

Gynaecology Rapid Access Clinic

Gynaecology

Introduction

This leaflet has been designed to give you information about your forthcoming Rapid Access Gynaecology Clinic appointment, and the investigations and treatments which may be offered to you at your visit.

Do not hesitate to speak to the medical or nursing team should you have any additional questions not covered by this leaflet.

Why have I been referred to the Rapid Access Clinic?

Your GP has referred you to the Rapid Access Clinic because some of the symptoms which you have described could be a sign of cancer. They should have explained the exact reason for this at your consultation. The reasons why people are referred to this clinic include:

- Unexpected bleeding after the menopause ("the change")
- Bleeding after sexual intercourse
- Concerns about the appearance of your cervix
- Itching, bleeding or concerns about the appearance of your vulva (skin around the vagina)
- An ovarian cyst which requires further investigation
- Abdominal pain with raised tumour markers (blood test)
- It is important that you keep your appointment so that we can investigate your symptoms.

What should I do before my appointment?

You should eat and drink as normal. There is no need to fast before your appointment; it is recommended that you do eat something.

It is recommended that you take your usual pain relief, such as paracetamol or ibuprofen, at least 1 hour before your appointment.

Bring a list of medications that you are taking with you.

What will happen at the appointment?

When you arrive for the appointment you will see one of the gynaecology doctors. They will discuss your symptoms and general medical history with you. They will do a clinical examination on you.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Depending on the reason for your referral, they may arrange for you to have different diagnostic tests and investigations which may include an ultrasound scan, cervical or vaginal biopsy, colposcopy, biopsy of the lining of the womb which may include a hysteroscopy and may include removal of a polyp.

Your clinician will recommend the appropriate investigation you need depending on your medical condition. They will explain the risks, benefits and alternatives of the recommended procedure. You will be made aware if you should expect any discomfort from the procedure and the appropriate aftercare and suggested pain relief if necessary.

Your GP might have arranged a scan before the appointment, it may happen on the same day, or you may be asked to return for a different appointment for the scan.

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information. The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits and individual circumstances.

What is a Transvaginal Ultrasound Scan?

You will see a sonographer for your ultrasound scan. It is likely that they will first perform an ultrasound scan through your abdomen. A full bladder is required for this type of scan.

A transvaginal scan allows the sonographer to assess your ovaries, tubes and uterus (womb). A probe with a protective sheath is inserted very gently into the vagina. You may feel a little discomfort. The scanning procedure only takes a few minutes.

The doctor will then offer you an examination, with your consent. This would normally include an examination of your abdomen (tummy) and an internal vaginal examination with a speculum (similar to a having smear test). They may then carry out further investigations, depending on the reason for your referral, and their examination findings. These further investigations are outlined below.

Colposcopy and Cervical Punch Biopsy

Colposcopy is a detailed examination of the cervix (neck of the womb). The doctor may offer a colposcopy if your GP has referred you with concerns about the appearance of the cervix, or if you report bleeding after sexual intercourse. This is carried out with a speculum examination (similar to having a smear test); the medical professional carrying out the examination will look at the cervix with a magnifying lens, called a colposcope. They may apply different coloured solutions to your cervix to help highlight any areas of concern.

The medical professional may recommend taking a small biopsy from the cervix. This is where we take a tiny piece of tissue, the size of a grain of rice, to send to the laboratory. This will be examined closely to see if there are changes which require further treatment.

The medical professional in clinic will discuss this procedure in detail with you, and provide you with an additional leaflet if you require this procedure.

Endometrial Sample / Biopsy

The doctor may offer you an endometrial biopsy if you have been referred with irregular bleeding, or bleeding after the menopause. During an endometrial biopsy, a very fine tube is inserted into the uterus through the cervix to obtain a sample of the lining of the womb for analysis (testing) at the laboratory. As this is taken, it is not unusual to experience a period-type pain. This does not last long and usually settles quickly. The sampling procedure only takes a few minutes. The doctor and nurse in clinic will discuss this procedure in detail with you, and provide you with an additional leaflet if you require this procedure.

Outpatient Hysteroscopy

Hysteroscopy is a diagnostic procedure to examine the inside of the uterus (womb) by using a fine tube-like instrument (telescope) called a hysteroscope. The doctor in clinic may offer you a hysteroscopy following review of the results of your ultrasound scan. The hysteroscope is inserted through the vagina and cervix (neck of the womb) into the uterus. The hysteroscope is attached to a camera and a light to enable the doctor to examine the inside of the womb for any abnormalities.

The doctor carrying out the procedure may need to insert a speculum into the vagina (similar to a smear test). The cervix is cleaned, and hysteroscope is gently passed into the womb to view the womb lining (endometrium). For some women, the cervix can be tightly closed; in this situation, the doctor will inject local anaesthetic to numb it before inserting the hysteroscope. The test takes approximately 20 minutes; you may experience some period-like pain whilst the hysteroscopy is being performed. As suggested earlier in the leaflet, we advise you to take painkillers at least an hour before your appointment.

The doctor carrying out the procedure may feel that a biopsy, or sample from the lining of the womb should be taken at the time of the hysteroscopy. The doctor and nurse in clinic will discuss this procedure in detail with you, and provide you with an additional leaflet if you require this procedure.

Vulval Biopsy

The doctor may offer you a vulval biopsy if you have been referred due to concerns about the appearance of the skin around the vagina which may cause itching or bleeding. Vulval biopsy is the removal of one or more small pieces of skin from the vulva area, approximately the same size as a hole punch. The doctor will inject some local anaesthetic to numb the area before taking the biopsy. Depending on the size of the cut, it may or may not need stitches. The doctor and nurse will inform you if you have stitches. The skin is then sent to the laboratory for examination.

The doctor and nurse in clinic will discuss this procedure in detail with you, and provide you with an additional leaflet if you require this procedure.

What will happen after my appointment?

The doctor reviewing you in clinic will explain the next steps following your appointment. This may include arranging further investigations, or waiting for the results of investigations carried out in clinic. They will write a letter to your GP to update them on the outcome from the clinic appointment.

If you have any further questions before your appointment, please contact the Gynaecology Outpatient department on 01902 307999 ext. 88368 Monday – Friday 09:00 – 16:00

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਅਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。