



Gynaecology
Outpatient Department

Information before
your appointment

POST MENOPAUSAL BLEEDING CLINIC

Gynae Outpatient Department – 02921 847392 and 02920 742758
Outpatient Operating Co-ordinator – 02920 744390
Gynaecology Emergency Unit – 02920 743857
NHS Direct – 0845 46 47



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What is postmenopausal bleeding?

Post Menopausal Bleeding (PMB) is vaginal bleeding that happens after your periods have stopped.

What causes PMB?

There can be several causes for bleeding after the menopause. It can be due to:

- thinned vaginal skin (called atrophic vaginitis),
- cervical or womb polyps,
- HRT
- occasionally abnormalities of the cervix (neck of the womb) or abnormalities within the womb itself.

Rarely, cancer of the cervix or womb, (only about 1 in 20 women who have had some post menopausal bleeding.)

We would advise to take Paracetamol and Ibuprofen prior to your appointment which can be helpful if a hysteroscopy or biopsy is required.

What will happen in the clinic?

- A clinician will take a full medical history.
- A vaginal ultrasound scan is usually performed with a small scanning probe. It is not usually painful and ensures the best images of the uterus. A measurement is taken of the thickness of the lining of your womb
- If the lining of the womb is very thin (less than 4mm), it is very unlikely that you have cancer of the womb.
- If the lining of the womb measures more than 4mm, we will offer you a procedure known as a hysteroscopy. This Outpatient Hysteroscopy (OPH) is the insertion of a small telescope through the neck of the womb in order to look inside the uterus.

- This examination of your uterus and cervix and allows us to identify any abnormalities in the cavity of the womb such as polyps.
- If necessary a biopsy (sample of the womb lining) will be taken. This involves passing a thin straw through the neck of the womb to obtain a sample of tissue. This procedure can cause some period type pain at the time and bleeding immediately afterwards.
- The reason for taking this sample is so that it can be looked at under a microscope, looking for evidence of cancer or abnormal cells.
- If a polyp is noted on the hysteroscopy we will endeavour to remove this at the same appointment, with your consent or you may need to return for further treatment.
- Occasionally it is not possible to perform these investigations in clinic as the neck of the womb may be tightly closed. If this is the case we will discuss alternative options.
- A speculum examination (like having a smear) is always performed to look for any other causes of bleeding.
- For further information on OPH please find the attached leaflet or web link

What happens next?

- If the lining of your womb is thin and there is no other obvious cause for your bleeding, you will be discharged back to your GP. There is no need for us to see you again unless you have further bleeding – if this happens contact your GP again immediately
- If the lining of the womb is thin, but there is an obvious benign cause (i.e. not cancer) you may be offered some treatment and referred either back to your GP or to one of the other gynaecology consultants for a further procedure
- If the lining of the womb is thickened on scan and you have had a biopsy, the biopsy will be sent to the lab urgently. It takes on average two to three weeks for these results to come back.
- Once we receive the result in the clinic, a clinician will review the result. If it is normal, you will receive a letter stating this.

- If there is anything on the biopsy that needs further discussion i.e. cancer, or some abnormal changes that might be associated with cancer, you will be contacted by a clinician to discuss results and need for further investigations prior to clinic appointment.
- Please let us know at the consultation if you are not happy to be contacted over the phone.
- If at any point you do not wish to proceed with any investigations please tell the clinician during the consultation.

For further information on OPH please see the attached leaflet

If you are concerned about any symptoms during the days after the procedure please consult your GP or use the contact information provided.

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