Gynaecology "See and Treat" Clinic

Including One Stop Menstrual Disorder and Hysteroscopy Clinics

Please read this leaflet before your appointment as it contains important information and instructions about your visit

- Please consider taking pain relief, for example ibuprofen 400mg and paracetamol 1g, one to two hours before your appointment. It is worth making sure you have enough spare to take for the next day or two in case you do get cramps afterwards.

- If you are under 55, please ensure that you have used contraception since your last period and if you are worried about pregnancy, please talk to our staff in the clinic. We do a pregnancy test on everyone under 55, so please be prepared to provide a urine sample (or bring one along).

- We get most information if we do any tests in the 10 days after your period stops. If your appointment date is not in this time, please call the booking office on 01872 252782 / 253899 to discuss whether it is better to re-book. If your cycle is too unpredictable to know, please ask your GP to prescribe norethisterone 10mg daily for 5 days, and start this 16 days before the appointment. It does not matter if you are having light bleeding at the time of the appointment.

Please complete the enclosed questionnaire and bring it along to the clinic. Do make sure you make a note of any questions you have.

Introduction

Gynaecological problems (e.g. problems with periods) are very rarely dangerous to health, but they can be distressing and disruptive. In this clinic we can usually help you through our "one-stop" service.

The purpose of your visit is to identify any cause of your problem and to plan treatment (if needed) in just one visit. There are three main aims in the clinic:

- To give reassurance that nothing worrying or sinister is causing the problem. Whilst it is very rare for there to be anything sinister, for many women this reassurance may be all that is needed

- To diagnose whether there is any underlying or correctable cause of the problems (such as polyps or fibroids growing within the cavity of the womb). If this is the case, we can normally offer treatment in the same visit

- To offer treatment to help the problem if that is desired, and to leave you with a plan if any problems get worse

We want to make your visit to the clinic as comfortable as possible. We've prepared this leaflet to help you understand what may happen. If you have questions or concerns about your visit, please don't hesitate to ask the nurses or doctors at the clinic or call the booking office on 01872 252782 / 253899.

You will be seen by a doctor or a nurse specialist who will discuss if a hysteroscopy is needed. If it is, then by using modern miniature telescopes and the latest techniques such as "vaginoscopy no touch technique", most patients report that the procedure is no more uncomfortable than a normal period and doesn't need any anaesthetic. This makes the process much less inconvenient and safer than having to come in for a full anaesthetic.

Before your appointment

If you are having periods, ideally your visit should be scheduled in the 10 days after menstrual bleeding has ended or changed to just light bleeding, although we appreciate that this is not always feasible. If you have irregular periods or bleeding most days making it difficult to plan your appointment, please ask your GP to prescribe norethisterone 10mg daily for 5 days, and start this 16 days before the appointment. If your GP has given you treatment to suppress your periods then please continue this. If you are taking the contraceptive pill or mini-pill then it does not matter where you are in the cycle, but please continue to take it as normal.

It is also important to use contraception before your visit as we cannot perform this procedure if there is any chance of pregnancy. If you are under 55 you will be asked to give us a urine sample before your appointment to perform a urine pregnancy test – this is always required as part of a safety checklist regardless of personal circumstances.

Please eat and drink normally and do not skip your meal on the day. It is not necessary to fast before your appointment.

We recommend you take pain relief (e.g. ibuprofen 400 mg if you have no allergy and two 500 mg tablets of paracetamol, or whatever painkillers you find useful for period pain) one to two hours before the procedure. This pain relief will last approximately 4 hours. It is worth making sure you have enough spare to take for the next day or two in case you do get cramps afterwards.

What is hysteroscopy?

Hysteroscopy is the examination of the inside of the womb (uterus). The hysteroscope, a narrow telescope-like device, is only a few millimetres thick – much thinner than a pencil – and fitted with a small camera. This fine telescope is normally the only thing that touches you.

The doctor or nurse specialist can see if there are any problems inside your womb that may need further investigation or treatment. Usually if treatment is needed this can be done at the same time using miniature surgical tools inserted through the hysteroscope and without the need for another visit. Hysteroscopy is the most effective way of diagnosing a condition and choosing the most appropriate treatment and its use is recommended by the National Institute for Health and Care Excellence (NICE).

Common procedures include removal of:

- Polyps – a small skin tag that looks like a small grape on a stalk which is an overgrowth of the lining of the womb
- Small Fibroids – an overgrowth of muscle of the womb which is a benign (non cancerous) condition
- Retained coil – a coil or Mirena system which is difficult to remove (e.g. where the threads have retracted)
- A small sample (biopsy) to detect rare conditions like hyperplasia (overgrowth of the womb lining) and cancer of the womb lining

Are there alternatives to having a procedure?

Choosing not to have a hysteroscopy may make it more difficult for your doctor to recommend the right treatment for you and find the exact cause of your problem.

A scan and biopsy are other alternatives but it is important to realise that these are not as good at detecting all abnormalities and may be more painful.

In our clinic, the procedure is performed while you are awake as a “walk-in, walk-out” procedure. We can perform the procedure under a full (general) anaesthetic where you are asleep, but we’d only recommend this if doing so in clinic is impossible as there are additional risks from the anaesthetic and a longer recovery time. You can discuss your options with your doctor and you can change your mind at a later stage, even after agreeing to have a procedure while awake or during the procedure itself.

Should it be necessary to use a general anaesthetic, or alternatives such as intravenous sedation or spinal anaesthetic, these require admission to hospital and would need to be booked for a later date. They are only recommended in rare circumstances. They also require you to starve, you would need to stay in hospital for several hours, you would need to be picked up and looked after by a responsible adult for 24 hours and you could not drive for at least 24 hours.

Will it hurt?

Everyone is different and women's experiences vary widely. With the use of advanced techniques and miniature equipment the vast majority of women experience a quick, safe and convenient procedure with little pain or just mild discomfort.

You will be in control and able to communicate with your medical team. If at any time you feel severe pain or discomfort that is not acceptable to you please tell your clinician and they can stop the procedure. One of the advantages of having these procedures awake is for you to be able to have an informed choice as to what happens during the procedure.

An injection of local anaesthetic into the neck of the womb (cervix) is available, in which case a speculum is needed to administer this (just as for a cervical smear or taking a swab – a hollow cylinder is inserted into the vagina to reach the neck of the womb). Your doctor can discuss this. We may recommend this for some procedures (e.g. where a polyp is too large to remove without widening the canal leading out of the womb). However for most women, the use of the speculum and anaesthetic is more uncomfortable than the procedure would be.

We can offer inhaled nitrous oxide (Entonox, 'gas and air') that may make the procedure easier for you, although most do not find that it is necessary.

If you feel extremely anxious about the procedure, discuss with your GP whether they will prescribe a sedative, such as a small dose of diazepam to take before your appointment, or you could consider using Entonox.

How long does the visit take?

The visit may take one to two hours including the time spent talking to the clinician, having the procedure and resting afterwards. The actual investigation should take no longer than 10 minutes. When polyps or small fibroids are found, and you decided to have them removed at the same appointment, this may take another 10 to 20 minutes.

What happens at the clinic?

Firstly the doctor or nurse will ask you about your symptoms and explain the procedure. You will have the opportunity to ask questions or to raise any concerns you have.

There are usually three staff members in the room. One or two staff members are looking after equipment and a nurse will be present with you and looking after you at all times. You will be asked to get undressed from the waist down, but staff will keep you as covered as possible with a sheet over your knees at all times. A nurse will help you to get positioned in a special chair. We are a teaching hospital and also a reference unit for some procedures. Sometimes we have nurses or doctors who need to gain experience of these techniques, or a medical or nursing student may attend to observe how the clinic works. If this is the case we will check with you first, but we will always ensure your privacy is maintained and any training is always done under the supervision of an experienced consultant.

Our aim is to perform this procedure without the need for a speculum, but sometimes it may be needed, for example if a local anaesthetic is injected into the neck of the womb to make the procedure less uncomfortable.

A hysteroscope is passed through the neck of the womb to give a clear view of the space inside of the womb. No cuts are necessary. Water is used to provide a view in front of the telescope and to gently open up the canal into the womb, so the main thing you will be aware of is the flow of water through the vagina. This is warmed to body temperature, so can feel similar to a flow of urine.

Most women will experience only mild discomfort. Sometimes you may experience sharper, crampy 'period like' pains. This is short lasting. If however, the pain is severe and you feel you cannot tolerate the procedure, it is important to let your doctor or nurse know and the procedure can be stopped at any point, or we can offer you Entonox ("gas and air"). If no abnormality is seen, the procedure will take less than 5 minutes.

During the procedure the doctor can see the inside of your womb on a colour monitor. What is being see can be shown and explained to you, unless you choose otherwise. Photographs of the findings are taken and kept in your notes.

If necessary we can take a sample (biopsy) or remove small polyps by using very fine instruments that pass inside the telescope. If a fibroid or larger polyp is found, usually these can be removed by using additional instruments called "tissue removal systems" such as *Myosure*®. A local anaesthetic may also be given to make their removal less uncomfortable. Whilst these systems are relatively new, so no long term data yet exists as to their effectiveness or safety in comparison to older techniques, we have found them to be effective and feedback has been good.

Any removed tissue will be sent for analysis (when tissues are looked at under a microscope) and you will receive a letter in several weeks to tell you the result. Your GP will get a copy of the result.

Often no abnormality is found. This means we can reassure you that there is nothing serious, and that there is nothing like a polyp that could make other treatment options less effective.

If you would like some form of treatment for period problems, then usually we would recommend an intrauterine system (e.g. the "Mirena" system) which we can fit at the same time.

What treatments can you offer for period problems?

Not everyone wants or needs treatment; sometimes just the reassurance that there is nothing to be concerned about is enough. However if bleeding is affecting your life, or for example you are finding that sanitary protection has to be doubled up or is failing, then treatment can make a significant difference to how you feel. We can offer treatments that range from being very simple (e.g. occasional tablets) up to major surgery. There is rarely a "right or wrong" option, and usually you need to weigh up how severely you are being affected against the potential benefits and risks of each treatment option

There is a useful guide on the NHS Choices website under "heavy periods".

Intrauterine System (IUS – "Mirena")

Intrauterine System (IUS) – actual size (3cm long)

The intrauterine system (IUS – commonly known as "Mirena") is the first line recommendation for troublesome bleeding. It is one of the most effective treatments, helping the vast majority of women. It is a small plastic device that is fitted inside the womb, releasing a hormone that thins the lining of the womb. It lasts for five years and in that time there is no need for any other action beyond just occasionally confirming that it is there by a "thread check" that you can do yourself. It is also an extremely effective contraceptive, with a lower failure rate than a sterilisation operation. Most women will find it either stops their bleeding all together, or reduces it to light spotting. Other problems such as pain are also helped. Although it releases a hormone, only a small amount is absorbed so side-effects from the hormone are rare. The main issue to consider is that in the first year of use, it will give light but unpredictable bleeding and there can be a troublesome phase where there is spotting or light bleeding on most days, often without warning. However as time goes on there are more days without bleeding and fewer with, and by a year most women are only getting a day or two of spotting in a month, if that. If you are troubled by the unpredictable bleeding, you have to look forward to the future as it does normally settle down. It is unusual for bleeding not to be significantly better, if still not ideal, by 6 months.

The IUS is one of the most highly rated treatments for bleeding problems and as a contraceptive, but like all drugs there are occasional problems. Rarely bleeding just does not settle, or its unpredictability continues to be a nuisance. Very rarely it can be pushed out of the womb which is why we recommend checking that it is there occasionally. Extremely rarely it can push through the womb into your abdominal cavity, in which case keyhole surgery may be needed to remove it. Whilst less hormone gets into the blood stream than from taking a mini-pill, occasionally women can notice side effects such as skin or mood changes, though normally these are temporary.

Although an IUS can be fitted at any time by your GP in the surgery, if you would like us to do so in the clinic then it tends to be easier and more convenient for you.

Treatments with Tablets

Tranexamic acid (which can be combined with anti-inflammatory pain killers like ibuprofen or mefenamic acid) is taken just when needed during heavy bleeding. It helps to reduce blood loss in many women. It is safe and side effects are rare. It is an excellent choice where fertility is desired.

The Pill (combined oral contraceptive pill, or the mini-pill desogestrel), reduce blood loss in most women and can be useful especially where contraception is desired. The combined pill is not suitable for all women (e.g. if you are over 35 and have other issues like obesity, are a smoker, have focal migraines or where there is any history of blood clots), but does also regulate cycles as well reducing the loss. Desogestrel is safe in almost all women and reduces blood loss, but sometimes irregular bleeding can persist.

Hormone tablets (e.g. norethisterone) can sometimes be helpful, especially where cycles are irregular. They tend to work best in situations where eggs are not being produced, such as when approaching the menopause or with obesity. They are usually taken in a cycle (e.g. three weeks on, one week off) with a period expected after the break. They are not contraceptive, and can cause side effects similar to those you may notice in the build up to a period.

Ulipristal is a new drug that is used to treat fibroids. It usually stops bleeding within 10 days, and then causes fibroids to shrink. It is taken in a course of three months followed by a two month break. If your doctor thinks this may be worth considering we will give you further information in clinic.

Surgical Treatments

Endometrial ablation is where a device heats up and permanently destroys the lining of the womb. This is a simple procedure that can be done in clinic using local anaesthetic, or as a day case under general anaesthetic. It helps 85% of women, of whom about half have no periods at all and the other half have lighter, more acceptable periods then before. It does not provide contraception but any future pregnancy would be unsafe so adequate contraception is essential. We can discuss in the clinic if this may be a suitable option to consider.

Hysterectomy involves removing the womb, and is therefore the only treatment that will always stop bleeding permanently (although with a less invasive option called "subtotal" some spotting may continue). Most women who opt for hysterectomy report that they are pleased with the outcome and would choose it again. However it is the most invasive option, and as it involves major surgery there are risks involved including damage to other organs, future bladder problems and higher chance of prolapse. It is rarely sought as a first line option, but where other treatments are either not suitable or have failed, or where problems are particularly severe, it can be the best choice. It can be performed through key hole surgery, through the vagina with no cuts on the tummy, or as a bigger open operation. These choices can be discussed further in clinic.

How will you feel afterwards?

After the procedure you will be able to rest in comfortable surroundings. Most women are able to go home within 30 minutes, but we do recommend staying for at least 10 minutes as occasionally people can feel faint, giddy, sick or have cramping afterwards. This should settle quickly.

You should be able to go to work after a few hours or by the next day unless you work in a physically demanding environment. In this case we recommend you take two days off. For more major procedures (such as endometrial ablation or removal of fibroids) you may need a week off work.

You may get some period like pain, some spotting or occasionally fresh (bright red) bleeding. This should settle within a fortnight and usually is minimal after a few days.

You can shower and bath as normal. Normal physical activity and sex can be resumed when any bleeding and discomfort have disappeared. It is safe to use tampons, but you should ensure they are changed regularly to limit the danger of infection after any procedure. Usually just liners should suffice. Driving should be safe within 30 minutes after a hysteroscopy so long as you feel comfortable.

You are advised to get supplies of whatever painkillers you find useful – for most people we recommend a combination of paracetamol 1g (two tablets) four hourly with a maximum of four doses in 24 hours, together with ibuprofen 400mg (normally two tablets) four hourly.

If your pain is not controlled with simple pain killers you should contact your GP or out of hours emergency care service.

What complications can happen?

Pain after hysteroscopy is usually mild and similar to period pain. It is usually controlled with simple painkillers.

Bleeding is usually mild and lighter than a period, settling within few days though sometimes dragging on as a dark discharge. If bleeding does not settle and is getting worse, you should contact your GP.

Infection may cause an unpleasant smelling vaginal discharge or persistent bleeding. Infections are rare (less than one in 100 procedures) and are easily treated with antibiotics. Studies have shown that if you are diabetic or on immunosuppressant medications you are more likely to have an infection so your GP may be more likely to recommend antibiotics if there is a problem.

Feeling faint, sweaty or sick (vasovagal reaction) occurs rarely (less than one in 100 procedures) from any gynaecological procedure. This reaction is short lasting and should settle fast once lying flat. It is important to alert us if you are feeling these symptoms as they can become severe quite quickly if you stay sitting up.

Perforation – There is a very small risk (less than one in 1000) that the instruments used could puncture the wall of the womb with possible damage to a nearby structure. It is very rare as the entire procedure is viewed on the screen. If it happens, you may need to stay in hospital overnight for close observation. Extremely rarely it may require a further operation (usually key-hole surgery). The risk is lowest when we perform the procedure in clinic rather than under general anaesthetic.

Failed procedure (less than one in 100)**,** where it is not possible to place the hysteroscope inside the womb. Usually this happens when the neck of the womb is 'closed'. This is rare and your doctor will discuss alternative steps with you.

What are the results from the clinic in Cornwall?

We invite every patient who has an ambulatory gynaecological procedure to complete a questionnaire so we can collect feedback and improve our services. Based on the responses from over 2000 women over the past five years:

- 98% rated their care as "excellent", none less than "good"
- >99% reported they were treated with dignity and respect all of the time
- 97% would recommend the service to their friends or family
- 92% would choose the same way of having this procedure again, 3% would not
- Pain Score. On a 10 point scale where 0 is no pain and 10 the worst pain imaginable, the average pain score from the procedure was 4.2 whilst the average score reported from a normal period was 5.1
- 27% reported minimal pain from the procedure (compared to 17% reporting minimal pain from a normal period)
- 12% reported severe pain from the procedure (compared to 22% reporting severe pain from a normal period)
- 72% rated the pain from the procedure to be less severe or the same as that from their normal period

Questionnaires, Audit & Research

Before and when you attend the clinic you will be asked to complete questionnaires. We use the information to help us in your care and so we can continually strive to improve our services based on your feedback.

As a part of our on-going audit and research, we would like to include your details and findings from the clinic appointment on a specialist computer database. This confidential database may be used for the future research and audit projects. Part of this will be looking at the long-term benefit of these specialised ambulatory (one stop) services. This may involve contacting you in the future by postal questionnaire.

We hope that you are happy with this but if you have any objections please let the staff know when you attend the clinic.

Further Information

NHS Choices – advice on heavy periods, hysteroscopy and all aspects of NHS services & treatments
http://www.nhs.uk/Conditions/Periods-heavy/Pages/Introduction.aspx
http://www.nhs.uk/Conditions/Periods-heavy/Pages/Treatment.aspx
http://www.nhs.uk/conditions/hysteroscopy/Pages/Introduction.aspx

National Institute for Health and Care Excellence (NICE) – guidance on heavy menstrual bleeding
Our clinic follows this national guidance
https://www.nice.org.uk/guidance/conditions-and-diseases/gynaecological-conditions/heavy-menstrual-bleeding

Royal College of Obstetricians and Gynaecologists – Best Practice in Outpatient Hysteroscopy
Our clinic follows this best practice guidance
https://www.rcog.org.uk/globalassets/documents/guidelines/gtg59hysteroscopy.pdf

Commercial Sites (maintained by the manufacturers)
Treatment comparison chart –
http://www.novasure.com/sites/novasure/files/AUB_Treatment_Comparison_Chart_0.pdf
Endometrial ablation (Novosure) – www.novasure.com
Fibroids (Esmya – ulipristal) – www.fibroidsconnect.co.uk
Polyps & fibroids (Myosure) – www.myosure.com

This information is adapted from that developed by the British Society for Gynaecological Endoscopy (BSGE) with patient support groups including “hysteroscopy action”.