

## SPSO decision report

**Case:** 201602302, Greater Glasgow and Clyde NHS Board - Acute Services Division  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** some upheld, recommendations

### Summary

Ms C had a vaginal hysterectomy (a surgical procedure to remove the uterus through the vagina) at the Royal Alexandra Hospital. Two weeks after the surgery, Ms C started to experience sharp pains in her vulva (the skin surrounding the entrance to the vagina). She attended the gynaecology clinic at Inverclyde Royal Hospital on three occasions over the following months for treatment and was seen by a consultant and an associate specialist. Ms C's pain persisted and by the following year was intolerable. Ms C continued to try to obtain treatment for her pain and, nearly three years after her hysterectomy, was diagnosed with vulvodynia (persistent unexplained pain in the vulva). She then started treatment for this condition.

Ms C complained that the board unreasonably failed to make her aware, prior to her surgery, that vulvodynia was a possible complication of the hysterectomy surgery. She also raised concerns that the consultant and the specialist at Inverclyde Royal Hospital failed to provide her with adequate care and treatment in the three months following her surgery. She also complained that in their response to her complaint, the board failed to adequately acknowledge that the pain she experienced, and continued to experience, was directly linked to the hysterectomy surgery.

We took independent advice from a consultant gynaecologist. The adviser said that vulvodynia following vaginal hysterectomy is rare, but that there is no data to quantify how rare it is. They said that the average surgeon might never encounter it and that they would therefore not have expected Ms C to have been made aware during the consent process that vulvodynia could be a possible complication of her surgery. We did not uphold this part of Ms C's complaint.

The adviser said that Ms C should not have been discharged from care after each of her appointments with the gynaecological team at Inverclyde Royal Hospital, as her core problem was still unresolved. We upheld this aspect of Ms C's complaint.

In relation to complaints handling, the adviser explained that although Ms C's pain being directly linked to her vaginal hysterectomy was a rare risk, the timing of her symptoms in relation to the surgery was undeniable. The adviser said that at least a strong association should have been acknowledged by the board. On balance, we upheld this aspect of Ms C's complaint.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to Ms C for discharging her from care after each of her appointments at Inverclyde Royal Hospital, as her core problem was unresolved. Also apologise for failing to acknowledge the strong association between the surgery and the pain Ms C experienced.

We have asked the organisation to provide us with evidence that they have implemented the recommendations

we have made on this case by the deadline we set.