



Gynaecological Emergencies

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A range of gynaecological presentations can pose significant risk to life, health and fertility, requiring urgent specialist treatment. These conditions usually occur suddenly and can cause significant distress for patients, and include conditions such as ectopic pregnancy, miscarriage, ovarian torsion, cyst rupture and severe pelvic inflammatory disease. Others have described well the clinical challenges in differential diagnoses and misdiagnoses [1,2]. This editorial, therefore, highlights some important considerations in the diagnosis and management of gynaecological emergencies relevant to the provision of high-quality, patient-focused care.

1. Diagnostic Importance

The driving motivators for timely diagnosis in gynaecological emergencies are threefold: potentially life-threatening consequences due to major haemorrhage or sepsis; potentially life-altering consequences in the form of threatened loss of fertility; and associated morbidity such as pain and condition recurrence. It is therefore vital that these conditions are examined within a safety and quality framework, as diagnostic errors or therapeutic delays carry significant consequences [3]. Processes such as incident reporting, morbidity and mortality meetings, root cause analyses and hospital grand rounds are essential mechanisms for individual and organisational learning, including the examination of near misses, that will enable systemic change to foster quality improvement.

In addition to the physical consequences of these conditions mentioned above, there are potential psychological sequelae that need to be better understood. The complications of these conditions may have profound effects on a person's understanding of their future reproductive choices or perceptions of their self. At their most significant, diagnoses of anxiety, depression and post-traumatic stress disorder all appear to increase after an ectopic pregnancy or miscarriage [4]. Services should consider how they can best support their patients in these circumstances, with clear pathways for accessing psychological care. Individuals should strive for patient-focused care; while an emergency

often requires urgent intervention, communication should be founded in empathy, compassion, respect and tact.

2. Management Challenges

Advances in imaging, pharmaceuticals and operative techniques have allowed earlier diagnoses, and more conservative management, including outpatient options where appropriate. However, barriers to consistent implementation of clinical guidelines exist and generate differences in care provision. For example, approaches to the diagnosis and management of gynaecological emergencies may vary between metropolitan, regional and rural centres, with the potential for patients to experience marked differences in outcomes [5]. While variations in resource availability may account for a proportion of this, there remains subjective components of care that create opportunities for divergent approaches. Fundamentally, this is not disadvantageous by definition, but provides areas for learning where patient outcomes fall short of an acceptable standard. The emphasis on ovarian preservation in the management of ovarian torsion provides a useful example. This change in practice is underpinned by evidence of good ovarian recovery with detorsion despite the appearance of a blue-black ovary [6]. Yet the decision for oophorectomy is ultimately based on visual assessment by an individual provider.

These conditions are also an excellent reflection of the importance of multidisciplinary team care and offer opportunities for organisations to examine their care structures. Given the time-critical nature of their management, streamlined patient flow that minimises duplication, delays and unnecessary barriers will optimise patient outcomes. Additionally, management of gynaecological emergencies is likely to have been impacted by global increases in demands on health services combined with operative pressures arising from the Covid-19 pandemic, including theatre availability, staff shortages and stock supply shortages. Effectively addressing these issues in this context relies on an acknowledgement of the strength of multidisciplinary team care in

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optimising patient outcomes.

Pertinent goals for future care directions include tools to aid earlier diagnosis, allowing timely intervention, ongoing research into alternative treatment pathways [7], and widespread availability of evidence-based clinical guidelines to aid clinician decision-making, encourage greater consistency in management approaches and optimise patient safety.

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