Introduction of a specialist nurse led telephone follow up clinic at six weeks for patients diagnosed with Lichen Sclerosis in the secondary care setting

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Introduction

Lichen Sclerosis (LS) is a common presentation to general gynaecology, dermatology and specialist vulva clinics.

People with LS should be managed by healthcare professionals experienced in treating LS.

A standardised follow up enables the early identification of patients not responding to treatment; either due to noncompliance or misdiagnosis.

Follow-up helps promote treatment compliance and education regarding long term treatment strategies and surveillance in people with a good initial response.

Why do many patients symptoms recur after an initial good resolution?						
Absence of structured follow up	Deficiency of ongoing education	Busy outpatient clinics		Co- morbiditie and age	2S	Costs of travel, parking, remote
How can we improve access to our services and follow up?Introduction of telephone follow up six weeks after initial consultationTelephone appointment is with our specialist nurseProforma		Telepho Proform	ne Clinic a	Date: Clinician Vulval Symp Complaint v Symptoms I <u>Plan</u> See – Next a	latient AFIX PATIENT LABEL Follow up cce original visit or other consultant: ptoms Current Treatment with treatment Yes / No Responsive Yes / No available atment and see in 3 months	
If patients have a good reduction in symptoms they are seen in a face to face clinic at 6 months.			Results			
If they have no improvement in symptoms they are seen in the next available slot in a specialist vulval clinic.			The pandemic prompted a rapid adaption of services to telephone and virtual which enabled our service to evolve rapidly. We have received very positive early feedback and are now awaiting the formal results of a satisfaction survey.			
If minor adjustments are made over the telephone they are seen in face to face clinic within 3-6 months.			Conclusion Telephone follow up aims to reduce demand on outpatient clinics whilst maintaining safe patient care. Follow up at 6 weeks promotes compliance and allows earlier identification and intervention in people with poor response to treatment.			