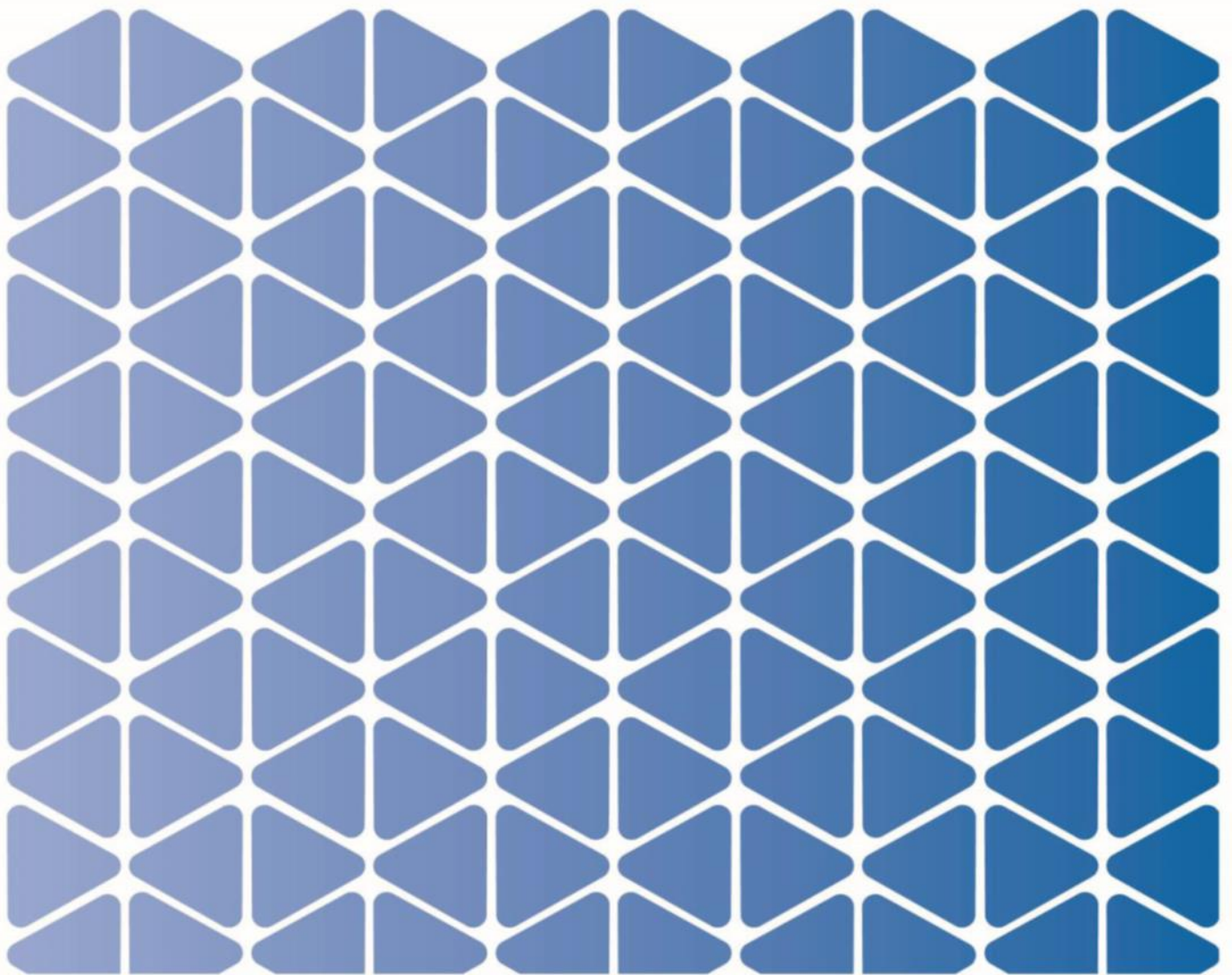


PATIENT INFORMATION

BLEEDING AFTER THE MENOPAUSE (Post-menopausal bleeding) – What happens next?



We hope that this information leaflet will help you to understand your care options. We hope that you will feel comfortable to ask questions of your health professional so that you can work together to make a plan that meets your needs and priorities.

Remember you can always ask the healthcare professional to explain things differently, explain things again, or to write down information for you.



What is post-menopausal bleeding?

Post menopausal bleeding is any bleeding which a lady has after having gone through the menopause. A lady is considered post-menopausal when she has not had a period for over 12 months.

Should I be concerned if I have had post-menopausal bleeding?

We always take post-menopausal bleeding seriously. We know that around 1 in 10 women with post menopausal bleeding can have endometrial cancer. We therefore need to be sure we investigate it appropriately and in a timely manner.

What happens next?

Depending on the severity of your bleeding your GP will do one of two things:

1. Conservative Management

For spotting, a single episode of bleeding or bleeding which lasted up to one day your GP will manage this conservatively. As long as your GP has found no other cause they will ask you to simply observe the bleeding and report if you have any further episodes over the next few days and weeks. It is important that you report any further bleeding you have; as recurrent bleeding will need further investigation.

2. Referral to secondary care (hospital)

For more significant bleeding your GP will refer you via the 'post-menopausal bleeding pathway'. This is a service aiming to see and evaluate your bleeding as quickly as possible. We aim to see all patients within two weeks of referral. If you have not received an appointment within two weeks then please see your GP to chase this.

The referral your GP sends will be reviewed by one of our clinical team, who will decide what further appointment you need. They will then book you into the most appropriate clinic.

If I need to be seen in clinic, what should I expect?

Once your referral is reviewed, you will be booked into one of two clinics:

Ultrasound and Endometrial Biopsy Clinic

The majority of patients will be seen in these clinics. On the day of your appointment you will have an ultrasound of your pelvis. This involves a scan of your womb and ovaries through your tummy, and via an internal vaginal scan. Please ensure you have a full bladder when you attend for the scan.

Following the scan, you will be seen in the Women's Health Unit where your history will be taken, your other medical conditions will be reviewed and your scan will be discussed with you. If the clinician you see feels your history and scan result warrant it, a short procedure may be done to take a biopsy from the lining of the womb.

Some ladies may need a further procedure called a hysteroscopy where we looked inside the womb with a camera. If you wish, we will endeavor to do this on the same day. The clinician will discuss this with you if you require it.

Hysteroscopy Clinic

For some ladies, their symptoms and medical history may suggest their bleeding needs more extensive investigation. These ladies will be booked directly into an outpatient hysteroscopy clinic. Here a short procedure is done to look inside the womb with a small telescope and a biopsy of the lining of the womb is taken. If you are booked into this clinic you will receive a leaflet explaining the procedure in more detail.

Patients who will be seen in this clinic include:

- Patients with continuous or recurrent bleeding;
- Patients who have already been investigated for post-menopausal bleeding within the last four months;
- Patients on Tamoxifen;
- Patients who have had previous endometrial hyperplasia;
- Those with certain risk factors which make endometrial cancer more likely.

How will I know which clinic I am being seen in?

The letter you receive from the hospital will state which clinic you are being seen in and give you any further information you require.

What is an endometrial biopsy and how is it done?

An endometrial biopsy is where we take a small sample of the lining of the womb (endometrium) and send it away to be analysed under a microscope. This is the most definitive way we have of checking whether there are any problems with the lining of the womb. This is mainly to detect cancer but may also show other non-cancerous changes, which may need treatment or further follow up.

An endometrial biopsy is generally done using a small tube called a Pipelle ©. A speculum is inserted into the vagina and the device passed through the neck of the womb. This then creates a small amount of suction and is moved around to take a scraping of the lining of the womb. During the procedure you may feel some sharp cramping pains but these generally settle quite quickly. The biopsy itself takes less than a minute. You can have pain relief after the procedure if necessary.

What else might I need?

You may be one of the women who needs a hysteroscopy (camera inside the womb). If you are, the letter you receive will include information about this. Alternatively, you can access our patient information leaflet on 'Outpatient Hysteroscopy' using the QR code below.



Your notes

You can fill out the following table with your healthcare professional. This will help you to think about which option is best for you, given your individual situation. Doing nothing is also an option.

My Options include...	The Benefits	The Risks
	Why is this option good for me?	What is not so good about this option for me?
To have treatment		
To do nothing		
Alternative treatment(s)		

You might also want to ask...

- How quickly should I expect to see an improvement?
- Who should I contact if I have questions after I leave today?
- Do I need to come back to the hospital again? Or to see my GP after today?
- Where can I go to get more information?
- What lifestyle changes could I make to support my recovery?

Your notes

Remember you can always ask the Doctor to explain things differently, explain things again, or to write down information for you.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.