

Postmenopausal bleeding

Information for patients

This information leaflet explains how we investigate the causes of postmenopausal bleeding (PMB) and the tests you might have when you come to your appointment at our gynaecology one-stop rapid-access clinic. If you have any questions or concerns, please do not hesitate to speak to any member of the team caring for you.

www.kch.nhs.uk

What is postmenopausal bleeding?

It is any bleeding from your vagina that happens after the menopause (12 months or more after your periods have stopped). The bleeding can range from spotting, a pinky or brownish discharge to a heavier, period-like bleeding.

Why has my GP referred me to the one-stop rapid-access clinic?

They have referred you because:

- you have had some bleeding more than a year since your last period
- or
- you have had some **unexpected** bleeding while using hormone replacement therapy (HRT) or tamoxifen.

Any bleeding from your vagina that happens more than a year since your last menstrual period needs to be checked.

The vast majority of women who have this type of bleeding do not have a serious problem. But about 5% of women may have a serious underlying cause such as womb cancer. The risk of this is lower, about 1%, if you are taking HRT. The majority of women assessed with this presentation (>90%) do not have cancer and the assessment reveals no significant abnormality. Assessment may include ultrasound scan assessment or the need to take a biopsy from the lining of the womb or having a look inside the womb with a telescope (hysteroscopy). These are described in more details further below in this document.

We are seeing you today to check for signs of cancer and to try to find out what is causing your bleeding.

What causes postmenopausal bleeding?

The most common causes are:

- inflammation and thinning (atrophy) of your vagina or the lining of your womb (atrophic vaginitis or endometritis). This is caused by low levels of oestrogen after the menopause
- polyps on your cervix or the lining of your womb (endometrium). Polyps are growths that are a bit like a skin tag and are usually non-cancerous
- thickened womb lining (proliferative or hyperplastic endometrium). This can be caused by HRT, being overweight, your ovaries producing some hormones or tamoxifen therapy used to treat breast cancer
- cancers of the womb lining (endometrium), cervix, vagina and, very rarely, fallopian tubes or ovaries.

Where will I have my appointment?

You will be seen by a specialist gynaecology doctor in Suite 8 on the third floor of the Golden Jubilee wing at King's College Hospital.

Do I need to prepare for my appointment?

You do not need to prepare but you may wish to take a painkiller an hour before your appointment in case you have an endometrial biopsy or a hysteroscopy today. This will help ease any discomfort.

How long will I be at the hospital?

Please allow the whole day in case you need to have tests.

What happens at my appointment?

You will be asked to empty your bladder (pee) just before you come in to see the doctor.

A health care assistant (HCA) will be with the doctor in the room as a chaperone.

The doctor will ask you about your medical history and recommend an internal ultrasound scan to check your ovaries and the lining of your womb. It is not usually uncomfortable but please tell the doctor if you find it painful. An internal ultrasound gives a better picture of your organs than an abdominal (tummy) scan.

The doctor will also do a vaginal examination using a speculum to look at your cervix and vagina. This is just like having a smear test. Please tell the doctor if you find this painful.

What happens after the scan?

No tests: If the scan and examination are normal you will not need any more tests.

Vaginal oestrogen treatment: If the lining of your vagina looks thin, the doctor may recommend that you use a vaginal oestrogen treatment. Your GP can prescribe this for you as an ongoing treatment.

Endometrial biopsy: If the lining of your womb looks slightly thickened, the doctor will recommend an endometrial biopsy. This involves having a small slim straw passed through your vagina and cervix and into your womb to take a tiny sample of tissue (biopsy) that can be looked at in a laboratory. The straw goes higher up than a smear test and the doctor will use a speculum to see into your vagina. It feels similar to having a coil fitted. Most women find it uncomfortable but not unbearable. If it is too painful or it is not possible to get a sample, the doctor will stop and recommend you have a hysteroscopy.

Hysteroscopy: If the scan does not give the doctor enough information for them to make a diagnosis or they think there may be a polyp in your womb, they will recommend you have a hysteroscopy to check your womb, take a tissue sample (biopsy) and remove the polyp.

If you have sexual intercourse in the month before your hysteroscopy, it is important that an effective form of contraception is used from the time of your previous period until you have your operation. If there is any possibility that you may be pregnant, the procedure may have to be cancelled and arranged to be carried out on a later date.

What is a hysteroscopy?

It is an investigation that involves having a small, thin telescope put into your vagina, through your cervix and into your womb. The telescope has a small camera at the end that takes pictures of the inside of your womb. You can choose either to be awake or asleep (general anaesthetic) for this test.

Without anaesthetic: If you choose to be awake, you can usually have the hysteroscopy the same day as your scan and this also means you will get a diagnosis more quickly. There may be some occasions where if the hysteroscopy clinic is full on that particular day, in which case you will need to come back another day for your hysteroscopy. Most women find a hysteroscopy is most comfortable without a speculum and without an anaesthetic (vaginoscopic hysteroscopy). You can have a local anaesthetic injection into your cervix but to do this you will need to have a speculum put into your vagina. We will ask you take a painkiller (for example, 1g of paracetamol or 400mg of ibuprofen) one hour before the investigation if you have not taken some already. We may also ask you to take antibiotics before the procedure in the form of oral tablets. For more information, ask for our Outpatient Hysteroscopy leaflet or download it from <https://www.kch.nhs.uk>

With a general anaesthetic: If you need or choose to have a general anaesthetic you will have your hysteroscopy in our day surgery unit on another day. You will have a pre-assessment appointment beforehand to check that you are ok to have the anaesthetic. For more information, ask for our Day Surgery Hysteroscopy leaflet or download it from <https://www.kch.nhs.uk> If you have any serious medical problems, you will be admitted to hospital to have the procedure.

Will I need more tests and investigations?

- If we suspect you may have cancer we will refer you for MRI and CT scans to assess the amount of disease. You will have these on another day but within two weeks of this first appointment. We will also refer you on to our Gynaecological Oncology department for your treatment.
- If we have not found any signs of cancer we will not need to do any more tests. As a general rule, we do not do the tests again within six months. But if you have any more bleeding after

six months, your GP will refer you again and we will repeat the process. This is in case anything has grown or changed over that time.

Who can I contact with queries and concerns?

If you have had a biopsy or a hysteroscopy, call Gynaecology Outpatients to speak to one of our nurses or doctors, tel: **020 3299 3168 / 1702**.

Ambulatory unit for queries about outpatient hysteroscopy, tel: **020 3299 3408**

If you have a query about a date for a day surgery or an inpatient procedure, contact Gynaecology admissions, tel: **020 3299 3733**.

If you need urgent medical attention, go to your local Emergency Department (A&E).

More information

- www.nhs.uk/conditions/post-menopausal-bleeding/
- www.nhs.uk/conditions/hysteroscopy/
- www.womens-health-concern.org/
- www.rcog.org.uk/en/patients/menopause/

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) offers support, information and assistance to patients, relatives and visitors. The PALS office is on the ground floor of the Hambleden Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601** Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at **www.kch.nhs.uk/contact/pals**

If you would like the information in this leaflet in a different language or format, please contact PALS on **020 3299 1844**.

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