

**Patient
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Post-Menopausal Bleeding (PMB) Clinic

Introduction

You have been referred to the Post-Menopausal Bleeding (PMB) Clinic by your GP because you have had abnormal bleeding over a year after your last period. This may be after the menopause or abnormal bleeding while on Hormone Replacement Therapy (HRT). The purpose of the PMB Clinic is to identify the cause of the bleeding and plan any necessary treatment.

Why do I need the appointment?

Postmenopausal vaginal bleeding should always be investigated. In most cases no serious problems are found but there are times when the bleeding is the first symptom of serious disease including cancer.

What causes PMB?

In 90 out of 100 cases, examination and investigations will find either no clear cause for the bleeding or a benign (non-cancerous) one.

The most common cause of postmenopausal vaginal bleeding is inflammation of the lining of the vagina (atrophic vaginitis). This is due to low levels of the hormone oestrogen.

Cervical and endometrial (in the womb) polyps are commonly found but they are usually benign (non-cancerous).

In around 10 in every 100 cases, PMB will be associated with endometrial (uterine) or cervical cancer.

When the bleeding is related to cancer, if it is diagnosed early there is a very good chance that the disease can be cured.

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How is PMB investigated?

All women referred to the PMB Clinic will be offered an ultrasound of their pelvic organs to look at the thickness of the lining of the womb (endometrium).

The lining of the womb should be thin in women who have gone through the menopause. If the lining is thicker than expected we would offer you a 'hysteroscopy' to look at the inside of the uterus. This will be performed during your visit to the clinic. Please allow at least 30 minutes for your appointment. See the 'Having an outpatient hysteroscopy' section in this leaflet for more information.

If the lining of the womb is thin this is very reassuring and you will be discharged. If you have further bleeding then it is important that you return to your GP.

During a hysteroscopy a sample of the lining of the womb may be taken for analysis (testing). Your treatment will depend on the results of the analysis. You and your GP will be contacted with the results but please be aware that it can take up to 6 weeks.

Having an ultrasound scan

What is an ultrasound scan?

This is a method of looking at internal organs using ultrasound. The pelvic organs (uterus and ovaries) can be examined both trans-abdominally (scanning through the skin surface of the lower abdomen) and/or transvaginally (scanning from within the vagina).

Are there any risks?

Ultrasound itself is unlikely to cause any problems; although the gel used on the skin can give a small number of people a mild skin reaction.

On arrival at the department

Please report to the main reception desk as stated on your appointment letter. When you are called through to the clinic room you may be asked to remove some items of your clothing. Your personal items and clothing will remain with you at all times.

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You will be examined by a specialist who has been trained in ultrasound.

What happens during the examination?

Ultrasound used to examine the organs in the abdomen (transabdominal) requires a full bladder.

Some gel will be put on the area being examined.

An ultrasound transducer (probe) will be gently moved over the skin and images of the internal organs produced.

If your bladder is not full it will not be possible to examine you using this method.

Transvaginal ultrasound may be used if greater detail is required, or where the images obtained on the transabdominal scan are not clear enough (for example, if your bladder was not full.) This type of scan allows the scanning device to be placed closer to the pelvic organs so that a good view of the uterus and ovaries can be obtained.

No special preparation is necessary, but we will ask you to empty your bladder just before the scan as in this case a full bladder will stop us from obtaining a clear view of your pelvic organs. For this examination we will use a specially designed probe with a rounded end.

The probe is cleaned before use, covered with a disposable protective sheath and lubricated before it is inserted into your vagina. You will be asked to remove your lower underwear and will be put in a comfortable position which will allow an internal scan to be performed easily. To protect your privacy the door will be locked while the scan is in progress. You will be able to open the door should you need to do so.

Will the scan be uncomfortable?

All care is taken to make sure that the examination is as comfortable as possible.

How long will the examination take?

This may vary but should be no longer than 20 minutes.

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Having an outpatient hysteroscopy

What is a hysteroscopy?

A hysteroscopy is a minor surgical procedure to look at the inside of the uterus (womb) using a small telescope (hysteroscope).

Are there any risks?

There are minimal risks of bleeding, infection and minor damage to the womb (perforation). This will be explained in greater detail during your appointment.

What does the hysteroscopy involve?

The procedure usually takes about 10 minutes.

The clinician will take a history of your bleeding and answer any questions that you may have. You will then be asked to sign a consent form.

Next, you will be shown to the examination room where you will be asked to remove some of your clothes from the lower part of the body and put on a hospital gown.

You will be asked to lay on a special examination couch. A speculum may be placed into your vagina to open the area for the procedure.

A fine hysteroscope is passed through the cervix and into your womb. The womb is distended (expanded by pressure) with a water solution to allow a clear view. A sample (biopsy) of the lining of the womb may be taken.

Some women experience period-type pain during the procedure. Local anaesthetic can be given if needed.

It may help if you take some mild pain relief (such as paracetamol or ibuprofen) 1 hour before your appointment.

Sometimes it is not possible to perform the procedure. If this is the case you will be offered the procedure, which will be under general anaesthetic, at a later date.

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After the hysteroscopy

The clinician will explain their findings to you after the procedure and advise you on any further treatment if necessary.

You may notice a watery discharge or some spotting of blood; it is advisable to wear a sanitary pad. You may also experience mild period-like pain and/or bleeding afterwards. If this happens take pain relief as needed.

The result of any biopsy (if performed) will be sent to you and your GP but this may take up to 6 weeks.

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