Postmenopausal bleeding (PMB) one stop clinic

Gynaecology Outpatients
Brooke Building
0161 206 5224
Introduction
You have been referred to the Post Menopausal Bleed (PMB) One Stop Clinic by your doctor because you have had abnormal bleeding over a year after your last period i.e. after the menopause, or abnormal bleeding whilst on hormone replacement therapy (HRT).
The purpose of this visit is to identify the cause of your bleeding and to discuss with you the necessary investigations and treatment.

What is PMB?
Post Menopausal Bleeding (PMB) is vaginal bleeding that happens at least 12 months after your periods have stopped.
Post-menopausal vaginal bleeding should always be investigated. In the majority of cases, no serious problem will be found; but there are times when the bleeding is the first symptom of serious disease including cancer.

What causes PMB?
There can be several causes for bleeding after the menopause.
The most common cause is inflammation of the lining of the vagina (atrophic vaginitis) due to low levels of hormone oestrogen.
Cervical or womb (endometrial) polyps are commonly found and they are usually non cancerous. Less frequently a cancer in the womb is found to be the cause of the bleeding. Even when the bleeding is related to cancer; if it is diagnosed early there is a very good chance that the disease can be cured.

How is PMB investigated?
All women referred to the clinic will be offered a Trans-Vaginal Ultrasound Scan as part of the investigation. This will mainly look at the thickness of the lining of your womb (endometrium). It should be thin in women who have gone through the menopause.
This type of scan allows the scanning device to be placed closer to the pelvic organs so that a good view of the womb and ovaries can be obtained.
No special preparation is necessary, but you will be asked to empty your bladder just before the scan.
The probe used is a specially designed probe with a rounded end.

You will be asked to remove your lower underwear and will be put in a comfortable position which allows an internal scan to be performed easily. If the scan suggests that the lining of your womb is a little thicker than normal, you will be advised to have a hysteroscopy at the same visit.

You can eat and drink as normal before your visit.

What is a hysteroscopy?
A hysteroscopy is a procedure where a small telescope is used to look inside the womb. The scope is introduced through the cervical canal (opening in the cervix) and into the uterus. No incision is necessary.
(see diagram page 3)
What does the procedure involve?

The procedure usually takes about 10 minutes.
The doctor will see you in the clinic and discuss the procedure with you. You will be asked to sign a consent form to give your permission for the procedure to go ahead.
You will be asked to wear a hospital gown and will need to remove all clothes below the waist.

You will then be seated on a special examination chair. A nurse will be at your side throughout the procedure. Similarly to a smear test, the doctor uses an instrument called a speculum which is gently placed within the vagina, so the neck of the womb can be seen. A fine telescope is then passed through the cervix and into the womb.

Sterile saline water is introduced to open up the womb so that the doctor can have a clear view inside the womb. This can give you an impression of being wet. You may also experience some crampy “period like” pains. This is short lasting.
Local anaesthetic can be given into the neck of the womb if necessary.

Please take some pain relief one hour before your appointment e.g. Paracetamol and Ibuprofen according to the recommended dose from the packages.

What are the risks of a hysteroscopy?

A Hysteroscopy is a very safe procedure but there are a few risks or complications that can arise, as with any medical procedure.

Problems that can happen are:

Uterine perforation - (a small hole made in the wall of the womb). This is not common and rarely causes any damage to others organs, (risk: less than 8 in 1000 procedures).

If this happens, you may need to stay in hospital to be monitored in case you develop complications.

Sometimes a laparoscopy (insertion of a telescope through your umbilicus) may be performed to investigate any possible internal injury (risk: less than 1 in 1000).

Very rarely, a laparatomy (An operation through a larger incision) is necessary to repair an injury.

Please take some pain relief one hour before your appointment e.g. Paracetamol and Ibuprofen according to the recommended dose from the packages.

Very occasionally it is not possible to perform the procedure; if this is the case you will be offered the procedure at a later stage under a general anaesthetic.

Problems that can happen are:

Uterine perforation - (a small hole made in the wall of the womb). This is not common and rarely causes any damage to others organs, (risk: less than 8 in 1000 procedures).

If this happens, you may need to stay in hospital to be monitored in case you develop complications.

Sometimes a laparoscopy (insertion of a telescope through your umbilicus) may be performed to investigate any possible internal injury (risk: less than 1 in 1000).

Very rarely, a laparatomy (An operation through a larger incision) is necessary to repair an injury.

Please take some pain relief one hour before your appointment e.g. Paracetamol and Ibuprofen according to the recommended dose from the packages.

Very occasionally it is not possible to perform the procedure; if this is the case you will be offered the procedure at a later stage under a general anaesthetic.
**Bleeding** - it is normal to have some bleeding after hysteroscopy which is usually mild (similar to a period) and should gradually settle. This can last up to 2 weeks.

**Pelvic Infection** - is rare but may cause an unpleasant offensive vaginal discharge. If you have a fever, chills, heavy bleeding, or an offensive smelling vaginal discharge, please contact your GP straight away.

**Infection** - is rare and is easily treated with antibiotics.

**Pain** - Some degree of pain is to be expected during and after the procedure but this should not be severe. Painkillers such as paracetamol or ibuprofen should be sufficient.

**Failure to visualise the uterine cavity** - occasionally happens if the opening to the womb is very tight and difficult to dilate. If this happens, you may be offered a repeat attempt under general anaesthesia at another appointment this will involve an inpatient admission to day surgery ward.

The risks of the procedure will be discussed with you in more detail at the time of your appointment.

**What other tests will be done?**

After the hysteroscopy has been performed the doctor usually needs to take a sample from the lining of your womb. (Endometrial biopsy).

The biopsy is taken by using a sterile pipelle. This is a very thin straw is passed into the womb to obtain pieces of tissue.

You may experience a cramping sensation like a period pain during the procedure. If the lining of the womb is thin, a biopsy may not be performed or may not be possible.

If a small polyp or small benign fibroid found, this may be removed straight away at this visit.

**After the procedure**

Following the procedure, the doctor will explain the findings to you and advice further treatment if necessary.

You may need a short time to recover, therefore we would advise you to rest in the quiet room for 10 minutes and refreshments will be offered.

You should be able to go home after this.

If you have taken Diazepam, we advise you not to drive. It is advisable to have someone with you when you go home.

You may get some spotting or fresh blood loss, so it is advisable to wear a sanitary pad and not tampons.

You may get some crampy period type pains which usually settle quickly. Simple painkillers such as paracetamol every 4 hours will usually be enough if this lasts for longer. (Maximum of 8 tablets in 24 hours)

You should be able to resume normal activities the day after the procedure.

The result of the biopsy may take up to a week and the result will be sent to you and your GP.
Will I need further investigations?

If the lining of your womb appears suspicious during the hysteroscopy procedure, the doctor will need you to return for a more detailed scan, this is called MRI Scan or you will receive a telephone call on Tuesday advising of this.

The scan will be arranged with the radiology department and your Scan appointment will be booked for a Wednesday afternoon. The scan usually takes 40 minutes.

You will be given a leaflet explaining how the scan works. Please let us know if you are claustrophobic or worried about having the scan.

A follow up appointment will be given to you and you will be seen in the gynaecology oncology clinic if you needed an MRI. It is advisable to have someone with you to help you to remember what is discussed and to ask any questions.

If your womb lining appeared normal, you will usually be discharged after your visit to the clinic and a letter will be sent to you advising you of the results of your biopsy when it is available.

Finally...

If you have any questions or concerns, please contact the relevant telephone number:

Post Menopausal Bleeding / Hysteroscopy Clinic (M1-Gynae outpatient)
0161 206 0852 or 0161 206 5284
Monday to Friday (8.30am-5pm)

Gynaecology Outpatient Reception
0161 206 5224
Monday to Friday (8.30am-5pm)

Secretary Hysteroscopy Clinic
0161 206 5310
Monday to Friday (8.30am-5pm)

Clinic Appointment
0161 206 4100
Monday to Friday (8.30am-5pm)

Accident and Emergency Department (24 Hours)
0161 206 4840

NHS 111 Service - Offers health information and advice from highly trained adviser available over the phone 24 hours a day.

Further information about this procedure is available on the following websites.

http://www.nhs.uk/conditions/Pages/bodymap.aspx
www.menopausematters.co.uk
www.womens-health-concern.org/
www.women-health.co.uk/links.htm

Patient Advice Liaison Service (PALS) - To make comments or raise concerns about the Trust’s services, please contact PALS
0161 206 2003 or e-mail: pals@srft.nhs.uk
For further information on this leaflet, it’s references and sources used, please contact 0161 206 0852.

If you need this information leaflet translated, please telephone:

- Polish: Jeżeli potrzebne jest Państwu tłumaczenie, proszę zadzwonić pod numer.
- Urdu: اگر آپ کواس ترجمانی کی ضرورت بہ توهم برانی کرکے فون کریں۔
- Arabic: إذا كنت بحاجة إلى تفسير أو ترجمة هذا الرجاء الاتصال
- Chinese: 如果需要翻译，请拨打电话 0161 206 0224
- Farsi: اگر به ترجمه این نیاز دارید، لطفاً تلفن کنید

If you need this information leaflet translated, please telephone: InterpretationandTrans@srft.nhs.uk

Salford Royal operates a smoke-free policy.

For advice on stopping smoking contact the Hospital Specialist Stop Smoking Service on 0161 206 1779

Under the Human Tissue Act 2004, consent will not be required from living patients from whom tissue has been taken for diagnosis or testing to use any left over tissue for the following purposes: clinical audit, education or training relating to human health, performance assessment, public health monitoring and quality assurance.

If you object to your tissue being used for any of the above purposes, please inform a member of staff immediately.

This is a teaching hospital which plays an important role in the training of future doctors. The part patients play in this process is essential to make sure that we produce the right quality doctors for all of our futures. If at any time you would prefer not to have students present please inform the doctor or nurses and this will not affect your care in anyway.

Salford Royal NHS Foundation Trust
Stott Lane, Salford, Manchester, M6 8HD
Telephone 0161 789 7373
www.srft.nhs.uk

If you would like to become a Foundation Trust Member please visit:
www.srft.nhs.uk/for-members

If you have any suggestions as to how this document could be improved in the future then please visit:
http://www.srft.nhs.uk/for-patients