

Fast Track Gynaecology Clinic

Why do I have an appointment at the Fast Track Gynaecology Clinic?

You have received this guidance with your appointment details because your GP has referred you to the Gynaecology Fast Track clinic as you have symptoms which may be related to your womb, ovary, cervix or vulva.

Why does it need investigating?

Your GP has asked us to investigate your symptoms in more detail. In the majority of cases, no serious problem will be found but we need to make sure that there is no underlying cancer.

What will happen at the appointment?

The specialist will take a brief history of your symptoms and will explain what to expect during your clinical examination. You will have the opportunity to ask questions before giving your verbal consent to the examination and clinical investigations. We recommend that you take paracetamol and/or ibuprofen one hour before your appointment.

Will I be examined?

Yes, you will have an internal examination. You will be shown into our changing room and asked to undress from the waist down and to change into a hospital gown. Your height and weight will be recorded. You will then enter the clinical area where you will be examined on a special couch with comfortable leg supports.

What further tests may I need?

If you have been referred about your cervix or vulva:

We may examine you with a special magnifying instrument with a light source attached. It looks like a large pair of binoculars on a stand. It does not touch or go inside you. A speculum (used when you have a cervical screening test) may be inserted into your vagina.

The specialist might need to dab special solutions onto the cervix and/or vulva with cotton wool to highlight any abnormal areas. This sometimes causes a mild irritation or stinging which soon passes. If you have a polyp (skin tag) on the cervix or in the womb which can easily be removed, it might be possible to do this during your appointment.

The specialist may want to take a small sample of tissue (biopsy). When this is from the vulva you will be given a local anaesthetic to numb the area and you may have one or two dissolvable stitches. A cervical biopsy is the size of a pin head and does not require any local anaesthetic but you may experience some slight discomfort and mild period pain like cramps which soon disappear.

If you have been referred about your womb (uterus) or ovaries:

You may need an internal ultrasound scan (unless you have already had one) which involves inserting a small probe into the vagina. This enables the specialist to check for any abnormalities of the womb and ovaries.

Depending on the findings of the scan you may need to have a hysteroscopy and/or tissue biopsy. Hysteroscopy is an examination using a telescope (hysteroscope) which is a small instrument containing a tiny camera that is inserted into the vagina and womb (uterus). A speculum may be inserted into the vagina to help with the examination. A local anaesthetic can be used to numb the area as necessary. The specialist will then be able to see inside your womb which will help with the diagnosis and best treatment option for you.

If the decision is taken to take a tissue biopsy from the lining of the womb a speculum will be inserted into the vagina and a pipelle, which is similar to a very fine straw, is passed into the womb to obtain the biopsy. The sample will be sent to the laboratory for examination.

What will the hysteroscopy and pipelle biopsy feel like?

During both the hysteroscopy and pipelle biopsy, you may experience 'period-like' cramps. It is advisable to rest after this procedure and we recommend you make arrangements not to go back to work should you need this time to recover. We would like to reassure you that if you find you cannot cope with either of these procedures, then you can come back another day to have the procedure performed under a general anaesthetic as a day case.

What are the possible risks with the hysteroscopy?

- Pain during or after hysteroscopy is usually mild and similar to period pain. Simple pain relief medications can help. On occasion, women may experience severe pain.
- Feeling or being sick or fainting can affect a small number of women. However, these symptoms usually settle quickly.
- Bleeding is usually very mild and is lighter than a period, settling within a few days. It is recommended that you use sanitary towels, not tampons.
- Infection is uncommon (1 in 400 women). It may appear as a smelly discharge, fever or severe pain in the tummy. If you develop any of these symptoms, contact your healthcare professional urgently
- Failed/unsuccessful hysteroscopy occurs if it is not possible to pass the hysteroscope inside your uterus. Usually this happens when the cervix is tightly 'closed' or scarred. If this happens, your healthcare professional will discuss alternative options with you.
- Damage to the wall of the uterus (uterine perforation) - rarely, a small hole is accidentally made in the wall of the uterus. This could also cause damage to nearby tissues. This happens in fewer than 1 in 1000 diagnostic hysteroscopy procedures, but is slightly more common if someone has a polyp or fibroid removed at the same time. It may mean that you have to stay in hospital overnight. Usually, nothing more needs to be done, but you may need a further operation to repair the hole.
- Risk of damage to other internal organs, which would require further surgery.

What happens after my examination?

After your examination, the specialist will be able to tell you if further investigations or a referral to another specialist will be needed. If you have had any invasive investigations during your appointment, you will be given an information leaflet.

How will I find out my results?

You will receive a copy of the letter sent to your GP with your results or you may be asked to come back to the outpatient clinic in two weeks' time for your results. It may be necessary for you to be referred to another specialist if you need any further treatment. Please note we are unable to give results over the telephone.

Who should I contact if I have any queries?

Harbourside Gynaecology Centre:

Main Reception: **0300 019 2584**

Unit Secretary: **0300 019 3107**

You can leave a message and your call will be returned as soon as possible

Gynaecology Nurse Practitioners, Royal Bournemouth Hospital,

0300 019 4725 Mon-Fri 8am - 4pm and answer phone out of hours

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW
Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

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