

June 2015

Dear Patient X

I am very sorry that you have had cause to complain to the Practice. I have taken your complaint very seriously and investigated it thoroughly, taking the opportunity to review your medical records and discussing your case with my Partners in the Practice.

I regret that you find yourself having to undergo surgery for removal of the Mirena coil inserted by myself on 6<sup>th</sup> January 2014. Can I reassure you that I completed Specialist Family Planning training, including intra-uterine device insertions, in 1989 and upgraded my qualifications to a Diploma from the Faculty of Sexual and Reproductive Health in 2011. This included peer observed insertions.

I note that you consulted with me on 24<sup>th</sup> November 2013 to discuss contraceptive options now that you were 4 weeks post-natal. At that consultation you expressed an interest in the Mirena IUS (coil) as your experience with a contraceptive implant had given you irregular bleeding. We discussed that you had previously used a Nexplanon contraceptive implant inserted by myself on 1<sup>st</sup> December 2010 and subsequently removed at your request, by myself, on 25<sup>th</sup> October 2012 as you wished to become pregnant. Happily we were able to confirm a successful pregnancy on 30<sup>th</sup> January 2013 and you went on to deliver a healthy set of twins.

During that consultation, as is my usual practice, we discussed the procedure, the pros and cons and potential side effects and risks. This included the small risk of expulsion or migration. The Patient Information Leaflet (PIL) and our two practice advice leaflets on pre and post IUD/S fittings which you were given re-iterates this information. An appointment on 6<sup>th</sup> January 2014 was scheduled for Mirena insertion at which point you were 7 weeks post-natal. On 6<sup>th</sup> January 2014 we had a further discussion following which I inserted a Mirena coil, using my usual technique. I have documented the insertion as having been carried out with ease. As is our usual practice, you were invited to make an appointment 6 weeks post insertion for a review and examination.

I note that at your post-natal examination with our practice nurse on 13<sup>th</sup> January there were no complaints of pain or vaginal bleeding.

At your post insertion review on 28<sup>th</sup> February 2014, I have documented that you experienced 4 days of vaginal bleeding after insertion and another 4 days of vaginal bleeding 2 weeks later which had now settled. I have also commented that you were unaware of your intra-uterine device and experiencing no problems. The threads were visible at this consultation.

You attended with the practice nurse for a cervical smear test on 4<sup>th</sup> March 2014 at which time it was noted that no threads were visualised and a scan referral should be made to ascertain if the coil was in the correct position.

I received this message from the practice nurse and I acknowledge there was a delay in the referral for the ultrasound scan which I can only assume was due to extended annual leave. I apologise for this. This was highlighted when you spoke to the healthcare assistant on 14<sup>th</sup> May 2014 during a routine blood test appointment and immediate referral was sent.

Your scan was carried out on 1<sup>st</sup> June 2014 and a report received by ourselves on 4<sup>th</sup> June 2014. I telephoned and discussed the findings with you on 5<sup>th</sup> June 2014 which were that the Mirena device was not visible but a left ovarian cyst, very likely to be simple, had been identified. You were advised that alternative contraception was required and that a follow-up scan in 6 weeks was recommended. You subsequently consulted with my Partner on 6<sup>th</sup> June 2014 when you opted for the contraceptive pill and a request for a repeat scan in 6 weeks time was submitted. This was undertaken on 17<sup>th</sup> July 2014 where it

was reported that the cyst was still present and a recommendation made to refer to the Gynaecology Department at Smith Hospital for follow-up. This result was received by my Partner who referred you to Gynaecology on 24<sup>th</sup> July 2014.

You saw Dr John Jones, the Consultant Obstetrician and Gynaecologist on 2<sup>nd</sup> December 2014, who commented that you complained about deep pelvic pain on sexual intercourse and had a regular menstrual cycle. Examination at that time was unremarkable. Dr Jones suggested a repeat scan undertaken within the department to reassess the cyst and a pelvic x-ray to ensure that the Mirena coil was not lying outwith the uterus.

Following these tests, Dr Jones reviewed you on 18<sup>th</sup> January 2015 at which point he was able to reassure you that the ovarian cyst had resolved however, the x-ray had identified the Mirena coil lying in the pelvis. He has recommended surgery for removal and counselled you on the risks around this.

I am sorry to hear that you are having many problems related to the situation. You have not raised these during any consultations you have had since the insertion and I would encourage you to discuss these with either myself or one of the other Partners.

I would like to reassure you that I am committed to resolving your complaint in the practice and to continue to provide you with the best possible care. I would welcome the opportunity to meet and discuss your complaint at a mutually convenient time, either with myself or one of the other doctors. This can be arranged by contacting the Practice Manager on Tel: 0000 000 0000.

You have the right to seek an independent review of your complaint by the Scottish Public Services Ombudsman, 4 Melville Street, Edinburgh EH3 7NS (Tel: 0800 377 7330) should you not be satisfied.

Yours sincerely  
**Dr Smith**