



We are delighted to be running our first Gloucestershire cohort of Next Generation GP: a programme for emerging leaders and future 'change-makers' in general practice

We have a limited number of ***fully funded*** places for **GP trainees & newly qualified GPs**.

Dates: March 12th, April 2nd, May 2nd, June 12th & July 9th

At: Sanger House, 5220 Valiant Court, Gloucester Business Park, GL3 4FE

Food & networking from 6pm, program starts at 6:45pm

To ensure maximum benefit, participants need to commit to attending **4 out of 5 sessions**, & participate in an evaluation process.

Applications close 9pm on March 1st

Complete the application form here: <http://bit.ly/Gloucestershireapply>

If you have any questions email us at nextgenerationgp@gmail.com



With thanks to the generous support of the
Gloucestershire Clinical Commissioning Group



Gynaecology in General Practice

Alison Ellis

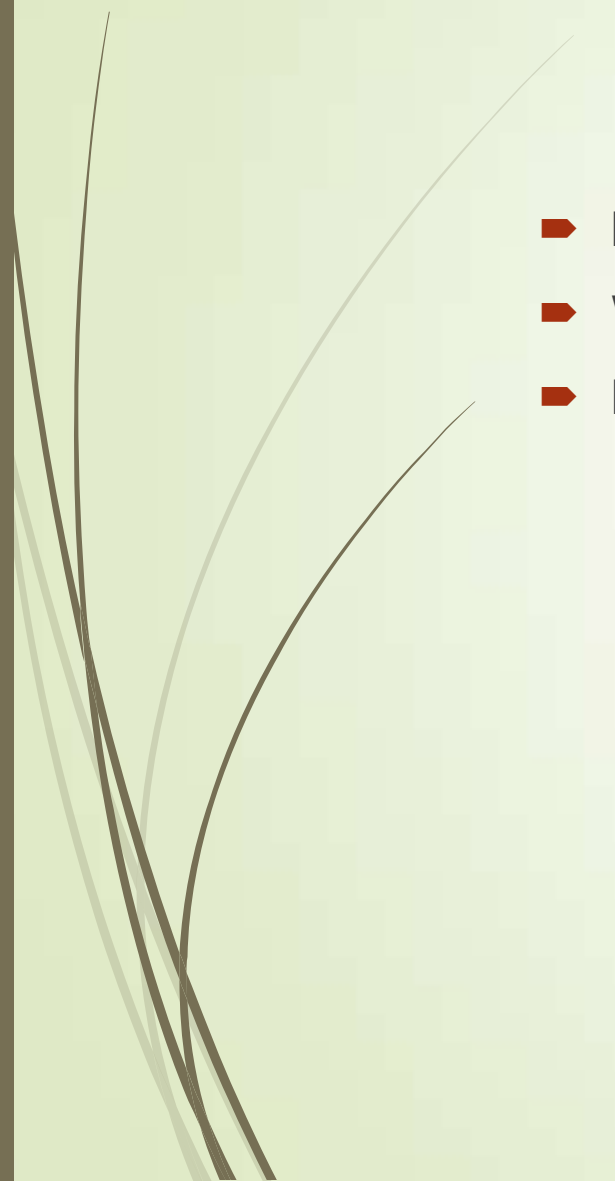


How is it going to work

- Case-based scenarios
 - Pelvic pain
 - Vulval conditions
 - Subfertility
- Participation
- Ask questions



Objectives

- How to approach a Gynae consult in 10-15 mins
 - What you can do in General Practice setting
 - Recognise common vulval conditions
- 

Emma, 27yo

- PMH: Anxiety, IBS
- Lower abdo pain
- Often feels bloated
- IBS treatment not helped
- Periods heavy and painful
- Analgesia
- Days off work






What else can you ask?

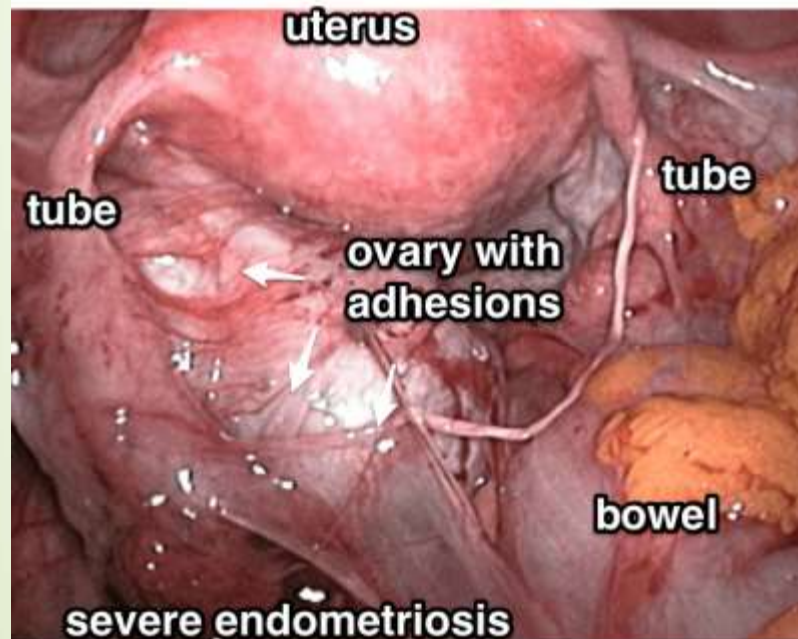
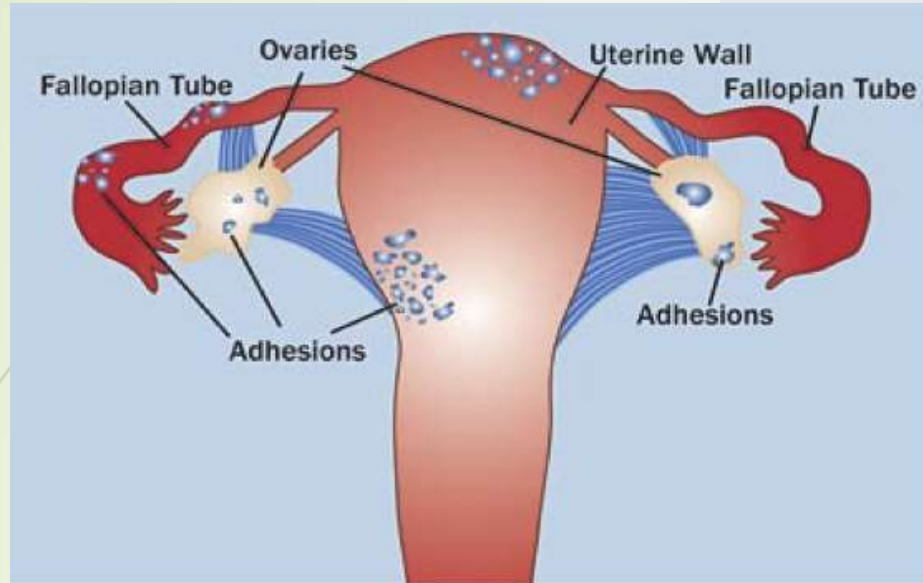




What else can you ask?

- 
- Timeframe
 - Relation to cycle
 - Relation to contraception / pregnancy
 - Dyspareunia
 - Dyschezia
 - Subfertility
 - Family history

 - ?wants to conceive



What are you going to do?

- 1. Refer to Gynae
- 2. Arrange USS
- 3. Prescribe NSAIDs
- 4. Prescribe hormonal contraception



What are you going to do?

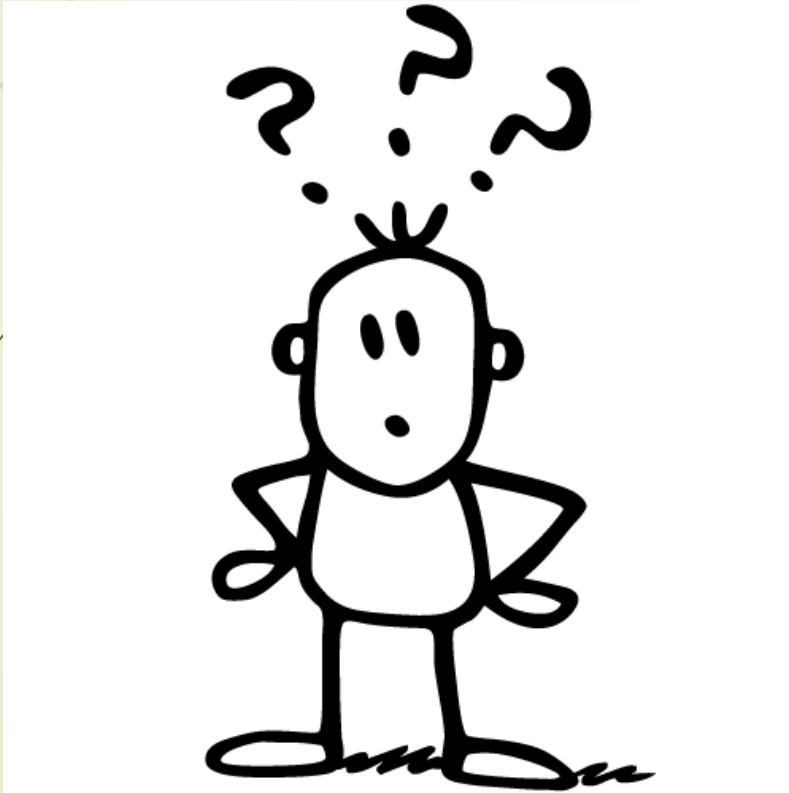
- 1. Refer to Gynae
- 2. Arrange USS
- 3. Prescribe NSAIDs

No wrong answer...

4. Prescribe hormonal
contraception



What to use?



- **Aim = Suppress ovulation and reduce periods...**
- Mirena
 - Gold standard for menorrhagia
 - Only suppresses ovulation in 25%
- COCP
 - Tricycle
 - Continuous
- Implant
- Depo
- POP



FSRH COCP guideline

January 2019

Regimen	Period of CHC use	HFI
Standard use	21 days (pills, patches, rings)	7 days
Tailored use:		
Shortened HFI	21 days	4 days
Extended use (Tricycling)	9 weeks (3x 21 pills, 9 patches, 3 rings)	4 or 7 days
Flexible extended use	Continuous use until breakthrough bleeding occurring	4 days
Continuous use	Continuous with no breaks	None



Tailored CHC regimens:

- Reducing the frequency of the HFI, abolishing the HFI and/or shortening the HFI could **reduce the risk of escape ovulation and contraceptive failure**.
- RCTs comparing extended and standard CHC regimens record **very few serious adverse**.
- Most studies reported **bleeding patterns** with extended CHC regimens were **equivalent or improved** compared to standard regimens. (20mcg pill as good as 30mcg pill and reduced VTE risk)
- A Cochrane Review of RCTs identified studies that reported **improvement in menstrual-related headache, bloating, tiredness and menstrual pain** with extended COC regimens. (usually associated with HFI)



Endometriosis in 10 minutes:

- Approach step by step:
 - 1st appt focus on hx and ICE
 - Bring back for examination
 - Consider offering trial of treatment before referral
 - Manage expectations re wait times
- Refer if symptoms not controlled for laparoscopy
- Consider arranging USS at time of referral (area dependent)
- Refer sooner in subfertility

Kylie, 50yo

- Multiple courses of thrush treatment
- HbA1c normal
- Intense itch
- Scratching +
- Sore and inflamed
- Stings when PU's
- Superficial dyspareunia
- Embarrassed + desperate for help



What are you going to do?

- 1. Offer alternate thrush treatment and catch up on 5 mins
- 2. Skin care advice
- 3. Topical steroid
- 4. Have a look and risk overrunning



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What conditions are you thinking of?





What conditions are you thinking of?

- 
- ▶ Thrush
 - ▶ Atrophic vaginitis
 - ▶ Eczema
 - ▶ Dermatitis
 - ▶ Lichen sclerosus
 - ▶ VIN
 - ▶ Vulval cancer
 - ▶ Herpes
 - ▶ Genital warts
 - ▶ Molluscum
 - ▶ Crabs
 - ▶ Tinea Cruris
 - ▶ Folliculitis





LICHEN SCLEROSUS:

- Figure of 8 distribution – symmetrical
- Skin thin, crinkly and pearly white
- Localized haemorrhage
- Hyperkeratosis (thickened lesions)
- Fissures
- Ulceration (not blisters)
- Loss of anatomy
 - Fusion of labia
 - Buried clitoris
 - Narrowed introitus
- Sparing of vagina/cervix



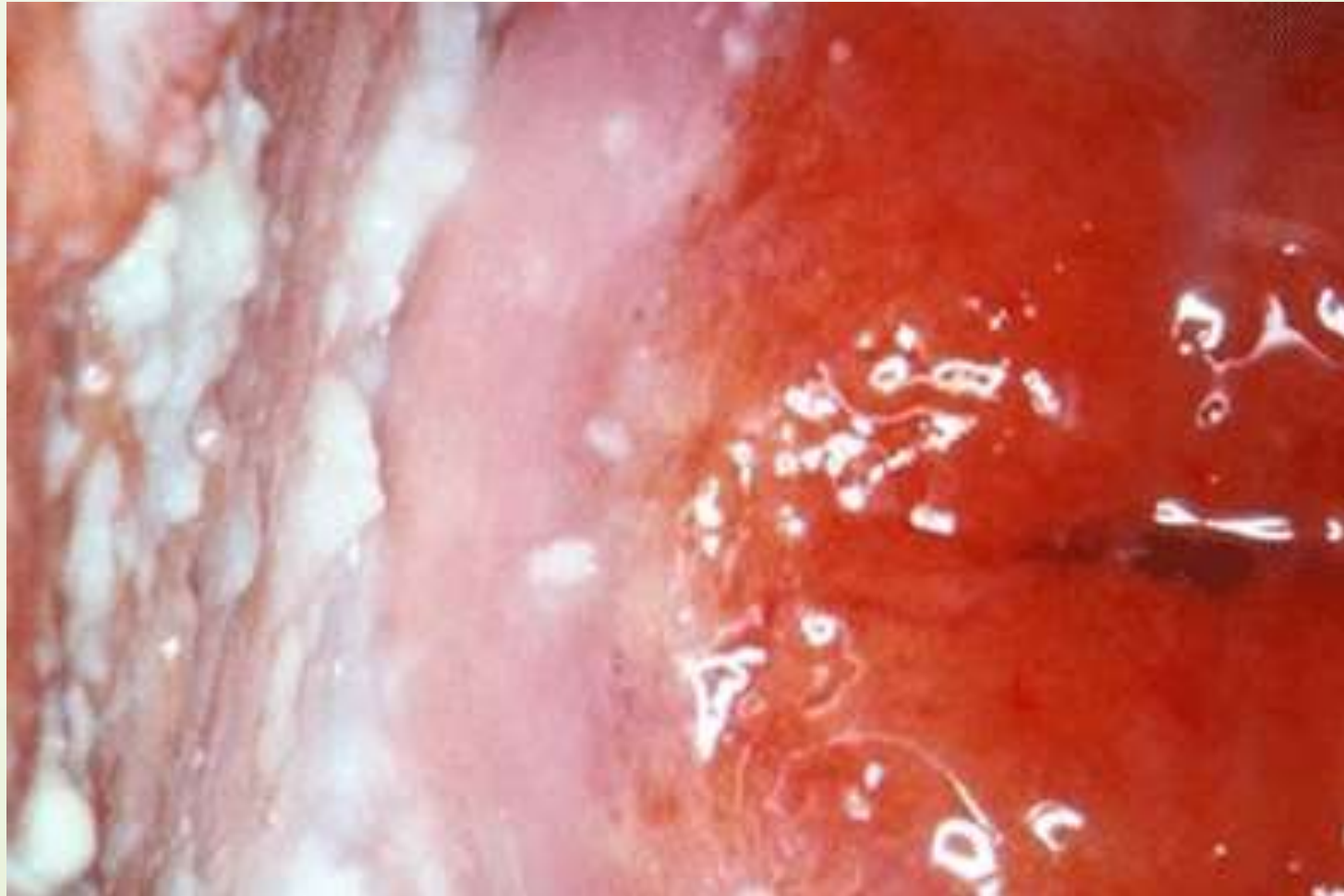
Treatment

- Dermovate – daily for 1/12 then reduce (alternate days, twice weekly, PRN)
- Emollient
- Avoid irritants
- Gynae referral
 - Confirm diagnosis
 - Monitoring for VIN/cancer
 - Biopsy

VIN & vulval cancer - Consider 2WW



What else might you see...



What else might you see...



➤ Thrush

- No need to swab if happy with clinical diagnosis
- Treat if symptomatic
 - Fluconazole / clotrimazole

What else might you see...



What else might you see...



➤ Atrophic vaginitis

- Pale
 - Thin skin
 - Friable
 - Loss of Rugae
 - Dry
 - Nonpliant
- Topical oestrogen

What else might you see...



What else might you see...



➤ Vulval Eczema / Dermatitis

- Dry
 - Scaly
 - Inflamed
 - Lichenified
 - Excoriated
-
- Emollients, avoid irritants, hydrocortisone

What else might you see...



What else might you see...



- **Genital Herpes**

- Shallow painful ulcers

- Aciclovir



What else might you see...



What else might you see...

➤ Genital warts



➤ Molluscum



What else might you see...



What else might you see...

➤ Crabs



What else might you see...



What else might you see...

➤ Folliculitis



➤ Tinea Cruris





Vulval Itch in 10 minutes...

Approach like Dermatology case:

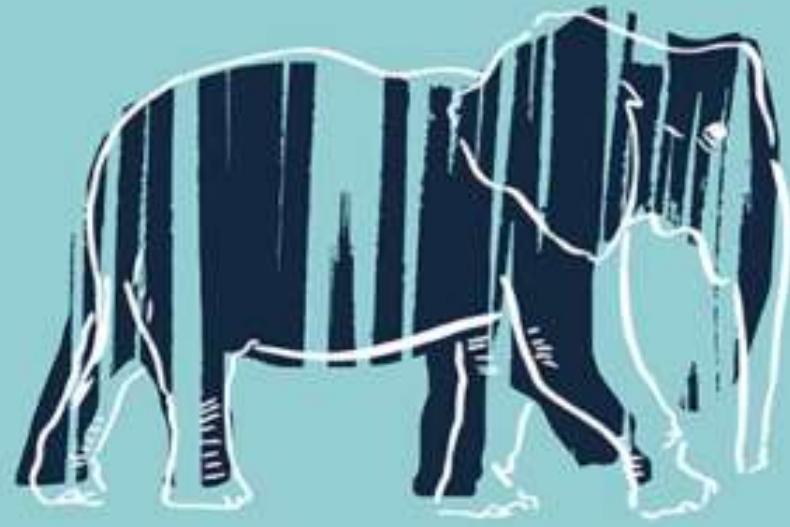
- Quick history
- If sounds like classic if thrush – treat from Hx
- If sounds complicated – examine early

Courtney, 35yo

- Trying to conceive for 12 months
- Never been pregnant
- BMI 18
- Partner 45yo
- Child from previous marriage
- Smoker



LET'S TALK ABOUT THE



ELEPHANT IN THE ROOM

IVF eligibility criteria:

**The NHS
postcode
lottery –
fact or fiction?**





IVF eligibility criteria:





IVF eligibility criteria:

- Living in Gloucestershire
- Stable relationship 2yrs
- Age <40
- BMI 19-30
- Non-smoker / No opioid drug use
- Childlessness
- No sterilisation/vasectomy
- <3 cycles of IVF in past

- Diagnosed reason for infertility – no wait
- Unexplained infertility
 - <35yo – 3yrs expectant management
 - 35-40 – 2yrs expectant management

- Fund 3 implantation attempts
- Fund 12 cycles IUI in same sex couples
- Cancer patients – harvest + 10yr freezing

Courtney, 35yo

- Trying to conceive for **12 months**
- Never been pregnant
- **BMI 18**

- Partner 45yo
- **Child** from previous marriage
- **Smoker**





**KEEP
CALM
I HAVE
GOOD
NEWS**



Investigations:

- ▶ FSH / LH (day 1-5)
- ▶ Progesterone (day 21 or 7 days before expected period)
- ▶ Prolactin
- ▶ Testosterone
- ▶ TSH
- ▶ Chlamydia antibodies

- ▶ Semen sample

- ▶ (No USS)



Advice:

- 80% conceive within 1 year, 90% in 2 years
- S.I. every 2-3 days
- **BMI**
- **Smoking**
- Alcohol, Diet, Exercise
- Folic acid

- Consider medical issues / medication review

- Refer to One-stop fertility clinic at >1yr trying to conceive



Subfertility in 10mins:

- Focus on:

- Primary care investigations (Bloods & Semen)
- Modifiable eligibility criteria & Preconceptual counselling
- Follow-up to discuss results
- Raise awareness of obvious eligibility criteria issues
- Refer to fertility clinic



Learning points:

- Consider endometriosis
- Trial treatment in GP setting before referral (new COCP regimes)
- Recognising vulval dermatoses
- Infertility is easy – Ix, modifiable criteria & refer
- Don't try to do it all in one appointment

