



Gynaecology Department

Menorrhagia Clinic

This leaflet gives you information about your visit to the menorrhagia clinic. The leaflet also explains what to expect at your appointment and answers common questions.

If you need more information, or you feel you would like to chat to a nurse before your appointment, please call us on the contact numbers provided below.

Why am I attending this clinic?

Your doctor has referred you because of your period problems. This clinic is designed to investigate the problem, find a diagnosis, and start or discuss treatment.

What is menorrhagia?

Menorrhagia is a medical term for heavy and prolonged bleeding that interferes with your daily life.

How can I prepare for my appointment?

We advise you to take some painkillers at least an hour before your appointment to reduce any discomfort. You can try 1 gram of Paracetamol or Ibuprofen 400mg. Please read the instructions on the pack leaflet and make sure you can take the medication. You can discuss with your GP if you are unable to take them.

If you have a coil, it may need to be removed. If so, please use condoms as extra protection for seven days before your appointment.

It is also important to use contraception or avoid sex between your last period and your appointment.

We will need a urine sample to test for pregnancy before your consultation.

You can eat and drink as normal on the day. You do not need to fast.

What will happen at my appointment?

The doctor will take a history of your period problems. It will be helpful if you make a note of your last menstrual period, your last cervical smear and your current medications. They will also explain if you will need any procedures, for example hysteroscopy or biopsy (see below) from the lining of the womb to find out the cause of your period problem. If needed, written consent will be taken from you and you will be taken to a room next to the consultation room for this. You will be able to ask any questions you might have at this point.

After the procedure, the findings will be discussed with you and we may organise more tests for example, an ultrasound scan.

What is hysteroscopy?

Hysteroscopy is a procedure to look at the inside of your womb using a camera attached to a fine telescope, called a hysteroscope. This will be passed gently through the neck of the womb and the inside of the womb will be seen on a video screen that you can choose to look at as well if you would like to. This will allow any abnormalities causing your bleeding to be seen.

Two nurses will be present at the time of the procedure; one will assist the doctor and one will work to support you.

A small instrument called a speculum (the same as the one used for cervical smear) will be passed into your vagina and the telescope is passed through the neck of the womb. After this, a biopsy will be taken from the lining of the womb and sent to the laboratory for testing. The procedure will take about 10-15 minutes and you may feel nothing or some period-like cramps. If you find it too uncomfortable, the procedure can be stopped at any time and you can have it done under general anaesthesia. One benefit of the procedure being done successfully at the outpatient department is that you avoid general anaesthesia and you return to your normal life more quickly.

What is endometrial biopsy?

Endometrial biopsy is a tissue sample from the lining of the womb which is taken by using a small, sterile plastic suction tube passed through the neck of the womb into your womb. The sample will be sent for testing. You may feel some period like pain during the sample taking but the procedure does not usually take more than a couple of minutes.

What are the possible risks with hysteroscopy?

Hysteroscopy is generally very safe, but possible risks may include:

- **Pain** during or after the procedure: usually mild pain which can be relieved by the simple pain killers
- **Feeling or being sick or fainting:** usually settles quickly, but please let the doctor know if you feel sick or faint during or after the procedure
- **Bleeding:** usually less than a period and settles within few days. Please use sanitary pads, not tampons
- **Infection:** 1 in 400, uncommon risk. It appears as smelly vaginal discharge, fever, or severe tummy pain. If you feel any of these symptoms, please contact your doctor urgently

- **Failed/unsuccessful hysteroscopy:** happens if the neck of the womb is very tightly closed and makes passing the telescope impossible. If this happens, your doctor will discuss other options with you including performing the procedure under general anaesthetic, which will involve booking the procedure as a day case at a later date
- **Damage to the wall of the uterus (womb):** happens in less than 1 in 1000 procedures. This can also cause damage to the nearby tissues.

What will happen after the procedure?

The doctor will discuss the procedure findings and treatment options with you fully and all your questions will be answered.

If we take a biopsy sample, we will write to you with the results once they are available; this may take up to four weeks.

How will I feel afterwards?

You can rest in the recovery area for as long as you need.

You may have period-like pain for one to two days for which you can take ibuprofen 400mg three times a day or 1gm of paracetamol every 4-6 hours (maximum dose 4g in 24 hours). If this does not relieve your pain contact your doctor urgently. You may also experience some spotting that lasts for a few days.

You can return to your normal physical and sexual activity once the spotting and discomfort subside. Whilst you are spotting we recommend pads not tampons.

What treatment options will I be given?

Non hormonal medications: Tranexamic acid and mefenamic acid are medications that help to reduce the amount of bleeding.

Mirena® coil: a small plastic device inserted into the womb cavity; it releases small amounts of the hormone progesterone. It helps to thin the lining of the womb and thus reduce the amount of bleeding during your periods and may stop them completely until you remove it. It is also an effective contraceptive. We can fit it after your hysteroscopy if you agree to have it.

Surgical removal of polyps (overgrowth of the lining of the womb) or certain types of fibroids (non-cancerous balls of muscle): we can book you at a later date to come and have them removed under general anaesthetic as a day case procedure.

Endometrial ablation: This is destroying the lining of the womb by passing the ablation device through the neck of the womb. We can discuss this further at your appointment.

Hysterectomy: is surgical removal of your womb. This is usually considered a last resort option if the less risky options do not work effectively or are unsuitable for your treatment. We can discuss this further at your appointment.

Are there alternatives to having hysteroscopy as an outpatient?

If you faint due to pain, or you have experienced severe pain during a previous vaginal examination or cervical smears or had traumatic experience that makes you feel anxious about having this procedure, or you do not wish this procedure to be done while you are awake, we can book you to have it done under general anaesthesia.

Contact Numbers:

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to the following Dorset County Hospital Staff:

Gemma Harris, Junior Sister Tel: 01305 255292

Useful Websites:

<https://www.nhs.uk/conditions/heavy-periods/>

<https://www.rcog.org.uk/en/patients/patient-leaflets/outpatient-hysteroscopy/>

https://www.rcog.org.uk/globalassets/documents/guidelines/ca1_diagnostichysteroscopy19012011.pdf

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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