

post-menopausal bleeding

This leaflet is to explain what might happen during your appointment

Why have I been referred to the post-menopausal bleeding (PMB) clinic?

You should eat and drink as normal before your clinic appointment and are most welcome to bring someone with you.

We recommend that you take paracetamol and/or ibuprofen one hour before your appointment. The appointment may take up to two hours.

Why does PMB need investigating?

PMB should always be investigated. In most cases no serious problem will be found. However, in 10% of cases, bleeding can be the first symptom of more serious diseases, including cancer. Therefore, it is very important you attend your appointment.

What causes PMB?

After menopause, a common cause is thinning of the skin lining the vagina caused by lower levels of the hormone oestrogen. This can be treated with an oestrogen cream. Another cause can be polyps (skin tags) on the cervix or in the womb, which can easily be removed and it may be possible to do this during your appointment. Endometrial cancer, which is a cancer in the womb lining, is less common but must be ruled out. Women with abnormal bleeding who are on hormone replacement therapy (HRT) are less likely to have womb cancer, but again this should be checked. In most cases no obvious cause will be found, and further investigations will not be required unless you experience further bleeding.

What will happen at the appointment?

You will be seen by a specialist who will ask about your symptoms and medical history. You will be given the opportunity to ask any questions you have. As part of our investigations, you may need to have a vaginal ultrasound scan and/or hysteroscopy and/or endometrial biopsy and these procedures will be explained to you and you will be asked for your verbal consent.

What is a vaginal ultrasound scan?

This is an examination to measure the thickness of the womb lining and will identify any fibroids or polyps. It is an internal ultrasound scan, as a small probe is inserted into the vagina. It is usually pain free but may be uncomfortable. NOTE: you do not need to have a full bladder.

What further tests may I need during the appointment?

If the ultrasound scan is normal, the specialist will examine your cervix to ensure there are no cervical polyps or other abnormalities which could have caused your bleeding. Sometimes the ultrasound examination does not give us all the information we need, and you may be advised to have a biopsy of the womb lining (endometrial biopsy) or a hysteroscopy examination.

What is an endometrial biopsy?

This is a tiny sample of tissue taken from the lining of the womb. It is taken by inserting a pipelle, which is like a very fine straw, into the vagina and through the neck of the womb (cervix). This can cause a period type discomfort which soon passes. The sample will be sent to the laboratory for examination. You may experience a little vaginal bleeding for two or three days after this biopsy which is normal.

What is a hysteroscopy?

This is a method of looking into the womb with a thin instrument (hysteroscope) which contains a tiny camera to see if there is any obvious cause for your PMB. With your consent, the specialist will take photographs/ images for your electronic records which will help in diagnosing and finding the best treatment option for you.

You can choose to have the hysteroscopy performed under a general anaesthetic (GA - where you are asleep) but most of the time the procedure is well tolerated. Local anaesthetic may be given, however, if you find the procedure too uncomfortable or the specialist is unable to access the cavity of the womb, you may be asked to come back another day to have the hysteroscopy under a GA. In readiness for a GA, you will be taken to the pre-assessment unit where you will be asked to complete a medical questionnaire before seeing the nurse who will assess your fitness for the operation.

Are there any risks if I have a hysteroscopy?

Most operations are straightforward, however, as with any surgical procedure there is a small chance of side-effects or complications. Women who have an unusually shaped womb or have had previous surgery on their womb e.g. caesarean section, myomectomy, or surgery to the cervix have a slight increased risk of complications.

Common risks:

- Vaginal bleeding or spotting
- Pelvic pain

Rare but more serious:

- A risk of the hysteroscope making a small hole in the womb (fewer than 1 in every 1,000 procedures). If this happens you may have to stay in hospital overnight for observation and take a short course of antibiotics
- An exceptionally rare risk of damage to other internal organs, which would require further surgery
- Pelvic infection (1 in 400 women) which may present as a smelly discharge, fever, or severe tummy pain. If you develop any of these symptoms, please contact your General Practitioner (GP) or NHS111 urgently

What do I need to do after the examination?

If you have had either an endometrial biopsy or hysteroscopy, you are advised to rest, and we recommend you plan not to go back to work should you need time to recover. It is normal to have some vaginal spotting or bleeding which can last one to three days, and you should ignore this bleeding unless it becomes heavier than a normal period, in which case please contact your GP. You may also continue to experience some period type pains the next day, so take your usual over the counter pain relief e.g. paracetamol or ibuprofen.

When will I get my results of the endometrial biopsy?

You will be sent your results in writing in approximately four weeks, or you may be asked to come back to the outpatient clinic for your results. Due to confidentiality, results cannot be given out over the telephone.

It may be necessary for you to be referred to another specialist if you need any further treatment.

If you are discharged from our care and experience any new episode of bleeding after six months, you are advised to contact your GP for further assessment.

Our contact details:

Please call the appropriate telephone number below if you have a questions:

Harbourside Gynaecology Centre:

Main reception: **0300 019 2584**

Royal Bournemouth Hospital, first floor Jigsaw:

Gynaecology nurse practitioner: **0300 019 4725**.

You may be asked to leave a message and your call will be returned as soon as possible.

For further information about PMB: www.nhs.uk

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