



## Gynaecology Department

# Postmenopausal Bleeding Clinic

This leaflet gives you information about your visit to the postmenopausal 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 the contact numbers provided below.

### Why am I attending this clinic?

Your doctor has referred you to this clinic because of your vaginal bleeding after the menopause (“the change”). This clinic is designed to identify any cause of your bleeding and plan treatments if necessary.

The menopause is diagnosed when one year has passed since your last period. Any vaginal bleeding after menopause is considered abnormal and warrants investigation.

### What can be the cause of your postmenopausal bleeding?

In most cases (90%), nothing significant, or a non-cancerous cause, is found. The most common cause is inflammation of the linings of the vagina due to lack of hormones (atrophic change) after the menopause. Other benign (non-cancerous) causes include polyps (overgrowth of the lining of the womb or the neck of the womb).

In a small proportion of women (10%), a more serious disease like cancer of the womb (endometrial cancer) or the neck of the womb (cervical cancer) can be the cause of postmenopausal bleeding.

### 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 Ibuprofen 400mg or 1 gram of Paracetamol. Please read the instructions on the leaflet of the pack and make sure you can take them. If you cannot take either of them, you can discuss other options of pain relief with your GP.

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

## **What will happen at my appointment?**

The first part of your appointment will be an ultrasound scan of the pelvis. This involves passing a small probe into the vagina to examine the womb and ovaries and to take a measurement of the thickness of the lining of the womb.

It will feel like an internal examination and usually no preparation is needed other than emptying your bladder when you are asked to do so.

The second part will involve seeing a doctor who will take details of your bleeding problem. It can be helpful if you make a note of the age when you went through the change, your last cervical smear, and your current medications.

If the lining of the womb is very thin on the ultrasound scan, the doctor will only do an examination of the vagina using a small plastic instrument (speculum). If the ultrasound scan shows increased thickness of the lining of the womb, they will need to do further testing using a camera test to look inside the womb and take a sample from the lining of the womb to find out the cause of your postmenopausal bleeding. If needed, they will take written consent 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 if you would like to.

After the procedure they will discuss the findings with you.

## **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 shown 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 (like the one used for cervical smear) will be passed into your vagina, then the telescope is passed through the neck of the womb. After this, a biopsy (see below) 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 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 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 a few days to a week. 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. This 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 with you and plan treatment options if necessary. 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 two 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 or two days for which you can take Ibuprofen 400mg three times a day or 1 gram of Paracetamol every 4 - 6 hours (maximum 4 grams 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 to a week.

You can return to your normal physical and sexual activity once the spotting and discomfort subside. Avoid using tampons and swimming till the spotting subsides.

## Are there alternatives to having hysteroscopy as an outpatient?

If you faint due to pain, have experienced severe pain during a previous vaginal examination or cervical smears, had a 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 Registered Nurse in the Women's Health Outpatient Department at Dorset County Hospital – Tel: 01305 254803.

### Useful Websites:

<https://www.nhs.uk/conditions/post-menopausal-bleeding/>

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

[https://www.rcog.org.uk/globalassets/documents/guidelines/ca1\\_diagnostichysteroscopy19012011.pdf](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](mailto:pals@dchft.nhs.uk)



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