

Menorrhagia clinic

Gynaecology Patient information

What does menorrhagia mean?

Menorrhagia is the medical name for heavy and prolonged periods lasting longer than seven days and your general practitioner (GP) has referred you to this clinic because of the problems you have been experiencing.

What will happen at the appointment?

The specialist will take details of your symptoms. It is helpful if you have a record of your last menstrual period, cervical smear and any medication that you are taking regularly.

Your consent will be taken for any procedures needed at this appointment. You will be able to ask any questions you may have.

You should still attend the appointment if you are having your period and you should eat and drink as normal. We recommend that you take paracetamol and/or ibuprofen one hour before you attend.

Will I be examined?

Yes, you will be offered an internal ultrasound scan. By inserting a small probe into the vagina, the doctor can check for fibroids, polyps or any abnormalities in your womb lining. This examination is usually pain free but may be uncomfortable. Your cervix can be checked for any abnormalities by inserting a small instrument called a speculum (used for smear tests) into your vagina.

Sometimes the ultrasound examination does not give us all the information we need and you may be advised to have a hysteroscopy examination to look inside the womb and/or endometrial biopsy. Usually this is performed in the clinic on the same day.

NOTE: a pregnancy test may be required as we would be unable to proceed with these investigations if you were pregnant therefore **you should not** have unprotected sexual intercourse since the start of your last normal (natural) period.

What is a hysteroscopy?

A hysteroscopy is a procedure used to examine the inside of the womb (uterus). A hysteroscope, which is a narrow telescope with a light and camera at the end, is passed through your vagina and cervix to enable the specialist to see inside your womb, which will help us find a diagnosis and advise on the best treatment option for you.

Local anaesthetic may be used to numb the area. 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 general anaesthetic (while you are asleep) in the day surgery unit.

What is an endometrial biopsy?

This is a tiny sample of tissue taken from the lining of the womb by inserting a pipelle, which is like a very fine straw, into the vagina and through the cervix. This can cause a period-type discomfort which soon passes. The sample will be sent to the laboratory for examination and the results will be sent to you and your GP in writing in approximately four weeks' time. Please note, results cannot be given over the phone.

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 had previous surgery on their womb eg; caesarean section, myomectomy, (which is an operation to remove fibroids from the wall of the womb), or surgery to the cervix have a slightly increased risk of complications.

Common risks

- Vaginal bleeding or spotting

Rare but more serious risks

- A risk of the telescope making a small hole in the womb (fewer than 1 in every 1,000 procedures) and should this happen, 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 GP or NHS111 urgently**

What do I need to do after the examination?

If you have had either an endometrial biopsy or hysteroscopy it is advisable to rest, and we recommend as a precaution you make arrangements not to go back to work should you need this 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, then you would need to contact your GP or NHS 111. 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.

Will I be offered any treatment during the appointment?

The doctor may suggest you have a mirena coil (an intrauterine device - IUD) which may be fitted on the day. This is a small T shaped plastic device that sits inside the womb. The IUD releases a hormone which prevents the lining of the womb from building up, either by stopping your periods or making them much lighter. The IUD can take up to 6 months to be fully effective.

Alternative treatments will be fully discussed with you at your appointment.

If you are attending to have the IUD removed, **please avoid sexual intercourse for one week before your appointment or use another form of contraception.**

Contact information

If you have any concerns about your appointment and/or treatment and need to speak to someone, please telephone.

Harbourside Gynaecology Centre: Main reception: **0300 019 2584**

Royal Bournemouth Hospital: Gynaecology nurse practitioner: **0300 019 4725**

You can leave a message on the answer phone and your call will be returned as soon as possible.

If you are worried about your symptoms out of office hours, please contact your GP or NHS **111**

For further information about heavy periods please visit the NHS website: **www.nhs.uk**

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