

SPSO decision report



Case: 202305678, Forth Valley NHS Board
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

C complained about the care and treatment provided by the board during and after the birth of their child. Following the birth of their child, C received a perineal (space between the anus and vagina) repair. C complained that the stitching was incorrectly carried out and that this subsequently caused ongoing pain and tightening of the vagina. At a consultation with a gynaecologist (specialist in the female reproductive system) the following year, it was identified that C had a thick band of skin at the vaginal opening. There was also a concern about pelvic floor muscle tightness which indicated vaginismus (an involuntary tensing of the vagina when something is inserted into it). C was referred to physiotherapy. As this was not successful, an operation to remove the thick band of skin was undertaken with the explanation that it was unlikely to improve the tightness of the muscles. C was also referred for psychosexual counselling.

C complained that they did not receive a follow-up after the operation and that they had not received an appointment for psychosexual counselling. The board reassured C that their perineal repair was performed correctly. However, they explained that unfortunately vaginismus can occur after any vaginal repair procedure. They noted that it was not always standard practice to follow up patients after gynaecology surgery but C had been added to the routine waiting list which was approximately one year. The waiting time for a psychosexual counselling appointment was 91 weeks. They apologised for C's wait.

We took independent advice from a consultant gynaecologist. We found that the perineal repair was reasonable and that the decision to offer physiotherapy, then the operation was reasonable. It was also reasonable to refer C for psychosexual counselling. Offering a follow-up review was not standard after elective gynaecological surgery. We considered that care and treatment, from the birth until the operation, was reasonable. We acknowledged that waiting times had been extended. However, we accepted the advice received. We noted that treatment time standards do not cover routine post-operative reviews or psychosexual counselling. Therefore, we did not uphold C's complaint.