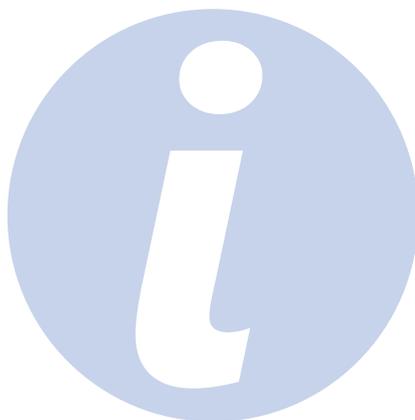


Postmenopausal bleeding



Information for patients

Gynaecology



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What is postmenopausal bleeding?

Postmenopausal bleeding (PMB) is any vaginal bleeding that happens more than 12 months after your periods have stopped when you have gone through the menopause.

What causes PMB?

There are several common conditions which may cause PMB. These include:

- **Atrophic vaginitis or endometritis:** Thinning, and sometimes inflammation of the lining of the vagina or of the endometrium (lining of the uterus). This occurs due to low levels of the hormone oestrogen after the menopause.
- **Endometrial or cervical polyps:** Non-cancerous growths inside the uterus (womb) or on the cervix (neck of the uterus).
- **Residual ovarian activity:** The ovary can occasionally show residual, intermittent activity in some women within a couple of years of the menopause. However, it is still important to check that there is no serious cause.
- **Irregular bleeding on hormone replacement therapy (HRT):** Vaginal bleeding when taking HRT is very common during the first 4 months of treatment. However, if it lasts longer than this, or occurs after several months of no vaginal bleeding, then it is important to check that there is no serious cause and that it is not just because of the HRT.
- **Endometrial hyperplasia:** Overgrowth and thickening of the endometrium. This can happen in response to hormone therapy or high oestrogen levels produced in fatty tissue in women who are overweight. Sometimes, if left untreated, this can lead to cancer developing.

- **Endometrial cancer:** This is the main reason why women are seen with PMB. Women who have PMB have up to a 10% chance of having endometrial cancer.
- **Other cancers:** PMB can occasionally be the presenting symptom of cervical or vulval cancers. Sometimes the blood may have come from your bladder or rectum (back passage).

Why have I been referred to hospital?

Any bleeding after the menopause, even just light spotting, should be investigated. Although over 90% of PMB is due to a minor problem, it is important to identify any serious cause. The main condition we want to rule out is endometrial cancer.

What can I expect when I attend the hospital?

You will have an ultrasound scan to measure the thickness of the endometrium and to look at the other pelvic organs. This is usually a transvaginal ultrasound scan performed by using an internal probe, but it can be done using an ultrasound probe on your abdomen if the internal probe is too painful.

Following the ultrasound scan you will be seen by a doctor, physician assistant or specialist nurse who will ask you some general questions about your health and some more specific questions about the bleeding.

You will then have an external examination. A speculum will be gently inserted into the vagina. This is the same instrument used to perform your cervical screening test (smear).

During the internal examination we may need to take an endometrial biopsy. This is where a small sample of tissue is removed from the endometrium using a thin plastic straw passed into the uterus.

Occasionally, this may need to be repeated to ensure that a good sample is taken. This can cause a crampy period type pain, which generally settles once the biopsy has been taken - if not immediately then generally within a couple of hours. Simple pain relief such as paracetamol or ibuprofen can be taken.

Occasionally, it may be slightly difficult to take the biopsy due to the position of the cervix. This is completely normal. An instrument might be needed to hold onto your cervix so that it can be held in a better position to make it easier to take the biopsy. Local anaesthetic is occasionally necessary.

You may experience some vaginal bleeding after the procedure. This can last for 1-2 days. It is advisable to wear a sanitary towel if you have any vaginal bleeding.

You will be able return to work and resume normal activities following the biopsy.

If we are unable to take a biopsy then we will recommend that you have a hysteroscopy. This is where the inside of the uterus is examined with a narrow telescope-like device, which is fitted with a small camera. We will give you the relevant information leaflet to help you to prepare for this procedure.

Some women with a thickened endometrium are asked to come back for a hysteroscopy because there may be a polyp inside the uterus. These are generally removed at the same time, even if the first biopsy has not shown a problem, as the polyp may contain abnormal tissue.

When do I get my results and how long will this take?

The results of the biopsy are usually ready within 2 weeks. We may write to you with the result or ask you to attend a follow up appointment.

Is there anything I should look out for at home?

You should contact the Gynaecology Outpatient Department or your GP if you have any of the following after an endometrial biopsy:

- Heavy vaginal bleeding with clots
- An offensive vaginal discharge
- You feel feverish or unwell
- Pain that is not controlled by simple pain relief

Who can I contact if I have any questions?

If you have any concerns or need any further information then please do not hesitate to contact:

- Gynaecology Outpatient Department: **0114 226 8441**
- Gynaecology Ward G1 (outside office hours): **0114 226 8225**



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