

The Impact of COVID-19 on a Vulval Service

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Introduction

- The coronavirus SARS-CoV-2 (C-19) pandemic has put tremendous pressure on Gynaecology services¹. Almost all departments have modified their outpatient services from face-to-face consultations to telemedicine². Additionally, patients have been reluctant to seek medical attention due to fear of contracting C-19. Waiting times have increased to facilitate social distancing³

Aim

- This study aims to assess the impact of C-19 on our Vulval Service in a district general hospital setting where the dedicated clinic was paused during C-19 Lockdown (C-19 L)

Method

- Retrospective data capture via departmental audit databases of new patients attending the dedicated vulval outpatient clinic
- Activity (no. of new patients) and Backlog (median waiting time from referral to clinic attendance) were compared for the years pre and post UK lockdown (22/03/2019-23/03/2020 & 24/03/2020–23/03/2021). Graphpad Prism 8.3.1 was used for descriptive statistics

Note

- A number of 'ad hoc' vulval clinics occurred post-lockdown day as restrictions eased
- n=47 new patients were seen in these clinics
- These patients have been added to the original abstract figures for completeness

Results

Outcome/Year	No. new Patients	Waiting Time (Days)	Proportions of Red flag referrals
Pre C-19 Lockdown	100/157 (64%)	22	71/100 (71%)
Post C-19 Lockdown	57/157 (36%)	22	44/57 (77%)

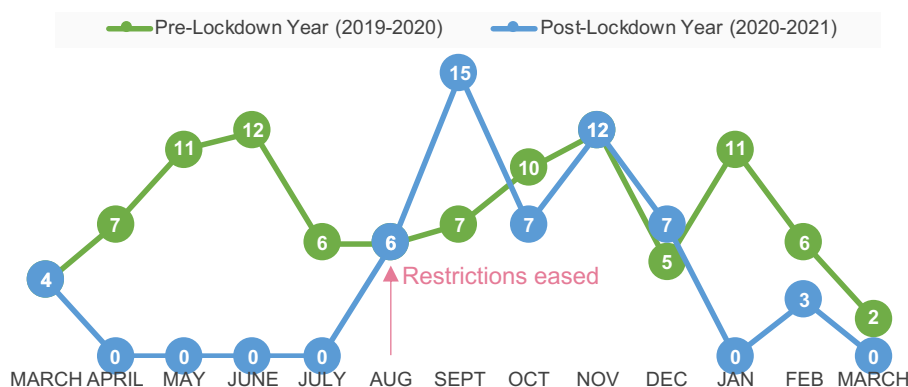
Results

- Total of 157 new patients attended across the 2-year period, Mean Age: 60 years (p=0.58)
- A 43% reduction in overall activity was seen (Figure 1)

- LSc was the most common diagnosis in both groups: n=46/100 (46%) vs n=23/57 (40%)

Figure 1

No.s of new patients per month in the years pre & post C-19 Lockdown



In the year prior to lockdown:

- 5% of women were diagnosed with malignant (n=3) or pre-malignant conditions (n=2, VIN)
- 7% had such diagnoses post lockdown (n=2 malignant, n=2 VIN)

Conclusion

Study highlights a clinically significant reduction in numbers of new patients seen with vulval symptoms. Waiting time for new patients did not change, due to 'ad hoc' clinics being set-up as restrictions eased.

References

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