

Gynaecology FAQ's

Why is the cervical screening test important?

Cervical cancer is not uncommon. In recent years the number of cases has fallen due to cervical screening tests. However, there are still over 2,000 new cases of cervical cancer diagnosed each year in the UK. Most of these occur in women who have never had a screening test, or who have not had one for many years. Cervical cancer can be prevented if you have regular screening tests

What is cervical screening?

Women are routinely invited to have regular cervical screening tests (smear tests) depending on their age this could be every 3 years in the UK on the NHS. The tests are done to *prevent* cervical cancer (and not to *diagnose* cancer as some people wrongly think). During each test some cells are removed from the cervix with a plastic brush. The cells are examined under a microscope to look for early changes that, if ignored and not treated, *could* develop into cancer of the cervix. If abnormal cells are found, these can be treated (removed).

Cervical cytology smear results are reported as:

- Normal.
- Inadequate.
- Abnormal

About 9 in 10 routine cervical screening tests results are normal. If your result is normal you should continue to attend for regular smear test, depending on your age and previous result history. A normal result means you have a very low chance of developing cervical cancer. It is not a guarantee that cervical cancer will not occur.

I have never had sex - Do I need a cervical screening test?

The test is recommended for all women - even if you have never had sex. However, the risk of getting cervical cancer is very low if you have never had sex. This is because the main cause of cervical cancer is a past infection with the human papillomavirus (HPV). HPV is a common virus that is normally passed on by having sex. There are other, less common types of cervical cancer, not caused by HPV, so women who have never had sex are still at risk

When is the best time in the menstrual cycle to have cervical screening?

Mid cycle (14 days after your last period) is the best time because a clearer background to the sample can be gained around this time. This is because the mucus plug is at its thinnest so the sample is less likely to contain mucus. Also, lining is at its thickest so the sample taken contains a full range of cells.

Can I have my cervical screening test when I am having my period?

It is best to have your cervical screening test when you are not having your period. Ideally the test is best performed mid-cycle. With the new technology you can have the test done at any time but, if you are bleeding heavily, there may be too much blood and mucus on the brush, meaning too few cells from the cervix are removed.

Can I have cervical screening when I am pregnant?

If you are due your routine cervical screening test and you are pregnant, this should be deferred until after your baby is born. Usually it is advisable to wait until you are at least 6 weeks postnatal. This gives the cervix a chance to recover from pregnancy and childbirth. Tests performed earlier are more likely to be inadequate.

I have had a hysterectomy - do I need to have a cervical screening test?

This depends on the type of hysterectomy, and why it was done. Your doctor will advise you on this. In general, if you have a total hysterectomy (removal of the uterus and cervix) for a reason not due to cancer, then you no longer need cervical screening tests. Some types of hysterectomy leave the cervix (called subtotal hysterectomy), and some are done to remove a cancer. In these situations, a test of the cells of the remaining cervix, or of the top of the vagina (called the vault), may still be advised.

What is HPV?

Human papilloma viruses are known as HPV. They can affect the skin and the moist membranes that line parts of the body, including the cervix. There are more than 100 different types of human papilloma virus and each type has a different number. Some types of HPV can increase the risk of developing cervical cancer, particularly types 16, 18, 31, 33 and 45. They are called high risk types. Almost all women with cervical cancer have at least one of these types of HPV in the cells of their cervix.

Of the different types of HPV, types 16 and 18 cause about 7 out of 10 (70%) cancers of the cervix. The other types cause most of the remaining 30% of cervical cancers.

Do remember that most women with high risk HPV don't develop cervical cancer. Remember that regular cervical screening will pick up abnormal cervical cells before they become cancerous.

Our gynecologists are able to provide HPV tests here at the centre.

Do you offer the HPV vaccination?

Yes we do - The HPV vaccine is most effective if it's given a few years before a girl becomes sexually active, so it's given to girls between the ages of 12 and 13.

- Gardasil - which provides protection against cervical cancer and genital warts

The Gardasil vaccine provides complete protection against all the types of HPV that are known to cause cervical cancer. If you have been vaccinated for HPV you will still need to attend your future cervical screening appointments.

When is the best time for an Early Pregnancy Scan?

An Early Pregnancy Scan is the very first pregnancy scan between 6 weeks and 11 weeks to confirm your pregnancy is healthy, ongoing and to calculate the date when your baby is due. The sonographer or consultant will first try to scan you through your tummy (trans abdominally). If the image is unclear the operator will perform an internally scan (trans vaginally).

Before 6 weeks is it not possible to always see any signs of pregnancy with current ultrasound technology and at this time we are able to offer a blood test to measure the hcg hormone level in your blood to test for positive pregnancies and indications of how many weeks pregnant you may be.

I have had a miscarriage – do I need to see a gynaecologist?

Any woman who has suffered a single miscarriage has an 80% chance of her next pregnancy being successful. Other than sympathy and reassurance, no clinical investigations or treatments are usually required. If, having suffered one miscarriage, the second pregnancy also ends in miscarriage then this woman has around 70% chance of her next pregnancy being successful. If the woman is even more unfortunate and suffers three consecutive miscarriages, she has around a 60% chance of her next pregnancy being successful.

Therefore two or three consecutive miscarriages occur more frequently than chance alone, suggesting that in a proportion of these women there may be an underlying cause, warranting investigation and treatment.

Recurrent miscarriage is defined by the consecutive loss of two or more pregnancies with the same partner.

What is a termination of pregnancy?

Termination of pregnancy is a medical process of ending a pregnancy using pharmacological or surgical means. Having a termination is a personal choice and there can be many medical and social reasons for having one.

In Great Britain (England, Scotland and Wales) it's legal for terminations to be carried out up to 24 weeks of pregnancy. However, in exceptional circumstances there isn't a strict upper limit. For example, you may be able to have an abortion after 24 weeks if your life is under serious threat, or if your baby will be born with a severe disability. Most women, however, have abortions before 12 weeks of pregnancy.

Please speak to our gynaecologists at the centre to discuss pregnancy and termination options.

Do you offer the emergency contraceptive pill?

Our gynecologists offer contraceptives advice and can provide a whole range of contraception including the emergency contraceptive pill.

The effectiveness of the emergency contraceptive pill decreases over time therefore speed in taking the contraceptive is of utmost importance. If it is taken within 24 hours of having unprotected sex, it can prevent 95% of pregnancies. Most women can use the emergency contraceptive pill. Our gynecologists are able to discuss emergency contraceptive option with you at the centre.

How do I know which is the best coil for me?

You would need to speak to your doctor and discuss with them your reproductive history to work out whether a copper or hormone coil would best suit you

Mirena Coil (levonorgestrel)

Mirena is a small plastic T-shaped contraceptive device that contains the active ingredient levonorgestrel. It is an intrauterine system (IUS) that is inserted into the womb by a Dr. Once inserted it steadily releases levonorgestrel into the womb. Levonorgestrel is a synthetic form of the female sex hormone, progesterone.

What is it used for?

- Contraception.
- Heavy or prolonged menstrual periods with no known cause.
- Protection from overgrowth of the womb lining
- oestrogen-only hormone replacement therapy (HRT) following the menopause.

When can it be inserted?

To provide contraception or treat heavy periods Mirena should ideally be inserted in the first seven days of your menstrual cycle (day one is the first day of your period). This will provide immediate protection against pregnancy. Mirena can be inserted at other times in your cycle if your doctor is sure you are not pregnant, but you will need to use an extra method of contraception (eg condoms) for the first seven days after it is inserted.

If you have had a baby, Mirena should not be inserted until six weeks after the birth.

How long does it work for?

The Mirena IUS provides protection from pregnancy for five years and must be removed by your doctor after this time if you are using it for contraception or heavy periods. (It can be removed earlier than this if required.) If you still want to use Mirena after five years it can be removed and replaced with a new one in the same visit. You won't need to use any extra contraception.

If you don't want to keep using Mirena, but don't want to get pregnant, Mirena should be removed in the first few days of starting your period. If it is going to be removed at any other time in your cycle, it is important to use condoms to prevent pregnancy starting a week before Mirena is removed. This is because sperm can live for this long inside the vagina.

If you have had Mirena fitted as part of your HRT you should have it removed after four years, because there are only limited data on its womb protective effect after this time.

How is the Copper Coil (IUD) different to the Mirena Coil?

An intrauterine device (IUD) is a small, T-shaped contraceptive device made from plastic and copper that fits inside the womb (uterus). It used to be called a coil.

It's a long-lasting and reversible method of contraception but it is not a barrier method. This means that an IUD can prevent pregnancy but won't stop you getting sexually transmitted infections (STIs). It's different to an intrauterine system (IUS) or mirena which releases the hormone progestogen into the body.

An IUD stops sperm from reaching the egg. It does this by releasing copper, which changes the make-up of the fluids in the womb and fallopian tubes. These changes prevent sperm from fertilising eggs. IUDs may also stop fertilised eggs from travelling along the fallopian tubes and implanting in the womb.

Can I have my coil remove and have a new one inserted at the same time?

Yes you can just mention this request when you make your appointment to see the gynaecologist.

How long will my Mirena coil take to settle down after it has been inserted?

The coil will take three to six months to settle down , if you required further advice please book an appointment to see your gynaecologist.

I am experiencing heavy periods – what should I do?

Many women are troubled by heavy periods (menorrhagia), and some by bleeding between periods. In young women these symptoms are not always investigated but tend to be treated symptomatically i.e. by taking the oral contraceptive pill. In some cases bleeding will be due to an underlying problem, and an ultrasound scan may be performed to exclude or diagnose some of these conditions.

Why could I be bleeding between periods?

Bleeding between periods is often thought to be more likely to be associated with there being a underlying problem than heavy bleeding at the time of an expected period. Typically a polyp may be present on the cavity of the uterus, and this may be demonstrated by an ultrasound scan. However abnormalities of the cervix or infection may also be associated with this symptom and should be excluded.

I suffer from absent or irregular periods – what could be the reason?

There are several reasons why periods may stop or become irregular. Many can be clarified on the basis of blood tests to measure the levels of circulating hormones. One condition called polycystic ovaries can be demonstrated using vaginal ultrasonography. This is one of the most common causes of irregular and absent periods.

How would I know if I have endometriosis, what are the symptoms?

Endometriosis is found in approximately 3-5% of women of child-bearing age. It is associated with infertility, since it occurs ten times more frequently in infertile women. Painful and heavier periods are the classic symptom. Typically the pain starts with the onset but does not necessarily last for the duration of the period. Some experience additional pelvic pain unrelated to their periods and this may be due to adhesions (scar tissue) that has formed due to endometriosis, or may be due to cysts of endometriosis. Painful intercourse is another classic symptom of endometriosis.

What are fibroids?

Fibroids are muscular tumors that grow in the wall of the uterus (womb). Fibroids are almost always benign (not cancerous). Fibroids can grow as a single tumor, or there can be many of them in the uterus. They can be as small as an apple seed or as big as a grapefruit. In unusual cases they can become very large. Fibroids are most common in women in their 40s and early 50s. Not all women with fibroids have symptoms. Some have pain and heavy menstrual bleeding. Fibroids also can put pressure on the bladder, causing frequent urination, or the rectum, causing rectal pressure. Should the fibroids get very large, they can cause the abdomen (tummy) to enlarge, making a woman look pregnant

What is Polycystic Ovary Syndrome (PCOS)?

PCOS is a complex condition that effects the ovaries. There are characteristic changes in the appearance of the ovaries on an ultrasound scan: The ovaries are in generally a bit bigger and polycystic, with many little follicles

scattered under the surface of the ovary and almost non in the middle of the ovary. These follicles are all small and immature and generally do not grow to maturity and ovulate. So women with PCOS are less fertile and don't have regular periods. Other features of the condition are excess weight and body hair.

The condition is relatively common. It affects up to 10per cent of all women between the ages of 15 and 50. In the general population, around 25 per cent of women will have PCOS but most have no symptoms or signs of PCOS and have no health problems.

What are the symptoms of PCOS?

- Infrequent periods
- Increased facial and body hair
- Acne
- Infertility
- Overweight and obesity
- Miscarriage

How is PCOS diagnosed?

PCOS can be diagnosed through a blood test and an ultrasound examination performed by a specialist.

What causes PCOS?

It's not certain if women are born with this condition, PCOS seems to run in families. This means that something that includes the condition is inheritable, and therefore influenced by one or more genes.

I have been experiencing pelvic pain – what could it be?

Pelvic pain is a common symptom in women of all ages. In some cases no specific cause can be found, but most find that being reassured that there is no serious underlying problem can be helpful.

Taking a full history and a conventional gynaecological examination is an important part of the assessment of pelvic pain, with the addition of an ultrasound scan proving particularly helpful. A normal ultrasound scan can mean that it is unlikely that there is any significant underlying problem causing the pain.

How would I know if I had a sexually transmitted Infection (STI)?

Some of the symptoms of STI's include blisters, warts, lesions, painful urination, itching, swelling, and unnatural bleeding or discharge. However, many STIs have no obvious symptoms, and eight out of ten people who have an STI's are currently unaware of their infection. If you have had any unprotected sexual contact, you should get tested. Many STI,s may remain dormant and undetectable for some time, so you could test negative for STIs and still be infected. This is why clinicians recommend that woman who have been sexually active in the past get tested annually, regardless of their current sexual activity.

I have been experiencing bleeding after intercourse is this normal and what can I do?

This is not a normal, so you would need to book an appointment with one of our gynaecologist and they will take it from there.

I have been experiencing some discharge from my vagina for the pass few weeks what should I do?

You should make an appointment to see one of our doctors for a health check to rule out any infections

What is the Menopause?

Menopause is the time in a woman's life when her periods stop and she can no longer become pregnant. It is a normal change in a woman's body. A woman will know she has reached menopause when she has not had a period for 12 months in a row (when there are no other causes, such as pregnancy or illness, for this change). Most women experience menopause from 40 to 58 years of age, with a median age of 51.4 years.

You will feel better by learning all you can about menopause and talking with your doctor about your health and your symptoms. If your symptoms are causing you discomfort or concern, your doctor can teach you about available therapeutic options and help you to make informed choices.

How will I know I have started menopause?

Menopause affects every woman differently. Your only symptom may be your period stopping or you may have other symptoms that include:

- Change in pattern of periods (They can be shorter or longer, lighter or heavier, or there may be more or less time between periods.)
- Hot flushes (sometimes called hot flashes)
- Night sweats (sometimes followed by a chill)
- Trouble sleeping through the night
- Vaginal dryness
- Urinary problems – such as leaking, burning or pain when urinating, or leaking when sneezing, coughing, or laughing.
- Less interest in sexual intercourse
- Mood swings
- Trouble focusing or forgetfulness
- Hair loss or thinning on your head, or more hair growth on your face
- Changes in texture of your skin and nails.

I thought I had started the menopause but now I have vaginal bleeding – what could this be?

A woman is considered to have started the menopause when a year has passed since her last period. Any bleeding after this time is always considered to be potentially abnormal. In fact only a small proportion of women who bleed after the menopause have anything significantly wrong but this bleeding should be investigated thoroughly by a Dr to rule out any abnormalities.

What is urinary incontinence?

Many women experience a small amount of urine leakage on an occasional basis, and it causes them little bother and they are able to continue with their lives as normal yet for a significant number of women, urinary incontinence may be serious enough to involve having to change their clothes and to avoid performing certain tasks or exercises. For these women, advice from a health professional is appropriate.

The commonest is called stress urinary incontinence (SUI). This is when the bladder sphincter just gives way under pressure and a small amount of urine escapes on straining, for example when coughing, laughing, sneezing or doing physical exercise. Stress incontinence is usually the result of weakening of the muscles in the pelvic floor that surround the bladder. This often happens during pregnancy, following childbirth or after the menopause.

What does the well women's health screen contain?

It contains a full discussion & history check, symptom check, blood tests, a smear test, swab tests to check for infection and a body examination from your doctor such as basic breast & abdomen check to rule out any abnormalities

The Women's Wellness Centre

An ObsgynCare facility at 204 Fulham Road

Gynaecology Scanning:

Does it matter if I am having my period when I come to have my scan?

No - unless the period is very heavy it makes no difference to the scan

I need an abdominal scan – what will happen?

For an abdominal scan you will lie on your back on a couch. The sonographer will apply gel to the skin on your abdomen over the area to be examined. The gel allows the sensor to slide easily over the skin and helps to produce clear pictures.

I need to have a transvaginal scan – what does this mean?

A TV scan is used to examine the reproductive organs (womb, fallopian tubes and ovaries) in women. You usually need to lie on your back on a couch with your feet up in stirrups. A lubricated probe (the size of a tampon) is inserted two or three inches into your vagina and most women tolerate this procedure very well.

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