

## SPSO decision report

**Case:** 201201233, Lanarkshire NHS Board  
**Sector:** health  
**Subject:** treatment waiting times  
**Outcome:** upheld, recommendations

### Summary

Mrs C was referred to a hospital gynaecology clinic with a vaginal prolapse (a condition when one or more of the pelvic organs slips down from its normal position). After she was first seen, she was given an ultrasound scan (a scan that uses sound waves to create images of organs and structures inside the body) and given a follow-up appointment for five months after that. A couple of months before the follow-up appointment was due, however, she developed post-menopausal bleeding (PMB - vaginal bleeding occurring over twelve months after the menopause). Treatment of her prolapse was postponed while this was investigated. Mrs C had biopsies (tissue samples) taken on three separate occasions before having a hysterectomy (surgery to remove the womb) some seven months after reporting the bleeding. Mrs C complained about the length of time between her initial GP referral and her surgery. She also complained about the number of biopsies she had to have and the length of time taken between each biopsy. She felt that her treatment was delayed as a result of failed biopsies.

We took independent advice from a medical adviser, who said that the prolapse was not clinically urgent, but that PMB could be indicative of cancer and needed urgent investigation. A hysterectomy was required to deal with the prolapse, and treatment for PMB would also require a hysterectomy. However, if cancer was found in the PMB treatment, it might also be necessary to remove the ovaries and lymph nodes within the abdomen. With this in mind, we found that while the PMB was being investigated it was appropriate to postpone the prolapse hysterectomy, so that she did not have to undergo two separate operations should cancer be found.

We also found that the biopsies that were taken were inconclusive rather than incomplete. Each biopsy was necessary and completed and reported in a reasonable timescale. Ultimately, the biopsies showed no signs of cancer. We were generally satisfied with the investigation and management of Mrs C's PMB.

That said, from December 2011, the board were required to work in accordance with the national waiting time target of 18 weeks from GP referral to treatment. Although Mrs C was referred before then, we considered that the board should have been working towards the target by the time of her referral. It took 35 weeks for Mrs C to be offered treatment after her referral, and her PMB began 31 weeks after referral. As the biopsies showed that Mrs C did not have cancer, we concluded that, had the board carried out the hysterectomy to address her prolapse in line with the 18 week target, Mrs C would not have developed PMB, and as such would not have required the biopsies and other investigations that she underwent. We, therefore, upheld her complaint.

### Recommendations

We recommended that the board:

- apologise to Mrs C for the issues highlighted in our investigation; and
- ensure that their general gynaecology clinic have systems in place to provide treatment in line with national referral to treatment targets.