

# Investigation of bleeding after the menopause

## Information for Patients

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### What is this leaflet about?

This patient information leaflet will help you understand:

- Why you have been referred to Gynaecology for a Post Menopausal Bleeding Outpatient appointment
- What may happen to you at this appointment
- How to prepare for this appointment
- How the results of this appointment will be communicated to you.

### What is the Post Menopausal Bleeding?

Post Menopausal Bleeding is bleeding from the vagina experienced anytime after you have been through the menopause.

### What causes Post Menopausal Bleeding?

There can be many causes of post menopausal bleeding. The most common causes are inflammation and thinning of the vaginal skin.

### Signs and symptoms

Many women who have postmenopausal bleeding will not have other symptoms. Symptoms depend on the cause of the bleeding.

### Diagnosis

As part of this referral your GP is likely to have referred you to have an Ultrasound scan of the womb. This may have shown some thickening of the lining of the womb and when you attend your gynaecology appointment you may be offered a biopsy of the lining of your womb.

The biopsy is taken using an endometrial sampler, which resembles a small plastic straw. The doctor will insert a speculum into the vagina (similar to when you have a cervical smear) to see the neck of the womb. The sampler is passed through the neck of the womb into the womb cavity. This part of the procedure can cause discomfort similar to a cramp period type pain, which generally settles once the biopsy has been taken. Occasionally, a small clip might be placed on the neck of the womb to hold it still and allow the biopsy to be taken. The biopsy is then taken by withdrawing the middle part of the device which extracts a little tissue into the plastic tube. The sampler and speculum are then withdrawn and the sample is put into a pot for analysis. The whole process should only take a few minutes.

## **What can go wrong?**

The biopsy is usually well tolerated by most women however some people do find it too uncomfortable and have to have the biopsy taken under local or general anaesthetic at another time. Also on some occasions it is not possible to get the sampler through the neck of the womb.

There are some rare risks such as:

- Prolonged vaginal bleeding
- Infection
- Uterine perforation (making a hole in the womb)

You should contact your GP or the Gynaecology Outpatient department if you experience any of the following afterwards:

- Heavy vaginal bleeding / clots
- Smelly vaginal discharge
- Feeling feverish or unwell
- Pain that is not relieved by simple painkillers.

## **What are the next steps?**

You should get the results about three to four weeks following the biopsy. Often this is by letter and nine out of ten results will be normal. In some cases we may telephone you to come back to clinic instead of writing you a letter. Sometimes we may need to arrange a further investigation to look inside the womb with a camera (hysteroscopy) and this can be done under local or general anaesthetic. Occasionally a patient will have a womb cancer. Only one in ten patients will have a womb cancer detected and your doctor will inform you of this and arrange further tests and an appointment to discuss surgery.

## **Back to normal life**

You may return to work and resume normal activities following the procedure. We recommend you avoid intercourse and not use tampons whilst you have any bleeding. You may wish to take simple analgesia (paracetamol / ibuprofen) after the procedure.

## **Any more questions?**

If you have further questions about the information contained in this leaflet your doctor will be happy to discuss this at your appointment.

## **Further information**

<https://www.nhs.uk/conditions/post-menopausal-bleeding/>

## Cancellation

While we make every effort to avoid this where possible, there is always a risk that your appointment may be cancelled at short notice. We realise that this can cause distress and inconvenience, but in the event that your appointment is postponed, you will be offered a new date as soon as possible.

## Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

## Public transport and travel information

Bus details available from:

Lothian Buses on 0131 555 6363 [www.lothianbuses.co.uk](http://www.lothianbuses.co.uk)

Traveline Scotland on 08712002233 or [www.travelinescotland.com](http://www.travelinescotland.com)

Train details available from:

National Rail Enquiries on 03457 484 950 or [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

## Patient transport

Patient transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** \*calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hard of hearing or speech impaired? Use text relay: **18001-0300 123 1236\*** (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hour answer service).

## Interpretation and translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.