

Gynaecology Rapid Access Clinic at Hinchingsbrooke Hospital - Patient Information

What is the Rapid Access Clinic (RAC)?

The RAC is a 'one-stop' clinic for women with gynaecological symptoms which warrant being seen by a specialist urgently. We aim to see women within two weeks of their referral. Some women are referred because of worrisome symptoms that may suggest cancer, however, the majority of patients seen do not have cancer and can be reassured of that at the clinic visit. If you do need further investigations after being seen in clinic these will be arranged quickly so you should not have to wait a long time for a diagnosis or, if necessary, a treatment plan.

Why have I been referred?

The most common reasons for referral to the RAC are:

- Unexpected unscheduled vaginal bleeding. This includes:
 - Post-menopausal bleeding (bleeding occurring >1 year after the periods have stopped)
 - Unusually heavy bleeding in the 'peri-menopause' (time leading up to the menopause)
 - Bleeding whilst on Hormone Replacement Therapy (if taken for longer than 6 months)
- Finding of an ovarian 'cyst' or 'mass' on ultrasound scan or other imaging. Sometimes these investigations have been requested by the GP/other specialist because of symptoms such as pelvic pain, bloating, weight loss. Other times they may be an 'incidental finding' i.e. there are no symptoms.
- Vulval lump/skin changes
- Irregular looking cervix (neck of the womb)

What will happen at the RAC?

First you will be asked to complete a questionnaire about your general health and the symptoms you have been having (if any). Please bring with you a list of any medications you are taking. **If you are taking any anticoagulants (blood-thinning medication) such as Warfarin, Heparin, Rivaroxaban, Apixaban, Edoxaban or Dabigatran please contact our specialist nurse in advance** (contact details below).

You will then be examined and if necessary further investigations will be offered – the tests offered will depend on your **reason for referral** as explained below. Before any internal examination we ask women to empty their bladder and take off their underwear. We ensure you are covered with a loose sheet to maintain your dignity.

Reason for referral	Investigations which may be offered
Unexpected unscheduled vaginal bleeding	Transvaginal ultrasound scan +/- endometrial biopsy +/- hysteroscopy +/- blood tests
Bloating, pain, finding of an ovarian cyst/mass on imaging	Transvaginal ultrasound scan +/- blood tests
Vulval lump/skin changes	Clinical examination +/- vulval biopsy
Irregular looking cervix	Clinical examination +/- colposcopy

If you have been referred because of **unexpected or unusual bleeding** or because of concern there may be an **ovarian cyst or mass** you will be offered a **transvaginal ultrasound scan**. An ultrasound examination obtains a picture of the inside of the body without using X-rays. We use vaginal ultrasound in gynaecology because it produces much clearer pictures than an abdominal (tummy) scan. It is a very safe procedure and most women experience only mild discomfort. Once you are comfortable on the examining couch a probe lubricated with jelly is inserted gently into the vagina. By moving the probe in various directions, all the pelvic structures are displayed on the screen. The scan takes 5-10 minutes.

If you have been referred with **unexpected or unusual bleeding** we may recommend taking an **endometrial biopsy** after the ultrasound scan. This involves taking a sample of tissue (biopsy) from the lining of the womb (the endometrium). A speculum is introduced and a thin plastic tube is gently inserted through the cervix and a sample of tissue is taken from the lining of the womb. The procedure is short-lasting (1-2 minutes). Some women may experience intense discomfort in form of crampy period type pains but these pains pass very quickly after the procedure.

If you have been referred with **unexpected or unusual bleeding** sometimes rather than taking a 'blind' biopsy as above we recommend performing a **hysteroscopy**. This is a camera test to look directly into the womb using a very thin telescope. If you have this investigation in the clinic you will be able to watch the procedure on the monitor if you wish and a nurse will be at your side throughout. Any findings will be explained to you at the time. You will experience crampy period like pain when the telescope is inserted. 8 out of 10 women we surveyed found the pain or discomfort tolerable but 2 out of 10 women found it intolerable. The whole procedure is likely to take about 5-10 minutes. If hysteroscopy is recommended you will be given a choice of having it done in the clinic or on another day under a short general anaesthesia as a day case procedure. Some women require a local anaesthetic which is given in the form of an injection into the neck of the womb (cervix) **Please take some simple pain relief such as paracetamol or ibuprofen 30-60 minutes before your appointment.**

If you have been referred because of an **irregular looking cervix** you will be offered a **colposcopy**. This is an examination of the cervix using an instrument called a colposcope. This magnifies the cervix and allows the specialist to check for any abnormalities. The procedure is similar to having a smear test and most women experience only mild discomfort. Occasionally a small sample or biopsy from the cervix is needed and if so, local anaesthetic can be used.

If you have been referred because of a vulval lump/skin changes you may be offered a **vulval biopsy**. This involves taking a small sample of tissue under local anaesthesia. Small dissolvable stitches may be needed. The procedure takes 5-10 minutes. Most women tolerate vulval biopsies very well but you will be given the option to have it under general anaesthesia if you prefer.

If any **blood tests** are required these will either be taken in clinic or in the main outpatient department.

Research & teaching

We may invite you to participate in one of the research studies that we are conducting. This is entirely your decision and does not affect your care if you choose not to participate. We often have students or doctors in training attending the RAC. If you would prefer not to have trainees present please inform one of our nurses.

What happens after the appointment?

The specialist will discuss with you the results of any examination/investigations you have had and what to expect next. Many women will be reassured and discharged after their first appointment.

If a biopsy has been taken we will advise you whether we will write with the results or whether you will need another appointment to discuss the results and any treatment needed. If we need to arrange further tests such as CT or MRI scans we will do this promptly and keep you informed at all stages.

You will be given a written patient information leaflet regarding any procedure you have had done and we will write a clinic letter detailing the clinic visit which will be sent to you with a copy to your GP.

Some women who have undergone an endometrial biopsy or hysteroscopy may experience dizziness and discomfort afterwards so you may want to bring someone with you to the appointment but this is not essential.

Further information

Please contact our specialist nurse if you have any further queries or in advance of your appointment if you are on blood-thinning medication - Natalie Botchway: (natalie.botchway@nhs.net or 01480 363925)

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.