

# Gynaecology Rapid Access Service



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## **What is the Gynaecology Rapid Access Service?**

This is a service for the assessment of patients with suspected gynaecological cancer. Patients may be referred with symptoms that could be caused by cancer, or with scan results that might suggest cancer. Overall, less than 5% of patients (5 patients out of 100) that are referred to us are diagnosed with cancer. This means that over 95% of patients (more than 95 out of 100) will not turn out to have cancer.

## **What happens once I am referred?**

On the day we receive your referral, your case will be reviewed by one of our consultant gynaecological oncologists. Sometimes we will have all the information we need to be able to advise you about what might be wrong and what we can do about it. Sometimes more information is needed to be able to advise you properly.

Before we see you in the clinic, we might ask you to have some tests done. This usually involves having scans at the hospital and blood tests at your GP surgery. We will advise you if tests are needed before we see you. Usually we will look at your results in our multidisciplinary meeting with our consultant radiologists (consultant X-ray doctors) so that we have as many answers as possible for you when you come to the clinic.

When cancer is suspected, it is very important to get the right tests done as quickly as possible, so that we know whether or not you have cancer. The quicker cancer is diagnosed, the quicker treatment can start. It is also very important to be able to say as quickly as possible if you do not have cancer in order to put your mind at rest.

## **What tests might I be offered?**

### **Blood tests**

When you are referred with suspected ovarian cancer, it is helpful to have a 'Ca125' blood test and sometimes a 'CEA' test. These are known as 'tumour markers'. The levels of these markers in the blood can be helpful in diagnosing ovarian cancer. The tumour marker levels can be raised in patients who do not have cancer, so the results need to be interpreted by an expert.

You will usually need an up-to-date 'U&E' blood test before having a CT scan. This blood test measures how well your kidneys are working. We need this information to make sure that it will be safe for you to have the CT scan.

## **Ultrasound scan**

You will usually already have had an ultrasound scan before you are referred to the Rapid Access Service, but a few patients will not. Ultrasound is usually the best way to getting a clear picture of your womb and ovaries. An ultrasound scan involves the use of a probe, which passes sound waves through your body to produce a picture of the organs inside. The ultrasound can be carried out through the lower abdomen/tummy, or with a small probe that is placed just inside the entrance to the vagina. This is known as a 'transvaginal scan' and usually gives much clearer pictures of your womb and ovaries. A transvaginal scan is not uncomfortable or painful for the majority of patients. It usually takes about 15 minutes.

## **CT / MRI Scan**

Sometimes an ultrasound scan on its own does not give us enough information about what might be wrong. In these cases we may ask you to have a CT or MRI scan.

- **A CT scan** uses X-rays. We usually ask for a scan that looks at you from the top of your chest through to the top of your legs. Often an injection of dye/contrast is given into a vein to make the CT pictures clearer. You will be asked to lie still on a couch, which passes through the CT Scanner. A CT scan usually takes about 15 minutes.
- **An MRI scan** uses a magnet rather than X-rays. Usually we ask for an MRI scan of the pelvic region only. Most of the time you will not need to have an injection. You will be asked to lie still on the couch, which goes into the MRI machine. An MRI scan takes about 30 minutes.

Further information about the type of scan you have been asked to have will be sent to you with your scan appointment.

## **What happens after I have had my tests?**

Your results will be looked at by the whole team in our multidisciplinary meeting. Usually we will have a consultation with you in the Rapid Access Clinic the week after that. You may be asked to have a telephone consultation, or to come along to the clinic in person. Either way, it can be useful to have a friend or relative with you for the consultation.

Your test results may indicate that it would be better for you to be seen in a different clinic. If this is the case, we will contact you and let you know which clinic we are referring you to, and why.

Occasionally, the test results are normal. If this is the case, we will not see you in the clinic. We will let you know your results and discharge you back to the care of your GP.

## **How will you contact me?**

We will usually contact you by letter. There may be times when we need to speak to you on the phone. It is very important to keep your phone with you and answer all calls, especially those with a 'withheld' or 'unknown' number as they could be from the hospital.

## **How can I reduce my risk of cancer in the future?**

Thankfully the vast majority of women who are referred to the Rapid Access Service do not turn out to have cancer and they can be reassured and discharged quickly.

We do know that a significant number of gynaecological cancers are preventable.

Most women are not aware that **endometrial cancer** (cancer of the lining of the womb) 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 the 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) can be prevented in most cases by attending for cervical screening (smear tests) when you are invited.

**Vulval cancer** (cancer of the genitals) is rare. Most of the time vulval cancer it is preceded by pre-cancerous skin conditions, which are usually sore and itchy. Any persistent vulval symptoms should be reported to your GP.

**Ovarian cancer** (cancer of the ovaries) is generally not preventable. Symptoms of ovarian cancer include persistent bloating, feeling full, loss of appetite and pelvic or abdominal pain. If you are worried about symptoms like this it is important to ask for a check-up with your GP.

### **Any questions?**

If you have any questions or need further information, please contact:

Gynaecology Secretaries – 01872 252729

Gynaecology Clinical Nurse Specialists – 01872 252037

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

