

Why have I been referred to the Gynaecology Rapid Access Clinic?

You have been referred for one of the following reasons:

- You have unexplained bleeding from the vagina, either after you have gone through “the change” (menopause), or before the menopause
- Something has been seen on your cervix, vagina, or the entrance to the vagina (the vulva)
- You have symptoms of a pelvic mass e.g. abdominal swelling
- We have been asked to give advice about test results by another clinician or GP
- We have been asked to give advice about genetic screening for gynaecological cancer

It is very important that you attend this clinic appointment, as in some cases (but not all) there is concern that you may have a cancer.

What will happen on my first visit?

You may have some investigations (tests) during your visit. The number of tests that you have will depend upon your symptoms, therefore please allow at least 2 hours for your visit. These tests often give reassurance, or may allow a prompt diagnosis and treatment.

We would advise you to take simple pain relief such as paracetamol or ibuprofen 1-2 hours before your appointment. This is to help reduce any crampy ‘period’ type pain that you may experience during the procedure.

Either a specialist doctor or nurse will examine you and perform any tests. You are welcome to bring a friend or relative to keep you company during the consultation. We shall ensure your privacy, dignity and confidentiality during the visit. A changing area will be provided and a nurse will remain with you during your consultation and examination.

You may be asked for some or all of the following information at your appointment, so please bring to the clinic if possible:

- Details of your past medical history, including drug allergies
- Details and dates of any operations or treatments you have had
- List of any medication you are currently taking, including doses
- Date of your last menstrual period and cervical smear test

At the end of your visit we may be able to reassure you there is no cause for concern. If required, further investigations or treatment options will be discussed and where possible initiated during your visit. (Your diary may be useful if you need to book further appointments or admission dates).

What tests might I have?

Depending on your symptoms you may have some of the following tests:

- **Ultrasound scan**

If you have bleeding symptoms, including post-menopausal bleeding, you may have a transvaginal (internal) ultrasound scan. The scan probe is placed inside the vagina bringing it closer to the pelvic organs being examined. It is used to assess uterine (womb) size, the thickness of the lining of the womb cavity (endometrium), the ovaries and surrounding structures. Fibroids and ovarian cysts can sometimes be identified. **In some cases you may require an ultrasound scan of the abdomen for further information. Occasionally we may need to arrange more detailed body scans (CT or MRI Scan).**

- **Endometrial biopsy**

Depending on your bleeding symptoms and ultrasound scan result you may require an outpatient endometrial biopsy. This may be combined with a procedure called “hysteroscopy” (see below). A thin plastic tube is inserted through the vagina and cervix, into the uterine (womb) cavity and a sample taken from the lining (endometrial tissue). This is sent to the laboratory for detailed microscopic examination. The procedure takes a few minutes and can cause a period-type discomfort. You may have slight vaginal bleeding afterwards and will need to use a sanitary pad or panty liner for a day or two.

- **Out-patient hysteroscopy**

A fine narrow telescope called a “hysteroscope” is sometimes used to look inside the womb. A trained nurse or doctor will perform this procedure, which takes about 15 minutes. Local anaesthesia is given to minimise discomfort. We will be able to identify any abnormality within the womb, although in many cases no serious cause for bleeding is found.

Some women experience period-type abdominal cramps during the procedure, but this will pass quickly once the procedure is completed.

The most common findings are:

- Thickened endometrium – this is the lining of the womb cavity
 - Polyps – these are growths of glandular tissue inside your womb cavity, or on the cervix, which are usually benign (not cancerous)
 - Fibroids – these are muscular lumps (usually benign) in the womb wall
- Thickened endometrium will be biopsied. Findings such as polyps and fibroids may also be dealt with at the time of your procedure

- **Colposcopy**

If you have a problem that is associated with your cervix you may require a colposcopy examination. The cervix is closely examined using a magnifying lens (colposcope). A doctor or nurse who is trained as a colposcopist will perform this examination. By applying different solutions to the cervix we are able to detect any abnormality. We may need to take a small piece of tissue (biopsy) from the cervix and send this to the laboratory for detailed examination. Sometimes we may recommend treatment to the cervix as well.

- **Vulval Biopsy**

If you have a problem with changes to the skin outside the vaginal entrance (the vulva) a biopsy may be taken. This is performed if a lesion is noticed on the vulva. Prior to the biopsy, local anaesthetic is given. One or more small pieces of tissue are taken from the skin and sent to the laboratory for detailed examination.

- **Blood tests**

We may need to take some blood tests e.g. to assess possible ovarian diseases or anaemia.

At the end of my clinic visit ...

- Following any procedure you will be given an explanation of what was found, when you will receive any test results, and whether you need another appointment.
- You may be offered refreshments and asked to stay for 10-15 minutes to make sure you are well after colposcopy or hysteroscopy
- a nurse will give you verbal and written advice and discharge information if any tests have been performed
- Occasionally we may have to refer you to another medical specialty or hospital, but we will discuss this with you if this is required.

If a surgical procedure is advised, arrangements will be made for your admission date. This may be a day-case procedure but sometimes a longer stay is required. An appointment for a pre-operative assessment will also be arranged.

Often we are able to reassure patients at the end of this visit, following the examination and tests. If no serious cause for your symptoms are found you will be discharged back to your GP's care.

If you have any questions or anxieties in relation to your test or treatment, please contact:

Gynae Nurse Practitioner: 01325 455208

Oncology Nurse Specialist: 07971895345/

Clinic: 01388 455208

If you have any queries about your appointment, please contact the consultants' secretary) on 01325 455184

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Rapid Access Gynaecology Clinic

**For assessment of abnormal gynaecological symptoms (e.g. post-menopausal bleeding);
cervical lesions; pelvic masses**