

Information for patients and carers

Postmenopausal Bleeding

One Stop Clinic

The Postmenopausal Bleeding (PMB) Clinic

Your GP has referred you to our specialist clinic because you have experienced vaginal bleeding after the menopause. In nine out of ten women this is caused by benign (non-cancerous) conditions. However, in one out of ten women the cause of bleeding may be cancer in the womb lining (endometrial cancer).

The purpose of the clinic is to identify the cause of bleeding and, if possible, treat the cause at the appointment (one stop).

Your appointment will involve the following steps:

Ultrasound Scan:

The scan will look at your pelvic organs focusing on the womb.

Consultation:

The clinician will discuss your symptoms, medical history and review your ultrasound scan.

Examination +/- Hysteroscopy:

The clinician will offer to examine you to look for causes of bleeding. They may also offer a hysteroscopy depending on your ultrasound scan results and history.

You can expect your appointment to last between 60-90 mins.

On arrival

Please check in at the Sharoe Green Unit, Outpatient Department where they will direct you to ultrasound. After your scan you will be directed back to the Gynaecology Outpatient Department.

The Ultrasound Scan (USS)

The USS will look at all your pelvic organs but will focus on measuring the thickness and assessing the appearance of the lining of your womb.

To achieve this we use an ultrasound probe that is inserted into your vagina. This allows for accurate measurements to guide your diagnosis and treatment options. The sonographer (specialist in scanning) will discuss this with you before the procedure.

For this scan **it is essential to have a full bladder**. Please drink at least 1-2 pints of fluid (water or fruit squash, not fizzy drinks) one hour before your appointment time. Do not empty your bladder until you have had your scan.

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 PMB 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 your gynaecologist 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. You will have 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. On occasion, 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?

The majority of women 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 (like in a smear test).

As the procedure can cause period like cramping, we advise you to **take Paracetamol and/or Ibuprofen one hour before the appointment time, unless contra-indicated by your GP.**

If you have any queries, please telephone **01257 247123**.

After the hysteroscopy

The doctor 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 having intercourse.

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

Your results

Any biopsy results will be sent to you and your GP by post. If necessary you will be sent a further appointment.

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
- Unsuccessful hysteroscopy – it may not be possible to visualise your uterus. If this happens your doctor 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.

Day of procedure checklist

- Drink 1-2 pints of fluid one hour before the appointment time
- Consider taking pain killers 1 hour before your appointment time
- 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.

Ultrasound Appointments/Enquiries: **01772 522619**

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

www.lancsteachinghospitals.nhs.uk/veteran-aware

NHS information on hysteroscopy:

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

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

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolvem@LTHTR.nhs.uk

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Division: Women and children

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