

Post-menopausal bleeding

Information for patients referred to the
PMB Clinic



Who is this leaflet for?

You have received this booklet as you have been experiencing some bleeding. Your GP is working closely with the Post-Menopausal Bleeding Clinic (PMB Clinic) at the hospital to ensure that you get the healthcare you need as quickly and as efficiently as possible.

This booklet contains information for you about the bleeding that you have had, and some of the possible causes. It explains the steps that might be needed over the next few weeks and the tests that you may be offered. Not all patients need to have all of the tests.

You may also be referred to the PMB Clinic if you have had an ultrasound that shows the lining of your womb is thickened or looks abnormal, even if you haven't noticed any bleeding, or you have not yet gone through the menopause. If this is the case, you may be sent an appointment to see us in the clinic before deciding on what to do next.

It is important to keep this booklet in a safe place as you may need to refer to it again in the next few weeks.

Please note

We will contact you by telephone to arrange appointments for you. This will only be during working hours. If possible, please keep your phone switched on and answer all calls, even if they show up as an 'unknown', 'withheld' or 'no caller ID' numbers as these calls can be from the hospital.

Rest assured...

Here at RCHT your emotional well-being is important to us and we understand that waiting for results can be a very anxious time for you. If it feels like you are struggling to manage these concerns we encourage you to seek the advice of your GP or services such as ANXIETY, Outlook South West or MIND. If possible try talking to family and friends and only use reputable websites such as NHS Choices, Macmillan or Cancer Research to access further information, advice and peer support.

What is post-menopausal bleeding?

Post-menopausal bleeding (PMB) is any bleeding from your vagina (front passage) that happens after the menopause. The menopause is diagnosed 12 months after a woman's periods have stopped. The bleeding can be pink, brown or red and can vary in amount. Sometimes it is associated with a crampy 'period-type' pain in the lower part of the tummy.

How common is it?

1 in 10 women experience PMB in the first couple of years after the menopause and it is usually nothing to worry about.

What causes PMB?

One of the commonest causes of PMB is atrophy of the vagina, cervix or endometrium. This means thinning of the tissues that happens naturally in all women with age. It happens because of the lack of oestrogen following the menopause. It can be easily treated with vaginal oestrogen creams or pessaries.

Other common causes of PMB include polyps or fibroids inside the lining of your womb or on your cervix. Polyps are small fleshy growths that can happen in various parts of the body. Usually polyps in the womb are nothing to worry about, but sometimes they can contain pre-cancerous cells which need treatment.

Fibroids are a less common cause of PMB. Fibroids are growths of muscle that happen in the wall of the womb. Most women over the age of 40 will have some fibroids. Sometimes a fibroid can bulge into the lining of the womb and cause bleeding.

Polyps and fibroids can usually be treated easily and quickly in the clinic.

Endometrial hyperplasia (pre-cancerous cells in the lining of the womb) can also cause PMB. Depending on the stage, this condition can be easily treated with lifestyle changes (weight loss), hormone treatment (either tablets or a hormone containing intrauterine coil) or hysterectomy.

Very often we are not able to be 100% certain of the exact cause of your PMB. We know that it can be a little frustrating if you do not receive a diagnosis. On the other hand it is always good news when nothing serious is found.

Could it mean I have cancer?

1 in 10 women with PMB are diagnosed with cancer, usually cancer of the endometrium (the lining of the womb), or much less often cancer of the cervix (the neck of the womb) or the vulva (the genitals). Endometrial cancer is the fourth commonest cancer in women. It is usually picked up at an early stage and most times will be cured with a hysterectomy.

This means that 9 out of 10 women will not have cancer.

If we do find endometrial cancer in your biopsy, then special tests will be done to look for genetic changes in your cancer. This can help us to know which treatments are likely to be the best ones for you.

How does Hormone Replacement Therapy (HRT) affect PMB?

HRT can cause unexpected vaginal bleeding. Unscheduled bleeding is common when you first start using HRT, if you miss a dose, or if your prescription changes. Bleeding on HRT is very unlikely to be because of anything serious in most people. If you have unscheduled bleeding on HRT, your prescriber will discuss the options with you. These include stopping the HRT for a short time to see if the bleeding settles, changing your HRT regime or having tests to check that all is well. You maybe advised to consider having tests straight away if you are at higher risk of having endometrial cancer, for example if you are very overweight, or you are in an older age group. You may decide to have tests for peace of mind if on:

Continuous combined HRT (HRT that contains both oestrogen and progestogen) you notice bleeding after the first 6 months of using the treatment.

Sequential HRT (HRT that contains continuous oestrogen, but only taking progestogen on a set number of days a month) if you have abnormal bleeding that is heavy, frequent, involves a change in the timing of the withdrawal bleed or occurs randomly (when it is referred to as breakthrough bleeding), over two consecutive cycles.

The first test is a transvaginal ultrasound scan. If this shows that the lining of the womb is thickened, then your doctor may advise you to have an outpatient hysteroscopy. They will arrange these for you directly. Both of these tests are explained later in this leaflet.

25-50% of women eventually stop taking HRT because of bleeding problems.

PMB and Tamoxifen

Some women take Tamoxifen after they have had breast cancer. As well as working on breast tissue, Tamoxifen also causes changes in the lining of womb. These changes can include thickening, polyps, pre-cancerous and cancerous cells. If you experience bleeding on Tamoxifen, an ultrasound on its own is usually not enough. You might be offered other tests as well.

What happens when I am referred to the PMB clinic?

- Your GP will take some details about the symptoms you have been experiencing, and send this information along with details of your medical history to the PMB Clinic.
- It is very important for your GP to perform an internal examination to make sure that the vulva (genitals), vagina (front passage) and cervix (neck of the womb) are normal, as they cannot be seen with an ultrasound scan. This will usually be done before your GP refers you for an ultrasound scan. Some GPs prefer to do the internal examination after the scan. If this is the case, you will be advised by letter to make a separate appointment with your doctor to have an internal examination after your scan.
- If your GP sees something else which needs to be checked, then they will refer you to the appropriate clinic.

There are several tests that may be offered to try to find the cause of the bleeding.

Transvaginal ultrasound scan

This is the first test that your GP will order for you.

You will be contacted by telephone with your scan appointment, usually on the same day that your GP books the scan. If you have seen your GP late in the day,

you may be telephoned the following day. **Please keep your phone switched on and answers all calls, even if they show up as an 'unknown', 'withheld' or 'no caller ID' as these calls can be from the hospital.**

How do I prepare for it?

It can be helpful to wear a loose skirt to your appointment. Before the scan you will be asked to empty your bladder.

If you have a vaginal pessary (such as a ring pessary to treat prolapse) this needs to be removed before you have the scan, by whoever normally looks after your pessary. If you do not have the pessary removed, you may not be able to have the scan.

If you need to come to the hospital for further tests after the scan, your pessary can be re-inserted then, if you bring it with you. Otherwise your pessary can be re-inserted once you have been discharged from the PMB Service

What does it involve?

During the scan a small ultrasound probe is placed just inside the entrance to the vagina. It has some lubricating jelly on the end, which feels cold and wet. You may experience some mild discomfort or a pressure sensation in the vagina. Most women are able to tolerate the scan well.

The scan takes about 15 minutes. The sonographer will look at your womb and measure the thickness of the lining of the womb. They will also look at your ovaries.

When will I get my results?

The report of the scan will be sent to the PMB clinic at the hospital where it will be looked at by one of the specialists. . The specialist will write to you to let you know your results within one week of having the scan and tell you what you need to do next:

If the lining of your womb measures 4mm or less (or less than 7mm if you take sequential HRT) – then the chance of cancer of the lining of the womb is less than 1%. We do not usually recommend any further tests in this situation.

1 in 339 women with a normal ultrasound scan may turn out to have cancer of the lining of the womb. They will almost always have persistent bleeding. **It is important to see your GP again if the bleeding symptoms do not settle down.**

- **If the lining of your womb is more than 4mm** – we will invite you to come to the hospital for a hysteroscopy and endometrial biopsy (see information below).
- **If there is a cyst on one or both of your ovaries** – this is usually nothing to be concerned about. Cysts on the ovaries are commonly picked up when scans are done for other reasons. Often they may have been present for a long time without leading to any symptoms. We will need further information if a cyst is found. You will need to have a Ca125 blood test with the nurse at your GP surgery. You might also need to have a CT or MRI scan to look at the cyst in more detail. Once we have the results of the further tests we will see you in the clinic to discuss your results with you.

Hysteroscopy and endometrial biopsy

A hysteroscopy is a procedure to look at the lining of your womb (endometrium) with a small telescope. It is done in the gynaecology outpatients' clinic and takes about 15 minutes. An endometrial biopsy is taken at the same time. If there is an endometrial polyp or a small fibroid, these can often be removed at the same time.

How do I prepare for it?

You should eat and drink as normal before coming for the procedure.

It is usually helpful to take some simple painkillers eg paracetamol, codeine or Ibuprofen about one hour before your appointment as sometimes the procedure can cause a mild period-type pain. This usually settles quite quickly after the procedure is finished. Local anaesthetic is not usually needed for a diagnostic hysteroscopy.

Can I still take my normal medication?

If you take anticoagulant medication (blood thinners) you may need to stop taking these prior to your hysteroscopy. If this is the case, we will let you know what to do by letter before you come for your appointment.

What does it involve?

1. The doctor or nurse doing the hysteroscopy will check your history and records and explain the procedure to you. You will be asked to sign a consent form.
2. You will need to undress from the waist down and put on a gown to protect your clothes from getting wet during the procedure.
3. You will sit on a couch with special leg rests. The couch will be positioned so that you are as comfortable as possible during the procedure. The hysteroscope is a special telescope about 3mm in diameter. It will be placed into your vagina and your vagina will be filled up with warm water. This allows the doctor or nurse doing the procedure to see the cervix (neck of the womb). The hysteroscope is placed into the opening of the cervix and then into the lining of the womb. You will be able to see on the screen what the doctor or nurse is looking at, if you wish.
4. The biopsy is taken by placing a speculum into the vagina (the same as when taking a smear test) and then passing a thin flexible plastic tube through the cervix and into the lining of the womb. The tube is only 3mm wide, so local anaesthetic is rarely needed. The tube sucks out some tissue for testing in the laboratory.
5. If a polyp or a fibroid is seen inside the womb, this can usually be removed on the same day under local anaesthetic, using a small instrument that passes through the hysteroscope. Occasionally we may ask you to come back on another day if more time is needed.

What can I expect afterwards?

Expect some vaginal bleeding – this should settle quite quickly to a dark or brown discharge. You may have some small blood clots, this is nothing to worry about. The bleeding/discharge can continue for up to three weeks afterwards. It may go on for longer if you are taking anticoagulants. It is best not to place anything in your vagina (eg tampons), or have vaginal sexual intercourse until after the bleeding has stopped. You should be able to resume normal activities the following day. Bath or shower as normal.

Will I have any pain or discomfort?

Following hysteroscopy it is normal to notice some tummy cramps. It is safe to take whatever simple painkillers you usually find useful.

We usually recommend a combination of paracetamol 1g (two tablets) every four hours, up to a maximum of four doses (8 tablets) per day, with ibuprofen 400mg (usually two tablets) every four hours, up to a maximum of three doses every day.

What should I look out for?

Please see your GP if:

- the bleeding becomes very heavy
- the pain becomes very severe
- you notice an unpleasant smelling discharge
- you develop a high temperature

as you may need some antibiotics to treat infection.

Is hysteroscopy suitable for everyone?

Sometimes it is not possible to do the procedure in the clinic. This is usually because the cervix is too tight or has closed off. This happens because of the effects of the menopause, or previous treatment to the womb or cervix. Sometimes it is not possible to do all or part of the procedure because it is too uncomfortable. If this happens, the doctor or nurse in the clinic will discuss the best way forward with you. Usually they will talk to you about having a hysteroscopy as a day case procedure under general anaesthetic or spinal/epidural anaesthetic.

When will I get my results?

The PMB Clinic doctor or nurse will write to you within 2-3 weeks to let you know the biopsy results and what the next stage will be:

- **if the lining of your womb is normal** – no more tests are needed
- **if the results show an abnormality** – such as pre-cancerous cells (known as endometrial hyperplasia) or cancer, then we will see you back in the clinic to discuss this with you.

How do I reduce my risk of cancer?

Thankfully most women who use the PMB service do not turn out to have cancer and they can be reassured and discharged.

Endometrial cancer is caused in many cases by being overweight or obese. It is estimated that 30 – 50% (up to half) of endometrial cancers could be prevented by keeping a normal healthy weight. This is because fat tissue produces oestrogen. In the reproductive age group when women are having periods, oestrogen is the female hormone that stimulates the lining of the womb to grow. Oestrogen is made in the ovaries. Progestogen, which also comes from the ovaries, causes shedding of the lining of the womb during a menstrual period. In this way, the lining of the womb does not 'build up' as it is shed regularly. In post-menopausal women, the ovaries no longer produce any hormones. Oestrogen from fat tissue can cause the lining of the womb to 'build up' uncontrollably and this is how endometrial cancer starts.

Cervical cancer (cancer of the neck of the womb) is also a cause of PMB. Cervical cancer can be prevented in most cases by attending for cervical screening (smear tests) when you are invited.

Any questions?

If you have any questions or need further information, please contact the PMB Secretarial Team on (01872) 252729.

Acknowledgements

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If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

