board

Aim:

We present a case of a 15-year-old female diagnosed with Adult-type Granulosa Cell Tumour (AGCT) of the ovary, aiming to highlight clinical presentation, management, and long-term follow-up, including fertility considerations and multidisciplinary care.

Methods Used:

The patient presented with a one-year history of bloating, secondary amenorrhea, and a palpable abdominal mass. Imaging revealed a 35 cm left ovarian cyst with solid elements. Laparotomy was performed for ovarian cystectomy. Pathology confirmed AGCT, FIGO stage IA. Laparoscopic left oophorectomy was done to ensure no residual disease.

Results and Discussion:

Surgery revealed a large left ovarian cyst without suspicious surface features. Pathology confirmed AGCT, with microfollicular growth patterns and Call-Exner bodies. Immunohistochemistry was positive for Inhibin, Calretinin, and WT1. No capsular or surface involvement was found, and laparoscopic completion surgery showed no residual tumour. The patient remains disease-free, with regular inhibin level monitoring.

AGCT, though rare, has a favourable prognosis when diagnosed early. Long-term follow-up is essential due to the risk of late recurrence. Inhibin serves as a useful biomarker in post-surgical surveillance. Fertility preservation is a key consideration in young patients, balancing the risk of recurrence with fertility concerns. Completion surgery ensured no residual disease, and the involvement of a multidisciplinary team (MDT), especially a Teenage and Young Adult (TYA) oncology group, is vital for addressing the unique needs of adolescent patients.

Conclusion:

This case highlights the importance of early diagnosis, complete surgical management, and long-term follow-up. Monitoring inhibin, fertility counselling, and MDT involvement are crucial for ensuring comprehensive care and improving outcomes for young AGCT patients.

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Management of a Woman with Cervical Melanoma; a Case report and Literature Review



Poster Presentation

Authors: Dr Peter Hanna, Mr Uchenna Umeadi

Aim:

This case report aims to present the clinical management of a rare case of metastatic malignant melanoma of the cervix and vagina in an elderly patient. It highlights the importance of patient-centred care, ensuring that treatment options are effectively communicated to the patient, allowing for informed decision-making that meets with the patient's personal goals.

Methods Used:

An 84-year-old multiparous Welsh woman, with history of hypothyroidism, chronic kidney disease, diabetes mellitus, hypertension, and atrial fibrillation presented with vaginal bleeding and anaemia. She was diagnosed with metastatic malignant melanoma of the cervix, with pulmonary metastases and obstructive uropathy. Initial treatment included ureteric stents to relieve the obstruction and Pembrolizumab immunotherapy, later discontinued due to her declining condition. The patient received radiotherapy and blood transfusions and was treated with an inferior vena cava (IVC) filter for deep vein thrombosis when anticoagulation was contraindicated.

Results and Discussion:

This case presented clinical and ethical challenges, particularly in maintaining patient-centred care. Clinical complexity included management of DVT alongside ongoing vaginal bleeding. A multidisciplinary team (MDT), including oncology, haematology, and radiology, collaborated to address the complexities, ultimately opting for an IVC filter instead of therapeutic anticoagulation. Moreover, there was language barrier during end-of-life care discussions. After thorough discussion in Welsh, she opted for community-based palliative care, choosing to focus on her quality of life and family time. As her condition progressed, treatment decisions focused on symptom control and quality of life, reflecting her preference.

Conclusion:

Cervical melanoma is an extremely rare malignancy with fewer than 100 cases reported globally, and its prognosis remains poor, with survival rates below two years. This case highlights the importance of patient-centred care in advanced cancer, particularly in rare conditions lacking standardised treatment protocols. Symptom control and maintaining quality of life remain pivotal to the management approach for such patients.

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Endometrial Cancer in 21 years old Woman with Polycystic Ovarian Syndrome: Case Report



Poster Presentation

Author: Dr Mona El-Talatini, Consultant Obstetrician and Gynaecologist
Swansea Bay UHB

Background:

PCOS affects 4-12% of reproductive-age women, (1,2). Obesity and PCOS are linked to increased endometrial cancer risk due to higher aromatase activity; increased androgen to estrogen conversion (2-4). This unopposed estrogen leads to abnormal endometrial proliferation (3,4). Women with PCOS thus have a five-fold increased risk of developing endometrial cancer compared to those without PCOS (3).

The risk of endometrial cancer in women under 40 is around 4% (3). Rising obesity rates are linked to increasing endometrial cancer rates in younger women (4). Every 5-unit BMI increase raises endometrial cancer risk by 50%, especially for the endometrioid subtype (4) where obesity raises estrogen via aromatase activity in adipose tissue, promoting endometrial cell proliferation.

Method:

A 21-year old nulliparous woman diagnosed with Polycystic ovarian syndrome (PCOS) since 2018, referred to the gynecology emergency department with heavy vaginal bleeding for four days after one year of secondary amenorrhea. Her haemoglobin was 42g/dL, and she was lethargic, tachycardic and hypotensive.

On admission to the gynecology ward, 5 Units of blood were transfused. An ultrasound, clinical examination and endometrial biopsy were obtained, and LNG-IUS was inserted. To stem blood loss, tranexamic acid and oral Provera were prescribed.

Results:

Pelvic ultrasound revealed thickened endometrium to 19mm. Cavity filled with blood clots. Endometrial biopsy (revealed: Grade 1 -endometrioid type endometrial adenocarcinoma with background atypical hyperplasia.

Pelvic MRI; FIGO stage 1A identified. Patient referred to gynae-oncology MDT - Result: Grade 1- endometrioid type adenocarcinoma with estrogen receptor (ER) positive.

Conclusion:

1. Patients with PCOS and/or menstrual irregularity should have at 3 to 4-month intervals withdrawal bleeding or be prescribed oral contraceptives.
 2. Endometrial biopsy should be taken in anovulatory women with an USS endometrial thickness of 7mm or more.
 3. Obesity and PCOS increases endometrial cancer risk in young women.
- on (MCHRI)

Stage 3 Melanoma with Left Pelvic Lymphnode Involvement Managed via Laparoscopic Lymphadenectomy; a Case Report



Poster Presentation

Authors: Dr Muhammad Alshuaibi* (Presenter), Dr Rafeef Abu Shamleh*, Mr Nagindra Das*, Professor Kerryn Lutchman-Singh

*Gynae-Oncology Centre, Swansea Bay University Health Board

Aim:

To illustrate the emerging role of gynae-oncology in the surgical management of metastatic melanoma.

Methods Used:

A 68-year-old female had been treated for stage 3 melanoma with neoadjuvant Pembrolizumab. She had a large lesion on the sole of her left foot for which she had undergone a wide local excision and sentinel lymph node biopsy which returned negative. Despite immunotherapy, her disease progressed, with an 8-10 cm metastatic lymph node detected in the left pelvic side wall. The patient was referred to the Gynaecological Oncology MDT for surgical management. A laparoscopic pelvic lymphadenectomy was performed to excise the large nodal mass.

Results and Discussion:

Histopathology confirmed a malignant spindle cell neoplasm consistent with metastatic melanoma. Neoadjuvant immunotherapy (Pembrolizumab) has shown good efficacy in the management of the patients with metastatic melanoma and is used in combination with a surgical approach. The laparoscopic approach facilitated precise excision of the nodal mass, with no intraoperative complications. The patient recovered well postoperatively.

Conclusion:

This case highlights the emerging role of gynaecological oncology in the management of metastatic melanoma where pelvic nodal disease is present. Neoadjuvant Pembrolizumab has shown good efficacy in management of the patients with metastatic melanoma and, in combination, a surgical approach complements the response to treatment. While melanoma is typically managed by plastic surgery, advanced pelvic disease may require the expertise of gynaecological oncologists for surgical intervention.

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Menopause Counselling and HRT in Pre-Menopausal Women Undergoing BSO for Benign Disease: a Review of Practice - Closed Loop Review



Poster Presentation

Authors: Dr Hagir Shalal, Ms Miroslava Slavska
Aneurin Bevan University Health Board

Aim:

To investigate whether discussion about surgical menopause and HRT treatments had been documented to pre-menopausal women undergoing BSO for benign disease at ABUHB in 2019. We reviewed the practice again in 2024 following the implementation of changes suggested from 2019 evaluation.

Methods used:

Retrospective service evaluation of HRT discussion to pre-menopausal women undergoing (BSO) for benign disease at ABUHB from January 2018 to December 2019. Data collected from electronic patients notes. Re-audit done in 2024 following implementation of changes suggested from 2019 evaluation.

Changes implemented after 2019 review:

Set-up of a specialised menopause clinic within the O&G department in ABUHB for complex cases. Provision of written advice about BSO and HRT in the form of leaflet to help women make informed decisions on their HRT choices.

Results and Discussion:

Both NICE and the British Menopause Society advice that all women undergoing surgical menopause should have counselling and be provided with information about the hormonal consequences of surgery and the role of HRT, both before surgery and before leaving hospital, and if necessary, referral to a healthcare professional with expertise in menopause.

In 2019, management was far from consistent with the NICE guidelines: Out of 73 women who had BSO, 67% had no discussion regarding menopause nor HRT. Only 17 (70%) of those who had HRT discussion were discharged home with HRT. Oestrogen patch was the most popular form.

In 2024, From 46 women studied, > 90 % had documented discussion about menopause and HRT, and the majority (86.9%) were prescribed HRT before hospital discharge. Varieties of HRT forms prescribed, however Oestrogen patch still on the top of the list.

Conclusion:

In ABUHB we were successfully able to improve the management of surgically induced menopause in premenopausal women. This was achieved by clinician education, production and use of patient information leaflets and introduction of the specialised menopause clinic.

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Disseminated Peritoneal Leiomyomatosis: A Case Report



Poster Presentation

Authors: Dr. Hagir Shalal- O&G Senior Clinical Fellow (presenter), Dr. Nickelia Alexander- O&G ST4, Mr Subrata Majumdar- O&G Consultant
Aneurin Bevan University Health Board

Aim:

We aim to spread awareness of this rare condition and to disseminate identifiable learning points.

Methods Used:

Review of case notes, radiology images and pathology reports.

Results and Discussion:

Disseminated peritoneal leiomyomatosis (DPL) is a rare benign disorder characterised by the presence of multiple smooth muscle nodules disseminated throughout the peritoneal cavity mimicking a malignancy. It occurs more commonly in younger women. Although the pathogenesis remains unknown, a relationship with hormonal factors such as pregnancy, oral contraceptive, and rarely granulosa cell tumour of the ovary has been suggested.

A 34-year-old female, gravida 2 para 1, previous vaginal delivery. She had an uneventful pregnancy up to 39 weeks when she developed signs of PIH and was induced at 39 weeks and 5 days but she had a caesarean section for lack of progress at 5 cm.

During caesarean section there were nodular masses of various sizes which were noted to be arising from the anterior uterine wall, small bowel, mesentery, and the omentum, hence multiple biopsies were taken and sent for histopathology. Post-operative CT-AP showed diffuse nodular changes within the peritoneum and two low attenuation nodules in the liver which were further classified by liver MRI as haemangiomas. The post-operative CA125, LDH and aFP were slightly raised though being pregnant this was difficult to elucidate. Histology reports confirmed peritoneal leiomyomatosis. Peritoneal wash reported negative malignant cells.

Recommendations from gyne MDT were to repeat the tumour markers at 12 weeks postpartum, if they are on downward trend then CT-AP at 12 months.

Conclusion:

DPL is a rare benign disease mimicking disseminated peritoneal malignancy. Our patient was thoroughly investigated and discussed at the level of MDT with a follow up plan.

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A Journey from Primary Care to Tertiary Care Fertility Services for Obese Women (BMI >29)



Poster Presentation

Authors: Gowrypalan Ganenthira, Badushi Jeganathan, Prof Kinza Younas

Aim:

To explore the treatment options and strategies discussed in the primary and the secondary care fertility clinics to improve conception chances in obese patients (BMI ≥ 30).

Methods Used:

Patients attending Singleton Gynaecology fertility clinics from (18/4/2023-24/6/2024) were analysed. The patients with BMI ≥ 30 were chosen and the initial fertility referral from primary care and secondary care communications were assessed from the Welsh Clinical Portal (WCP).

Results and Discussion:

43% of fertility patients had a BMI ≥ 30 (161 out of 376). Amongst those with BMI ≥ 30 referred by GP (144 out of 161), only 23% received weight management advice, 3 were prescribed orlistat and 13 were referred to dieticians or weight management groups. The preconception advice with 5mg folic acid was only 14%.

In secondary care, 92% of patients received weight loss advice, 25 patients referred for weight management, 7 patients started on orlistat and 53 patients advised to take 5mg folic acid. The specialists addressed the risk factors affecting fertility like endometriosis (16 patients) and Polycystic Ovarian Syndrome (PCOS) (70 patients). 38 PCOS patients were prescribed metformin to regulate hormones. 11 patients were referred to other specialties such as mental health and genetics and 4 patients received preconception counselling for medications which may affect fertility. 82 out of 161 patients had a BMI of 30-35, making them eligible for tubal assessment and ovulation induction. Of these, 42 patients were offered tubal assessments via HyCoSy, 21 patients were offered tubal assessment via laparoscopy as per NICE guidelines and 30 received ovulation induction in combination with tubal assessment.

19% of patients had a reduction in weight between their first and last fertility clinic appointment.

Conclusion:

Obesity-related insulin resistance impairs ovulation. Both primary and secondary care should implement weight loss strategies, initiate right dose of folic acid, and offer multidisciplinary support to manage comorbidities, improving conception chances for obese patients.

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VVA Wales: A Sail Databank Study to Investigate the Prevalence and Management of Vulvo-Vaginal Atrophy in the Adult Female Population of Wales



Poster Presentation

Authors: Ms Charity J Knight Consultant O&G, Singleton Hospital. , Professor Deborah Fenlon (Emeritus.) Swansea University.

Aim:

The aim of our study was to undertake a search of the SAIL Databank in Wales, to determine the recorded prevalence of vulvo-vaginal atrophy (VVA) also known as Genitourinary syndrome of menopause (GSM) within the adult female population and with a subset review of breast cancer survivors (BCS.) We also aimed to study the prevalence of key symptom groups and the treatment types prescribed.

GSM is a debilitating condition which results as a consequence of declining oestrogen levels, with a reported prevalence of 39-70%. It is a progressive condition with more severe symptoms reported in BCS, yet once identified it can be treated effectively using both hormonal and non-hormonal treatments.

Methods Used:

We undertook a search of the SAIL Databank to determine the recorded prevalence and treatment of GSM within the Welsh population, as identified in routine electronic healthcare records. This was a retrospective study of all women aged 18-years and over who were resident in Wales and receiving NHS care for the study period between 1st January 2000 and 31st December 2018.

Results:

Over a 19-year study of the 1.7 million adult female population of Wales, 547,796 (32%) women were diagnosed with GSM, which included 21,668 BCS. Of the three symptom groups: vulvo- vaginal symptoms were experienced in 175,109 (32% ;) urinary symptoms in 32,5547 (59%) and sexual dysfunction in 30,724 (5.9%) patients.

Treatments were prescribed in 260,844 (47.6%) of patients and included prescription of vaginal oestrogen in 80,442 (14.6%,) vaginal moisturisers in 22,587 (4.1%) and antimicrobials in 150,419 (27.4%). In the BCS sub-group, treatments were prescribed in 9,871 (45.6%) of patients: with vaginal oestrogen prescribed in 2,072 (9.6%;) vaginal moisturisers in 2,331 (10.8%) and antimicrobials in 4,956 (22.9%)

Conclusion:

GSM was diagnosed in 32% of the adult female population of Wales, with a varied symptomatology and less than half of patients prescribed treatment, which was far lower than expected. This supports concerns that GSM remains underdiagnosed and undertreated and should inspire clinicians to be proactive in diagnosis and management.

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A Case Report of Endometriosis and Difficulties with Ultrasonography Interpretation - a Learning event



Poster Presentation

Authors: Stephanie See Mei Ling (Presenter), Aleakhue Imhoagene , Kinza Younas
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Aim:

Endometritis is the most common cause of sepsis in the postpartum period and complicates 2- 3% of vaginal deliveries and up to 28% of caesarean sections. This case report aims to highlight the challenges in differentiating retained products of conception (RPOC) from endometritis due to the overlapping characteristics of both conditions. We also aim to highlight the complications of postpartum endometritis and the difficulties in defining subtle radiological differences which can significantly impact clinical management.

Methods Used:

Information was collated during admission supplemented with documented notes, Welsh Clinical Portal and RADIS for ultrasound images. The patient was followed up at regular intervals in an outpatient setting with ultrasound arranged.

Results and Discussion:

We present a 28 year old who had multiple readmissions postnatally, including a short stay in the intensive care unit after suffering from complications related to endometritis. Several ultrasonographic findings raised conflicting opinions regarding the most accurate diagnoses and heightened the issue of interobserver variability, which have led to inconsistent diagnoses. After a long course of intravenous antibiotics, she was followed up with ultrasound post treatment at Day 5, 21, 36 and 3 months.

Conclusion:

Awareness of the limitations and potential overlap in ultrasound features is essential. Always correlate the history and involve a multidisciplinary approach for management plans.

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ACKNOWLEDGEMENTS & THANKS



A special thank you to all of our sponsors who have exhibited today, and contributed to bringing this conference to life.

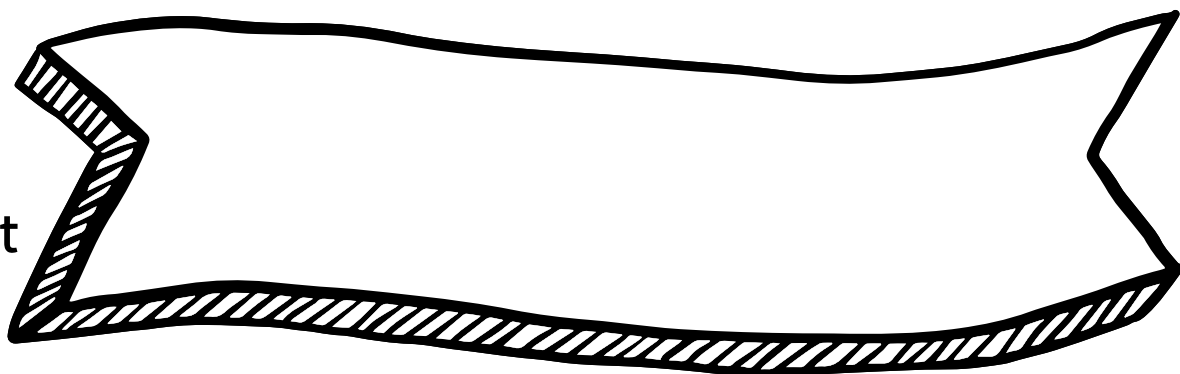
Additional thanks to Carly, and the rest of the team at Liberty / Swansea Stadium for their hard work in organising, planning and smooth handling of today's event.



CERTIFICATE OF PARTICIPATION

OGSW AUTUMN 2024 CONFERENCE

This is to
certify that



has attended the Obstetrics and Gynaecology Society of
Wales (OGSW) Autumn 2024 Conference, held on 8th
November 2024 at the Liberty Stadium, Swansea,

This certificate is given recognition of their dedication to
advancing knowledge in the field of Obstetrics and
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