Evaluating Dermatology Input in Vulval Care Through Visiting Clinics

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Background

- Vulval care is often provided separately by Gynaecology, Dermatology and Sexual health services.
- Our Trust has 3 main sites and on one site the Gynaecology Lead has wanted to improve vulval services for patients by increasing multi-specialty working.
- Sexual Health (SH) physicians have been attending clinics with Gynaecologists but there has previously been no capacity for Dermatology input.
- In 2022, a Dermatology consultant specialising in vulval dermatoses joined either the Gynaecology or the Sexual Health physician to provide multidisciplinary vulval clinics for complex cases or those the clinicians wanted reviewed.
- Aim: To analyse the impact of a visiting dermatologist on the Vulval service at this site.

Which cases were selected for these clinics?

- "Non-responsive to standard treatment"
- 'Unusual non-cancerous appearance which did not fit a common diagnosis"

/		Main findings over the year Dermatology input: No patients were At the further follow-up visit:							
	3 clinics over the	3 clinics over the year		rmatology input:		No patients were referred to other		At the further follow-up visit:	
	Total of 18 patients			13 out of 18 cases	services			5/12 patients had been successfully managed and	
	16 were follow-u	p patients	diag	ignosis (in 3 of ich it added a	6 patients	6 patients were		were discharged	
	(9 had more than 1 prior appointment, 2 prior			condary diagnosis)		discharged		3/12 required subsequent follow-up	
	telephone consultation);			8 provided an ernative diagnosis		12 patients required further follow-up		(4/12 still to be reviewed)	
	2 new referrals			Ű					
Colleagues feedback									
	uffering a long patients referred Dermatolog			of patients erral to the Vulval clinic ed over the e."	patients to the val clinic to the to				
	"Working wit dermatologis good CPD helps reinfo good practice	t is and prce	particular used for various le	useful reminder, arly of terminology or description of lesions (useful for specialist!)	better r plan f improve	"Enhanced learning, better management plan for patient, improved pathways for referral"		"We share the same medical photography service which can also be useful for second opinion or review after "	

Conclusion

- Dermatology input received positive feedback from our colleagues; it was felt to be a valuable addition to the joint clinic.
- Dermatology had a positive impact in helping to manage this patients and discharging from secondary care after successful management.
- In a time of workforce challenges in Dermatology, we have found visiting clinics useful to increase the efficiency
 of a vulval clinic and to improve the knowledge and confidence of other colleagues in managing vulval
 conditions.