

RCN Fertility Nursing Forum Podcast – Transcript

Learning Outcomes

By the end of this podcast, listeners will be able to:

1. **Describe the principles and benefits of nurse-led conscious sedation in fertility settings**, including patient safety, communication and recovery considerations.
2. **Explain the role of the nurse sedationist within the wider fertility pathway**, from pre-assessment to intra-procedure care and postoperative recovery.
3. **Recognise key challenges in delivering safe sedation**, particularly communication barriers, and identify strategies to support patients effectively.

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Sarah:

Hello and welcome to another episode of the Royal College of Nursing Fertility Nursing Forum podcast. My name is Sarah Beveridge. I am a specialist fertility nurse and a member of the forum committee. Today I am joined by Nick Cook, one of our nurse sedationists, and we are going to explore the role of nurse led sedation in a fertility setting. Nick, thank you for joining us.

Nick:

Thank you for having me.

Sarah:

Your role is quite unusual within fertility services. Can you tell us a little about your background and how you came into nurse sedation?

Nick:

Of course. I have been a nurse for around twenty four years, mostly in anaesthetics within theatre environments. I have also worked in pre assessment, recovery and scrub roles, but my foundation is in anaesthetics, working closely with anaesthetists and supporting sedated patients. Before nursing, I trained as a biologist which has given me a helpful scientific perspective when working in fertility.

I knew about this service for several years when sedation was still anaesthetist led. After the Covid period, the nurse sedationist post came up and I felt it sounded like an interesting challenge even though I had no formal background in fertility. I did not expect to get the job but I did, and it has become a role I really enjoy.

Sarah:

We have listeners from across NHS and independent fertility services. Many will use different approaches to anaesthesia. Here in Scotland our centre is quite unique in using nurse led conscious sedation. Could you talk us through what a typical day looks like for you?

Nick:

It depends on whether I am in clinic or in theatres.

On clinic days I may support fertility appointments, complete pre assessment, take medical histories, check AMH results, complete observations and ensure people are ready for treatment from a medical point of view.

On theatre days I come in early to check the anaesthetic machine, infusion pumps and drugs, and make sure everything is safely set up. I speak with each patient beforehand, explain conscious sedation, check their observations and medical history, place a cannula, answer their questions and offer reassurance.

During the procedure, I administer sedation and analgesia, monitor them continuously and support them throughout. Afterwards I take them to recovery and check in again before discharge. The procedure itself is not complex but it carries a lot of responsibility because you are entirely focused on the patient and their wellbeing for the duration.

Sarah:

For listeners who may not use conscious sedation, could you explain what it is?

Nick:

Conscious sedation uses anaesthetic medicines at lower doses. The patient stays responsive and maintains their own airway, but they are relaxed and comfortable and often do not remember the procedure. It differs from general anaesthesia where the patient is unconscious and their airway is managed for them.

Conscious sedation offers several benefits.

It carries a lower level of risk than general anaesthesia.

Recovery time is quicker.

There is usually less postoperative nausea and vomiting.

Patients feel more in control as they can communicate and respond.

It is a very patient focused approach.

Sarah:

And we know from audit data that patients consistently report very positive experiences with sedation.

Nick:

Yes. We audit the service every year including any occasions where an anaesthetist needed

to attend, drug usage, length of procedures and patient outcomes. In the last few years I have rarely needed to call an anaesthetist as the process is safe, structured and works well.

Sarah:

What do you enjoy most about your role?

Nick:

Supporting patients through what can be an emotional and stressful experience. You meet them, build rapport, reduce their anxiety and help them feel safe. That is what I enjoy most about nursing in general which is providing reassurance, empathy and comfort.

Sarah:

And what are some of the challenges?

Nick:

Communication is the biggest challenge.

This is not only language differences although they can be significant. It also relates to how people understand medical information. Patients might unintentionally miss important details in their history or medication list if the question is not asked clearly.

Interpreters are incredibly helpful but they may not always be familiar with specific medical concepts so it takes time and care to ensure everyone understands the plan. It is a core part of the role and essential for patient safety.

Sarah:

You also work across the fertility pathway, not just in sedation. What other areas do you support?

Nick:

I support the nursing team with medication teaching, baseline appointments, pre assessment, recovery and general patient support. I am still learning the fertility side of the work but it is valuable to understand the entire patient journey rather than only the procedure.

Sarah:

As a final question, what advice would you give to nurses who are considering training as a nurse sedationist?

Nick:

Start with the fundamentals which are empathy, communication and sound clinical judgement. You do not need to come from an anaesthetic background. I am the only member of the team here who does. What matters most is a commitment to patient safety and an interest in the physiology behind sedation.

If you are interested, speak to sedation teams, observe practice and read about the different types of sedation. With the right training and governance in place, nurse led sedation is a very rewarding role. Seeing a patient come in anxious and leave comfortable and relieved is extremely satisfying.

Sarah:

Nick, thank you for sharing your experience. And thank you to everyone listening. You can find more episodes of the Royal College of Nursing Fertility Nursing Forum podcast on our webpage, and you can follow us on Facebook and Instagram. We hope you will join us again soon.