

## SPSO decision report

**Case:** 201303891, Greater Glasgow and Clyde NHS Board

**Sector:** health

**Subject:** clinical treatment / diagnosis

**Outcome:** not upheld, no recommendations

### Summary

Mrs C had a history of abdominal (stomach) pain, for which no specific cause had been found. In June 2010, she and her husband (Mr C) went for fertility treatment, and a scan revealed a large endometriotic cyst (a blood-filled sac) on Mrs C's ovary. This was removed and Mr and Mrs C were referred for fertility treatment. At that point, Mrs C's levels of AMH (a hormone that gives an estimate of the capacity of the ovary to provide egg cells capable of fertilisation) were within normal range. Some time after this, a scan showed another large cyst - this was removed and Mrs C was given treatment to reduce the chances of this happening again.

Mr and Mrs C were seen again in July 2012 before starting fertility treatment at Glasgow Royal Infirmary, at which time Mrs C's AMH level had decreased to a 'less than a normal' range. The first cycle of treatment was unsuccessful and the fertility unit recommended a different procedure for the next cycle. Before this could happen, however, the board closed the unit because of poor fertilisation rates (possibly related to contamination from nearby building works). The board wrote to Mrs C explaining this and offering the couple a complimentary treatment cycle.

Mr and Mrs C complained about Mrs C's care and treatment, saying that the cysts were not diagnosed quickly enough and that she should have had regular scans after the first operation. They also said that the board did not provide a reasonable standard of care and fertility treatment, that their communication about the problems was inadequate and their guidance to affected patients confusing. Mr and Mrs C thought they should be offered a third fully funded cycle of treatment.

After taking independent advice on this complaint from two advisers - one a surgeon (adviser 1) and the other a specialist in assisted conception treatment (adviser 2) - we did not uphold Mr and Mrs C's complaints. Adviser 1 said that the board reasonably investigated and treated Mrs C's earlier abdominal symptoms and found no evidence that the cysts were related to these. Adviser 2 also said that care and treatment in relation to the cysts was reasonable, and that Mrs C's decreased AMH levels were likely to have been due to the second operation, rather than any delay in identifying the second cyst.

The board had acknowledged the problems in relation to assisted conception, and had taken steps to address them. Adviser 2 said that it was probable that the first cycle failed because of the environmental contamination, and that the board's offer of one further complimentary cycle was reasonable. They did not think that there was a failure in care and treatment by the board, who were dealing with a complex and fast-changing situation, and we found that the board's communication was reasonable in the circumstances. We were also satisfied that their guidance for affected patients was intended to ensure that no-one was at a disadvantage, so that each couple received two fully funded NHS cycles of treatment.