



Information for
patients and
carers

**Problematic Uterine Bleeding Clinic
(PUBC)**

The Problematic Uterine Bleeding Clinic (PUBC)

Your GP has referred you to this clinic because you are having bleeding that is problematic. The clinic is designed so the clinician can take a history, examine you then perform a hysteroscopy examination if indicated and discuss treatment options.

The aim is to streamline the appointment with a one-stop approach to diagnose and manage any findings at the first appointment if possible.

What to expect at the appointment

Consultation

The clinician will discuss your symptoms, medical history and review any previous investigations or treatments you have had.

Examination +/- Hysteroscopy

The clinician will offer to examine you to look for causes of the bleeding. They may also offer a hysteroscopy depending on the consultation, if it is indicated.

Treatment

The clinician will discuss with you available treatment options based on the consultation and examination findings. This may include conservative, medical or surgical options.

What is a hysteroscopy?

This is an investigation using a small telescopic instrument (hysteroscope) to look directly inside the womb. This is performed in the PUBC clinic and usually takes 5-10 minutes. The hysteroscope uses water to open the vagina, cervix and uterus. You will feel this water draining away during the procedure.

What to expect during the hysteroscopy

If a hysteroscopy is indicated you will be counselled by the clinician and the procedure, including risks, will be discussed in full.

You will then be asked to undress from the waist down and sit on a large chair that will tilt backwards. You will have a sheet to cover you. A member of staff supporting you throughout the procedure. When you are ready the hysteroscope is passed through the vagina and cervix and into the womb. You can watch on the screen if you wish. This is when you will feel the water draining.

A tiny sample of tissue will be taken from the womb lining (a biopsy) and sent to the lab to be examined under the microscope.

If polyps are found, they may be removed at the same time which will lengthen the procedure time slightly.

If a larger polyp is found, it may be necessary to arrange another appointment to remove it as this will take more time and may require different equipment.

Once the hysteroscopy is completed you will be given privacy to dress and when ready the nursing staff will check your observations.

Will it be painful?

Most people are able to tolerate the procedure very well. The pain can be similar to period pain and is rarely any worse. Passing the hysteroscope through the cervix can also be momentarily uncomfortable.

We do not want you to experience distress or severe pain. If you are unhappy or unable to continue, the procedure will stop. The team will support you throughout.

If there is difficulty passing the hysteroscope through the cervix you may be offered local anaesthetic to allow the cervix to be opened. The local

anaesthetic is injected into the cervix and a speculum will be used to allow this (similar to a smear test).

As the procedure can cause period like cramping we advise you to **take your usual pain killers one hour before the procedure (for example paracetamol or ibuprofen).**

After the hysteroscopy

The clinician will discuss the findings of the hysteroscopy and any treatment that may be required. You will be asked to stay in our recovery area for 20 minutes after your procedure. Following this you can return to normal activity but we ask you to wait for the bleeding and pain to stop before engaging in any penetrative activity.

You can expect:

- Slight bleeding and watery loss from the vagina
 - You should use sanitary pads rather than tampons. This should settle in a few days.
- Cramping pain
 - This may be noticeable after the procedure and could last up to 24 hours. This should be manageable with your usual pain relief.

Are there any risks?

Outpatient hysteroscopy is a common and safe procedure however, as with all procedures; there is a small risk of complications:

- Pain during or afterwards – this is discussed above and is unlikely to be severe
- Feeling or being sick or fainting – these symptoms are rare and settle quickly please let your nurse know if you experience these symptoms

- Bleeding – some light bleeding is expected however if it does not settle within a few days or gets heavier you should contact the Gynaecology Assessment Unit (GAU) on the number below
- Infection – rare (1 in 400). You should suspect this if you have smelly discharge, a fever or tummy pain in the few days following the hysteroscopy. Please see your GP or contact the GAU
- Failed/unsuccessful hysteroscopy – it may not be possible to visualise your uterus. If this happens the clinician will discuss the next options with you
- Uterine perforation (a hole in the wall of the uterus) – rare (under 1 in 1000). A small hole may be made and we may need to observe you in hospital for a few hours or overnight. If there are concerns a further operation may be needed to repair the hole

Are there any alternatives?

There is the option to have the hysteroscopy done under general anaesthetic as a day-case procedure in an operating theatre. This will be on a different day to your clinic appointment.

What are the treatment options?

Treatment options will vary depending on your medical history and the findings of the examination and hysteroscopy if this is performed. The clinician will discuss these with you during the appointment.

The possible options include:

Treatment	How is it used?	Benefits	Risks/Common Side-effects
No treatment		If you are reassured by the consultation and no abnormalities are detected, you may decide that you do not need any treatment.	Symptoms could worsen Anaemia could develop.
Non hormonal Tranexamic acid	Take for 4 days once bleeding starts.	Reduces blood flow by up to 60%.	Nausea, diarrhoea, vomiting. Not suitable for those with history of blood clots, severe kidney disease.
Hormonal Intrauterine System (hormone coil)	Inserted into the uterus, usually can be in place for 5 years.	First-line recommended treatment. After 1 years use, can reduce blood flow by up to 96%. Reliable contraception.	Can take up to 6 months to see full benefit. May not be suitable if large fibroids or abnormal shaped uterus.
Hormonal Combined Contraceptive Pill	Taken daily.	Reduce blood loss by approximately 50%. Can regulate bleeding. Contraception.	Nausea, headaches, breast/chest soreness, mood changes. May not be suitable if you have a raised BMI, smoke, have migraines, blood clots.

<p>Hormonal Progesterone-only contraception – pill, injection, implant</p>	<p>Pill - taken daily Injection – 3 monthly Implant – 3 yearly.</p>	<p>Reduce blood flow up to 50%. Contraception. Suitable for most women.</p>	<p>Can cause irregular bleeding. Weight gain, headaches, mood changes. Injection/implant long term use can cause osteoporosis.</p>
<p>Polypectomy</p>	<p>Performed at same appointment.</p>	<p>Usually a short procedure which for many women will reduce their bleeding, especially irregular bleeding.</p>	<p>If large polyp, may need a second appointment.</p>
<p>Fibroid resection</p>	<p>Performed at same appointment.</p>	<p>Likely to significantly reduce heavy bleeding.</p>	<p>If large fibroid, may need a second appointment.</p>
<p>Endometrial ablation</p>	<p>Minor surgical procedure to burn lining of uterus.</p>	<p>Approximately 75% will have reduced bleeding and 36% will stop periods fully.</p>	<p>Need to avoid pregnancy after this procedure. Risks associated detailed in separate leaflet.</p>
<p>Hysterectomy</p>	<p>Major surgery, last resort option when other treatment options not suitable or</p>	<p>Bleeding will stop.</p>	<p>Inpatient stay and general anaesthetic required. Recovery period around 6 weeks. Risks of the operation and anaesthetic.</p>

Day of appointment checklist

- ✓ Consider taking painkillers one hour before your appointment
- ✓ Eat and drink as normal
- ✓ Take your medications as normal and bring a list of your medications with you

Contact details

If you have any more questions, please discuss these with the doctor or nurse looking after you.

Should you require urgent advice following your hysteroscopy please contact the Gynaecology Assessment Unit (GAU): 01772 524415

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

NHS information on hysteroscopy:

www.nhs.uk/conditions/hysteroscopy/what-happens

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو
یچھیہا جس یبہ ابی دست ہو یسکت ہے براے مہر یان پوے چھہدی۔ معلومات

Arabic:

مطوبعة بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يرجى أن تطلب
أخرى يمكن أن توفر هذه المعلومات

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Division: Gynaecology

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