Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

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Gynaeoncology

Patient Information

Investigation of Women with abnormal vaginal bleeding around/after menopause

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Document history

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Why have you been referred?
Your doctor has referred you because you have had abnormal vaginal bleeding that requires urgent investigation.

The purpose of these investigations is to identify the cause of your problem, to exclude a cancer, and to plan management as necessary.

Please allow at least two to four hours approximately for this whole process.

Your first investigation
The first step in finding the cause of the bleeding is an ultrasound scan to check the ovaries and the uterus (womb).

You may be asked to attend the department with a full bladder as sometimes the scan may be performed abdominally.

A vaginal scan may also be performed using a small probe. Most women find there is little or no discomfort.

The procedure takes about ten minutes and is performed as an outpatient in the scan department. This is located on level three of the main outpatients department of Addenbrooke’s hospital.

If the scan is normal and your GP examination was normal, then you may be discharged from the scan department back to your GP.

References/ Sources of evidence
Alternatives
In rare cases, depending on individual factors there may be alternatives to having a hysteroscopy. This may include a further scan such as an MRI (Magnetic Resonance Imaging) scan.

Contacts/further information
- **Medical secretary and clinic administrators**
  01223 216251
  Monday to Friday 08.30 to 16.30

- **Hysteroscopy nurse practitioner/lead nurse**
  01223 348203
  Monday to Friday 08.30 to 16.00

- **Appointments**
  01223 217664
  Monday to Friday 08.00 to 17.00

- **Clinic 24 (emergency gynaecology unit)**
  01223 217636
  Monday to Friday 08.00 to 20.00
  Weekends 08.30 to 14.00
  Closed Bank holidays

- **Daphne ward (inpatient gynaecology ward)**
  01223 349755
  At all other times

What happens next?
After you have had the scan we may see you in the gynaecology clinic. This is located in Rosie outpatients, level one of the Rosie hospital. A nurse or doctor will discuss your symptoms with you after which you will then be advised as to whether or not you will require a hysteroscopy.

If you wish to speak to a nurse before your appointment please call the medical secretary on the numbers below and they will put you through to one of the nurses.

You can eat and drink as normal prior to these investigations. **We recommend that you take some pain killers such as paracetamol or ibuprofen approximately an hour before the procedure.**

What is hysteroscopy?
Hysteroscopy allows the nurse or doctor to look into the uterus (womb) using a fine telescope called a hysteroscope.

You can watch the procedure on a TV screen if you wish.

During the examination you will lie on a couch with a nurse by your side, and have a speculum examination (like when you have had a smear test). Occasionally a speculum is not required. This is called a vaginoscopy. The hysteroscope will be passed gently through the cervix (neck of the womb) and inside the uterus (womb). At this point some women experience some discomfort likened to ‘period ’pain.

For many women an outpatient hysteroscopy is only minimally uncomfortable but very occasionally a few women find that it can be either very uncomfortable or even painful.
If you make it clear that you are too uncomfortable then the procedure will be stopped. Some women may have local anaesthetic put into the cervix to help with the discomfort but this is not always necessary.

You are advised to have a friend or relative to accompany you as sometimes the procedure can make you feel dizzy or faint. We ensure that you are fully recovered before you leave the department.

**How long will it last?**
The hysteroscopy itself usually takes about ten minutes, to allow the nurse or doctor to inspect the lining of the womb and take a biopsy (a small sample of tissue), if necessary.

Occasionally, if you have a polyp, you may have some treatment to remove it at this appointment, if so the procedure may take slightly longer.

Hysteroscopy may be performed even if you are still bleeding.

**What happens afterwards and how will I feel?**
After the procedure you will be given time to recover, while the nurse or doctor writes in your notes. A nurse will advise you of what to expect afterwards and will give you an advice leaflet. She will also advise you about whether you will need to return to another clinic for your results or whether you will receive them in writing and when this will be.
You can leave as soon as the procedure is over and you may resume normal activities such as working and driving.

**At home**
- If you can, have a restful day.
- You may experience some spotting or fresh blood loss that will require a sanitary pad. Please do not use tampons and avoid intercourse until the spotting/blood loss has stopped.
- You may need to take some pain killers, for example paracetamol or ibuprofen (but no more than the recommended dose).
- If you are worried following your appointment, please telephone your GP for advice. Alternatively you can speak to a trained nurse in the clinic on: 01223 216482 (mornings only) or contact the emergency gynaecology unit (daphne ward) on the number over the page.

**Benefits**
Most women have both investigations on the same day. This means fewer visits to the hospital.

An outpatient hysteroscopy does not involve a general or regional anaesthetic and their associated risks. You will be fully aware of the procedure and most women find this acceptable.

**Risks**
Minor risks involved with the procedure are:
- Pain
- Bleeding

More serious risks are:
- Infection
- Perforation (making a hole in the womb)
- **However, these risks are extremely rare.**