

Dear

## FREEDOM OF INFORMATION – POLICIES

I write in response to your request for information in relation to policies and pathways.

### Question:

- Please kindly provide us with the following information:  
The following policies/protocols/guidance/pathways information:-
  - Menopausal patients presenting with vaginal bleeding
  - Post-menopausal patients presenting with vaginal bleeding
  - Suspected uterine cancer
  - Suspected endometrial cancer

### Answer:

Enclosed is the PMB guideline, and the link to RefHelp for PMB as of the date of the request.

[Post Menopausal Bleeding \(No HRT\) – RefHelp](#)  
[Unscheduled Bleeding on HRT – RefHelp](#)

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

We have also enclosed five patient information leaflets for your information.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you

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remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.



# GOING HOME AFTER SURGERY

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Returning to Normal Activities after an Operation

## Patient Information

Going Home after Surgery, RIE v1.0

Approved by the Patient Information Team, Feb 2023 Review: Feb 2026

LOT2626

## Introduction

Going home from hospital after surgery is a really **positive step in your recovery**. It means you can continue increasing the amount you are moving and start returning to normal activities.

During your time in hospital you will have received excellent support from a whole range of professionals. For some people, going home may be a daunting step. But it is important to know **that leaving hospital does not mean that you are leaving this support behind**.

This booklet provides answers to some common questions about going home after surgery. There is also information about how to access additional support should you need it.

## A Helping Hand

Recovering from surgery puts a physical strain on your body. It is important to **keep moving to improve your recovery** and reduce the risk of complications. But it is also likely you will be more tired than normal. Make sure you **get plenty of rest as well as staying active**.

This is where some extra help from your friends and family can be very important.

Preparing to go home after surgery can begin even before you come to hospital by making arrangements with your friends and family for support while you recover.



This might include getting help with looking after children, elderly relatives or pets, or help with shopping and cooking after you get home.

## Eating and Drinking

After surgery, you should aim to eat a healthy balanced diet to provide the energy and nutrients your body needs to recover. You should also keep yourself well hydrated.

You may find that your appetite is reduced. It may be easier to eat and drink small amounts more often. You may find foods affect you differently. Introducing foods gradually in small portions can help identify any which cause problems.

### Bowel Habit

If you have had abdominal surgery, it is not unusual to have a change in your bowel habit. It may take several months for your bowel movements to return to normal, - however these changes usually settle with time.



### Constipation

- ▶ Drink plenty of fluids - aim for 8 - 10 cups per day
- ▶ Eat food high in fibre such as wholemeal bread, cereal or fruit and vegetables
- ▶ Mobilise early after surgery

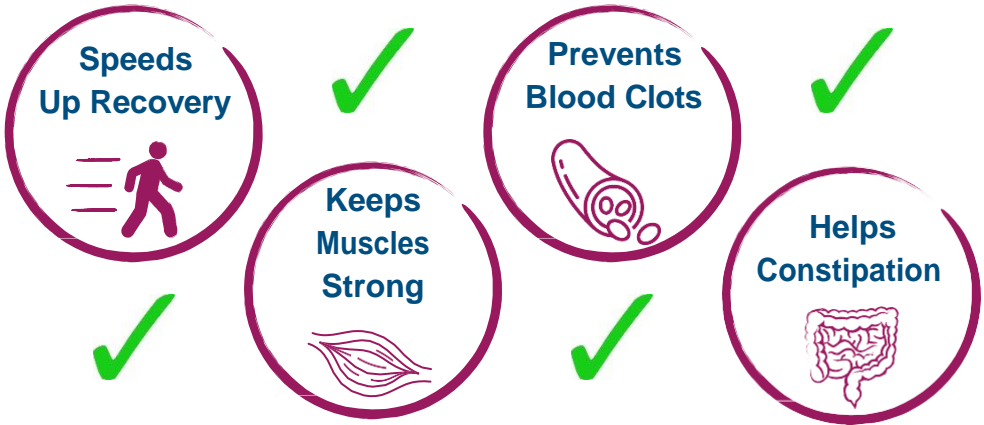
### Diarrhoea

- ▶ Drink plenty of fluids to avoid dehydration
- ▶ Reduce high fibre foods for a short period of time
- ▶ Avoid fatty or fried foods, spicy food and tea or coffee
- ▶ Eat little and often

If you continue to lose weight after your operation, please speak to your GP. They will be able to give you some advice and may refer you to a dietitian.

## Mobility and Exercise

It is important to keep active during your recovery - this has many benefits:



You should **gradually increase the amount you are doing each day**, aiming to walk a little bit further, or for a bit longer, each time.

Why not ask your family and friends to help you with this? Visits and phone calls from family and friends can cheer you up and encourage you to reach your goals.

### Rest to Recover

Recovering from surgery puts an extra physical strain on the body. So it is important when you are not being active that you **get good amounts of rest**.

**Good quality sleep** is also really important. Be careful that you don't tire yourself out from too many visitors.

## Pain Relief

As you recover from your operation your pain will improve. The amount of pain medicine you need will decrease.

By the time you are ready to go home, you may still be taking some painkillers. It is important that you **continue to gradually reduce the amount you are taking after you go home**. The doctors and nurses will help provide you with a plan for how to do this.

If you are taking strong painkillers, such as long-acting opioids, you should aim to **gradually reduce and stop these within 2 weeks**. You may need the occasional dose of short-acting opioid, but should not be using these for longer than 4 weeks after you go home.

If you feel like you still need strong painkillers for more than 4 weeks after going home, **it is important to discuss this with your GP**.

## Day Surgery

After some operations, it may be possible for you to go home the same day as your surgery. This is called **Day Surgery**.

If you are going home the same day as your surgery you will **not be allowed to drive home**. You will need a **responsible adult to pick you up**, or accompany you in a taxi, and **someone to be at home with you for at least 24 hours** after the operation.

Remember that if you have had a general anaesthetic, for the **first 24 hours** make sure you:

- X** Do not drive or operate any mechanical or electrical machinery
- X** Do not sign legal documents
- X** Do not drink alcohol or take sleeping tablets

## Wound Care

Before you leave hospital the nurses will show you how to look after your wound and provide you with spare bandages and dressings.

If you have stitches, or staples, that need removed you should make an **appointment with the nurse at your GP surgery 10 - 14 days after your operation.**

It is **important that you keep your wound clean and dry** to give it the best chance of healing.

You should look out for the following signs of a wound infection:



If you have any concerns about your wound, please speak to your GP or the nurse in your GP practice.

## Vaginal Bleeding

It is not uncommon to have some vaginal discharge or bleeding vaginally after surgery. This can be red, pink or brown in colour. If your bleeding is heavy like a period or with blood clots you should contact the ward directly. If you have an offensive smell to the discharge this could indicate an infection, so please contact your GP for advice.

Bleeding and/or discharge can continue for 10 days to two weeks following surgery and then should settle. Heavy bleeding (soaking through sanitary towels every 30 minutes) or passing clots is not normal and you must seek urgent care. Tampons should not be used during this time.

If you have a fever and feel generally unwell, you should contact us on the telephone numbers provided.

## Resuming Intercourse (sex)

It is advisable to avoid intercourse for 6 - 8 weeks following surgery. We advise that you wait until any vaginal bleeding has stopped. If your womb and ovaries have not been removed and you are not wishing to get pregnant, contraception is important to consider, as you will continue to ovulate after surgery and you can fall pregnant.

## Surgically Induced Menopause

If you have had your ovaries removed you may experience menopausal symptoms. You may have been counseled already regarding how best to manage menopausal symptoms. Not everyone will be eligible to use hormone replacement therapy (HRT), and alternatives will be discussed with your medical team.



Search: [www.fpa.org.uk](http://www.fpa.org.uk) – This has information on menopause and the symptoms

## Driving

If you drive, it is important that you **do not return to driving before you are ready**.



Strong painkillers can affect your concentration and make you drowsy. You should **not drive while you are still taking strong painkillers**.

There are **two important tests** you should do to **check that you are ready to drive**:

1. **Make an emergency stop without pain** - sit in the driver's seat while the car is parked and press very firmly on the brake pedal to check
2. **Be able to turn freely to look over both shoulders** - make sure you can easily see both blind spots

If you have any concerns about your ability to drive you should **speak to your GP**. If you are still **not able to drive 3 months after** your operation you **should tell the DVLA**.



Driver & Vehicle  
Licensing  
Agency



Search: [Surgery and driving - GOV.UK](https://www.gov.uk)  
([www.gov.uk](https://www.gov.uk))

**You could be fined up to £1,000 if you do not tell DVLA about a condition that might affect your ability to drive safely. You could also be prosecuted if you have an accident.**

## Time Off Work

If you work, the amount of time you need off will be different for everybody. It will depend on the:

- ▶ Type of operation you've had
- ▶ Type of job you do
- ▶ Speed of your recovery

Speak to the doctors looking after you in hospital before you leave about how much time you should take off work.

## Phased Return

Returning to normal activities, including returning to work, is an important part of your recovery.

You should speak to your employer about going back to work. It may be possible for you to have a phased return. This is where you return to work but do fewer hours, or less physical work, at the start, and then gradually increase how much you do.

## Letter for your Employer

If you need less than 1 week off work you do not need a letter from a doctor and can self-certify.

If you are likely to need more than 1 week off work, the doctors on the ward can give you a letter before you leave hospital. If you end up needing longer off work than originally planned, you should speak to your GP.

## Getting Home

You won't be able to drive home after your operation and will need a responsible adult to pick you up, or accompany you in a taxi.

Before you leave the hospital the nurses will **go through your medication with you**. They will tell you about any changes to your medication or any new medicines. They will also make sure you have a good supply of each medicine.

When you leave hospital, a letter will be sent to your GP telling them about your operation and any changes to your medicines.

## Discharge Lounge

The discharge lounge is a comfortable and relaxed environment in which you can wait to be collected by friends, family or patient transport.

On the day you are due to go home, you may be moved to the discharge lounge to allow your bed to be available for another patient.

The discharge lounge is on the ground floor of the Royal Infirmary of Edinburgh at the main entrance.

## Sources of Support

Once you are home from hospital there are several places you can get support or advice if you need it.

### WHO CAN I CALL?

Depending on what type of surgery you have had, you may be given the details of a patient advice line if you have concerns after your operation.

There are lots of other people who can also help you after your surgery:

#### **GP and NHS 24**

For all other concerns not relating to your operation, please contact either your own GP or NHS 24 by phoning 111.



**If you feel it is an emergency, you should dial 999 informing them that you had recent abdominal surgery at the Royal Infirmary of Edinburgh or the Western General Hospital.**



**Specialist Nurse**

If you had surgery for cancer you can contact your Specialist Nurse for advice.



**Your Specialist Nurse is .....**



Cancer Navigation Hub: **0300 123 1600**

**FOLLOW-UP**

**Surgeon**

You will be sent an appointment to see your surgeon in a clinic. This is normally a few weeks after your operation.



## Research

NHS Lothian is committed to supporting clinical research. If you are eligible for any research studies, someone from the research team may contact you with information that you can read. If you do not wish to take part in any research, this will not affect your clinical care in any way.

## More Information

Other booklets available in this series include;

- 1** FIT FOR SURGERY
- 2** HAVING A GENERAL ANAESTHETIC
- 3** DAY OF SURGERY
- 4** GETTING GOING AFTER SURGERY
- 5** PAIN RELIEF AFTER SURGERY

This publication includes text taken from the Royal College of Anaesthetists' (RCoA) leaflet '*Fitter, Better, Sooner (2018)*', but the RCoA has not reviewed this as a whole.

# **Lothian**

## **Sexual & Reproductive Health Services**

Edinburgh  
Menopause Clinic

.....  
**Chalmers Centre**

A Guide to HRT and  
the Menopause for  
Women in Lothian

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The information in this booklet can also be found on our website at:

[www.lothiansexualhealth.scot.nhs.uk/  
Services/SpecialistClinicsGPReferral/  
Menopause](http://www.lothiansexualhealth.scot.nhs.uk/Services/SpecialistClinicsGPReferral/Menopause)



## Useful Menopause Resources:

1. **Menopause Matters Ltd website**  
www.menopausematters.co.uk  
Website written by clinicians in Scotland with helpful information and advice on managing the menopause.
2. **National Osteoporosis Society**  
www.nos.org.uk  
Camerton, Bath, BA2 0PS  
Helpline 0845 4500 230
3. **The Daisy Network**  
www.daisynetwork.org.uk  
(Premature Menopause Support Group)  
E-Mail: membership&media@daisynetwork.org.uk
4. **Mindfulness Guidance – UCLA Mindfulness Awareness Research**  
Centre, USA; free guided meditations  
<https://www.uclahealth.org/marc/mindful-meditations>
5. Mindfulness-based cognitive therapy book with guided meditations; '**Finding Peace in a Frantic World**' by Mark Williams

### Translation Services

This leaflet may be made available in a larger print, Braille or your community language.

## HRT or not?

This booklet was written by the staff of the Edinburgh Menopause Clinic to help women reach a decision on whether or not they wish to start, or continue, taking hormone replacement therapy (HRT). All women are individuals who must make their own choices and be guided by healthcare professionals on what is right for them. In Lothian, the Edinburgh Menopause Clinic is based within the Chalmers Centre and exists to give specialist advice following a GP referral to any woman who is experiencing problems with the menopause and wishes expert help with HRT.

HRT has been around for a long time – over 50 years – so a lot is known about it. In the 1990s, it was thought to be very good for women and the recommendation was that all women should consider taking it to improve their future health. Things have changed now and large studies have shown that there are small risks associated with HRT. The best way to consider HRT is that it is a drug therapy and, like any other medication, is associated with side effects and risks.

## What is HRT?

HRT consists of either the hormone oestrogen on its own or a combination of the hormones oestrogen and progestogen. It comes as tablets, patches, gels and vaginal preparations. Most women can choose the type of HRT they take although occasionally healthcare advisers may feel there is a particular reason for recommending one particular route of delivery;

- if a woman has had a hysterectomy, she will almost always take oestrogen alone.
- if a woman has not had a hysterectomy, she will need to take a combination of oestrogen and progestogen to protect the lining of the womb.

## Early Menopause

Women who have had their ovaries removed or have undergone an early menopause for any reason before the age of normal menopause (i.e. around 50), should usually take HRT to replace the hormones that they used to produce naturally. Experts agree that it is usually a good idea to take HRT for long term health benefits if you have an early menopause.

We recommend that women take HRT up to the age of 50 years and then reassess the situation and decide if they want to take HRT in the longer term or not.

## Benefits of HRT

### Menopausal Symptoms

Around 80% of women experience symptoms when they go through the menopause. Some women find these symptoms very troublesome and they can adversely affect quality of life. These symptoms will gradually settle with time but can often drag on for several years.

Menopausal symptoms comprise: hot flushes, sweats, disturbed sleep, altered mood (mood swings, low mood and irritability), chronic tiredness, vaginal dryness, joint aches and many others.

All these symptoms can really affect a woman's well-being and can make it difficult for her to function normally. We take these symptoms seriously and will discuss with her whether she wants to take HRT or not. HRT is highly effective and will usually considerably improve menopausal symptoms. It does not turn a woman into 'superwoman' but will simply make her feel normal again. If her menopausal symptoms are not too bad, then there is probably no need to take HRT.

Women need to bear in mind that HRT helps these symptoms but it is likely that they will come back in the future to some extent once they stop HRT. Some women decide not to take HRT for this reason.

WEIGHT (gm)		FOOD	CALCIUM (mg)
1/3 pt	190 ml	Skimmed milk	235
1/3 pt	190 ml	Semi-skimmed milk	231
1/3 pt	190 ml	Silver top milk	224
1/3 pt	190 ml	Soya milk	25
5	150	Yoghurt, low-fat fruit	225
1	28	Cheddar cheese	202
1	112	Cottage cheese	82
1	28	Processed cheese	168
3	84	Cheese omelette (1 egg, 1oz Cheddar)	235
3	84	Cheese and egg flan	219
4	112	Cheese and tomato pizza	235
2	56	Sardines, canned in tomato sauce	258
2	56	Pilchards, canned in tomato sauce	168
2	56	Milk chocolate	123
2	56	Mars bar	90
4	112	Spinach, boiled	179
4	112	Broccoli, boiled	45
4	112	Baked beans	59
4	112	Red kidney beans, cooked	80
3	84	Soya bean curd, steamed	428
2	56	Brazil nuts	95
2	56	Swiss style muesli	62
1	28	Dried figs	76
1 slice	30	Bread, white	33
1 slice	30	Bread, wholemeal	16

## Recommended daily calcium intake:

Children 7-12 years	800mg
Teenagers 13-19 years	1000mg
Men 20-60 years	1000mg
Women 20-45 years	1000mg
Pregnant/ breastfeeding women	1500mg
Pregnant/breastfeeding teenagers	1500mg
Women over 45 years	1500mg
Women over 45 years on HRT	1000mg
Men over 60 years	1500mg

## Balancing your diet

The following table is a guide to getting enough calcium in a diet which is the most natural way to help bone health. If women do not have enough calcium in their diet, they may wish to take a calcium supplement which can be purchased over the counter; this should be discussed first with a GP as taking calcium in the long term has been associated with some increased risks. Calcium supplements may be prescribed by a GP if a woman has osteoporosis and is having other drug therapy for bone protection.

In order for a woman's body to make the best use of dietary calcium, it needs vitamin D as well. Vitamin D is manufactured naturally in skin when exposed to sunlight, so plenty of fresh air is an easy and cheap way to maximise vitamin D levels. In addition, there are a number of foods that are rich in vitamin D, such as oily fish (sardines, mackerel), eggs, cheese and vitamin D-enriched foods (e.g. margarine, breakfast cereals). At the moment vitamin D levels are not routinely checked.

## Osteoporosis

HRT will definitely help prevent and treat osteoporosis. If women are taking HRT to help hot flushes and sweats then their bones will benefit. However, it is no longer recommended that HRT is taken just for long term prevention of osteoporosis alone (i.e. in women without menopausal symptoms) because it is felt that the small risks of long term HRT outweigh the benefits. Other drugs (such as alendronate) are now used to treat osteoporosis and are effective.

## Other benefits of HRT

HRT will help vaginal and bladder symptoms (see below).

HRT also decreases the risk of getting bowel cancer but, as with osteoporosis prevention, HRT would not be taken for this reason alone.

## Side effects and risks of HRT

### Side effects

The commonest side effects of HRT are breast tenderness, bloatedness and headaches. Some women may feel that they gain weight because of fluid retention and increased appetite. Generally these nuisance side effects will settle down. If a woman has not had a hysterectomy, HRT is likely to give a regular period each month although 'no period' HRT may be suitable for many women. Erratic bleeding can be a problem, especially when first starting HRT.

### Risks

We recommend that all women considering HRT are counselled about the small increased risks of breast cancer, deep vein thrombosis and stroke.

### Breast cancer

Breast cancer is already common in the western world and the major risks are simply being female and getting older. It should

be remembered that both obesity and alcohol increase the risk of breast cancer.

Evidence from scientific studies suggests that taking HRT slightly increases the risk of breast cancer. Combined HRT (oestrogen plus progestogen) has more risk than oestrogen-only HRT. For all HRT, the risk of breast cancer slowly goes up the longer it is taken, but returns to normal risk around 5 years after stopping HRT.

**Breast cancer risks with and without HRT:**

For women aged 50 who do not take HRT	For women aged 50 taking oestrogen-only HRT	For women aged 50 taking combined HRT (oestrogen plus progestogen)
On average 32 in 1,000 will be diagnosed with breast cancer by the time they reach the age of 65 years	<p>If taken for 5 years, the figure will be between 33 and 34 in 1,000 (i.e. an extra 1-2 cases)</p> <p>If taken for 10 years, the figure will be 37 in 1,000 (i.e. an extra 5 cases)</p>	<p>If taken for 5 years, the figure will be 38 in 1,000 (i.e. an extra 6 cases)</p> <p>If taken for 10 years, the figure will be 51 in 1,000 (i.e. an extra 19 cases)</p>

The breast cancer risk with HRT is similar to having a late menopause. The risk of HRT over 5 years for a woman is the same as in another woman who continues with her normal periods over that time and is not taking HRT.

All women taking HRT should be asked regularly about any problems with or changes in their breasts and are advised to attend for regular mammograms.

Some women who are unable to use or wish to avoid conventional HRT may wish to explore herbal options. Individual women may find herbal remedies helpful and they are generally considered safe but check with a pharmacist if you have queries.

- Black Cohosh (cimicifuga racemosa) May be the best agent to try for hot flushes
- Oil of Evening Primrose May help breast tenderness
- Sage (salvia officinales) May reduce sweating
- St John’s Wort (hypericum) May help low mood and anxiety  
To be effective, tablets must contain 900 micrograms (mcg) of the active ingredient, hypericin
- Vitex Agnus Castus (Monks’ Pepper) May help mood swings

NB: St John’s Wort may help mild to moderate depression but should be avoided in women using other drugs including some hormonal medication as it may cause drug interactions.

NB: Be aware that many herbal or plant extracts, have weak oestrogen-like activity and should be avoided by women undergoing breast cancer treatment. Plant oestrogens are often referred to as Isoflavones or phyto-estrogens.

**Calcium and diet**

Bone is a living structure which is constantly being renewed. To ensure healthy bones, a reliable supply of essential vitamins and minerals, particularly calcium and vitamin D, is important. Calcium provides strength and rigidity to the skeleton.

Bone-growth patterns, and therefore calcium requirements, differ according to age and sex. Sufficient dietary calcium is important for post-menopausal women where low oestrogen levels cause a marked drop in bone density.

## Smoking

Stop. It greatly increases the risk of heart disease. More women die of lung cancer than breast cancer in the UK.

## Relaxation

- Yoga and Pilates can have a calming effect, as does slow deep breathing. Acupuncture, reflexology and massage can help relax muscles and relieve stress.
- Meditation and mindfulness techniques can be very helpful.

## Diet

- A healthy balanced diet is always recommended.
- Phyto (plant) estrogens e.g. soya products, beans, lentils, cereals, Burgen bread and linseeds can supplement falling levels of oestrogen. Linseeds also provide the essential fatty acids omega 3 and omega 6.
- Plant oestrogens can be bought in tablet form.
- Oily fish should be eaten twice weekly to increase levels of omega 3.
- Up to 1000 grams of calcium should be consumed daily, preferably from food e.g. milk, yogurt and cheese, to help prevent osteoporosis.
- A variety of fruits and vegetables and whole grains should also be eaten.
- Avoid fizzy drinks.

## Herbal Remedies

There is very little scientific evidence that herbal remedies are of significant help with menopausal symptoms. Women may experience a placebo benefit and feel that they are taking control of the situation and doing something to help. There are numerous preparations available so we do not recommend any brands in particular and some of them can be quite expensive.

## Deep vein thrombosis

HRT tablets (as with the contraceptive pill and pregnancy) increase the risk of blood clots in the veins (deep vein thrombosis (DVT) and pulmonary embolus) particularly in the first year of use. If a woman has already had a DVT, she may not be able to take HRT. She will also be at higher risk of DVT if she is overweight, has a family history of DVT or is immobile for any reason. If she is taking HRT, she may need to stop it prior to certain operations which increase the risk of DVT. HRT will more than double the chance of getting a DVT although for most women, the risk of DVT is still very low overall.

Scientific evidence suggests that oestrogen patches/gel do not increase risk of DVT and pulmonary embolus compared to tablets. We recommend that oestrogen patches or gel should always be prescribed if a woman is at higher risk e.g. obese, immobile or much older.

### DVT risks with or without oral HRT:

For a woman in her 50s who is not taking HRT	For a woman in her 50s taking HRT	For a woman in her 60s who is not taking HRT	For a woman in her 60s taking HRT
the risk of DVT is 3 in 1,000 over 5 years	the risk of DVT rises to 7 in 1,000 over 5 years	the risk of DVT is 8 in 1,000 over 5 years	the risk of DVT rises to 17 in 1,000 over 5 years

### Heart disease and stroke

HRT is not recommended for women who have significant heart problems. HRT probably does not prevent heart disease and may make older women slightly more likely to develop heart problems in the first year of use.

Scientific evidence suggests that HRT slightly increases risk of stroke. If a woman has had a stroke in the past or has high blood pressure which is not well controlled with treatment then she will not be able to take HRT. All women taking HRT should have their blood pressure monitored regularly.

As with DVT, oestrogen patches or gel may be safer in terms of stroke risk. We recommend that patches or gel should always be prescribed if a woman is at higher cardiovascular risk e.g. is being treated for high blood pressure, obese or a smoker.

**Stroke risks with or without HRT:**

For women in their 50s who are not taking HRT	For women in their 50s taking HRT	For women in their 60s who are not taking HRT	For women in their 60s taking HRT
on average over a 5 year period 3 in 1,000 would be expected to have a stroke	the figure would be 4 in 1,000	on average over a 5 year period 11 in 1,000 would be expected to have a stroke	the figure would be 15 in 1,000

**Other small risks with HRT** may include endometrial (lining of the womb) and ovarian cancers. Abnormal bleeding with HRT should be investigated promptly. It is always important to ensure that women who have not had a hysterectomy are taking combined HRT to keep the lining of the uterus healthy.

**Counselling**

If women experience loss of libido as part of a more complex sexual issue, then it may be helpful to seek advice from a sexual problems counsellor.

**Lifestyle tips, self help measures and natural alternatives to HRT**

**Hot Flushes/night sweats**

- Avoid excessive heat e.g. very hot baths and showers, spicy food.
- Cut down or avoid alcohol, caffeine and smoking.
- Wear layers of clothing that can be removed easily as soon as a flush starts.
- Hand-held fans can help. Moist wipes may be useful.
- Avoid synthetic night clothes and bedclothes and heavy bedclothes. Sleep on a big towel to absorb sweats.

**Exercise**

Regular vigorous exercise will help reduce the frequency and intensity of hot flushes and sweats (e.g. 4 x 30 minute sessions per week). Choose a form of exercise that you enjoy and will continue with in the long term.

Exercise helps control weight gain. It also lifts mood and helps prevent heart disease and osteoporosis.

**Alcohol**

Watch your intake. More than 2 units daily may double the risk of breast cancer. Alcohol can also increase osteoporosis risk.

**Weight**

Obesity, i.e. BMI (body mass index) of 35 and over, may treble the risk of breast cancer.

## Loss of Libido

This is a very common complaint in women after the menopause. New treatments may be developed but at the moment we have very few treatment options for women. Loss of libido is complex and is also about relationships as well as hormones – many women who have been in long term relationships find that their libido gradually decreases and it can also be an issue if women are unhappy about their body image due to obesity or other factors related to ageing.

### Testosterone replacement

Testosterone is the hormone responsible for male characteristics but occurs naturally in women as well and has a role in libido, mood and energy levels. Women who have had their ovaries removed before the menopause often experience a significant loss of libido as we know that the ovaries play a key role in producing testosterone. The role of testosterone replacement is now established in women who have had their ovaries removed but is less well studied in ‘normal women’ who still have their ovaries.

Potential side effects from testosterone include greasy skin, acne and increased facial hair growth although these are rarely a major problem. Testosterone is not recommended in women who have a high cholesterol level or are at increased risk of heart disease or stroke. They should always be combined after the menopause with oestrogen / HRT in some form.

### Testosterone gel

We may suggest testosterone gel (Testogel or Testim) which is actually licensed for men but can be used in low dosage by women. Women would use one sachet or tube per week in divided dosages to begin with. We will ask a woman’s GP if he or she is willing to prescribe these testosterone preparations. Unfortunately, testosterone cannot be taken in tablet form and testosterone patches and implants for women are no longer available.

## Making a choice

If a woman has made a decision to start or continue with HRT she should take it for a reasonable period of time. We suggest that she is reviewed every year to discuss the decision to continue with HRT or not. There is no fixed time period to take HRT and every woman should discuss with a healthcare professional how long she wishes to continue.

**Check-ups:** While taking HRT, a woman should have her **blood pressure** monitored every six months or more frequently if she has a problem with high blood pressure. If she is on treatment for high blood pressure, it is perfectly acceptable to take HRT provided her blood pressure is well controlled.

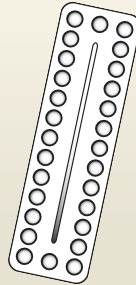
A woman should have normal **cervical smears** up to the age of 65 years – HRT has no effect on smears.

**Check breasts** regularly. The UK Breast Screening programme invites women for **a mammogram** between the ages of 50-70 years and women can opt to continue mammograms after this if they wish.

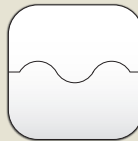
**Finally,** life in general is full of choices to make and people take risks of varying degrees every day. The risks of HRT are much smaller than the risks of cigarette smoking, alcohol excess and obesity. Very few women cannot take HRT for medical reasons. Remember that women can review their decision to take HRT or not at any stage and make an informed decision about when to start and stop it.

# Types of HRT

As mentioned earlier, HRT consists of oestrogen and progesterone hormones administered as pills, patches or gel applied to the skin, as an intrauterine device (Mirena IUS or “coil”) or as vaginal cream or tablets (“pessaries”). The type of HRT a woman uses is partly whichever is safest and most effective but also depends on her preference for a particular method and local guidelines.



Using HRT patches and gels may have a lower DVT and stroke risk than HRT tablets so may be preferable for slightly higher risk women. They are also better for women with migraine.



If a woman has had a hysterectomy then HRT can be a single hormone, oestrogen. Most women will not have had a hysterectomy and need to use an HRT preparation which contains both hormones (combined HRT); this is because the oestrogen hormone cannot be given alone as it can cause harmful effects on the lining of the uterus; therefore it is given in combination with a progesterone. The two hormones may be given in a combined patch or pills, or may be given as two separate preparations, for example an oestrogen patch with a Mirena IUS as the progesterone. Women may need to try a variety of HRT combinations before finding one which suits, as different side effects may occur in different people.

If it is less than one year since a woman’s last period, or she is having menopausal symptoms before her periods actually stop, then she will probably be prescribed a combined HRT which is “cyclical”, i.e. it mimics the normal cycle so that she has regular monthly bleeds; after a while this is usually changed to a “continuous” preparation, which will mean that her periods will stop.

Side effects are usually mild but might include bloating/fluid retention, weight gain and occasional bleeding. They would not be prescribed to menopausal women who have severe liver disease or significant arterial disease.

## Antidepressant Drugs

Although these drugs are generally used for treatment of depression, they can also reduce hot flushes and night sweats by around 40%. They also improve mood .

- **Fluoxetine**

Dose: 20mg daily

Side effects include nausea, headaches, dizziness and disturbed sleep. It should not be prescribed to women taking St John’s Wort.

- **Venlafaxine**

Dose: 37.5mg twice per day

This can be started with one tablet per day and increased gradually. Side effects include nausea, headaches, constipation and disturbed sleep. It should not be prescribed if there is a history of heart disease, untreated high blood pressure or epilepsy.

- **Citalopram**

Dose: 10 or 20mg daily

This drug is also helpful for anxiety conditions.

## Other drugs

- **Gabapentin**

Dose 300-900 mg daily

This drug is often used for the treatment of chronic pain but can sometimes be beneficial for women having hot flushes, particularly if they have other complex medical conditions

### How to get help

If women are experiencing any of the problems mentioned, they should speak to their GP or local sexual health doctor or nurse who is likely to be able to help. Before any treatment is started however, your doctor is likely to examine you and check for any other skin conditions.

Vaginal oestrogen preparations can be used for as long as women need to use them and they do not need to stop for breaks. Any abnormal bleeding should be reported to a doctor.

## Medical Alternatives to HRT for hot flushes and sweats

Some women cannot or do not wish to take HRT. The drugs described below are alternatives to HRT. None of these drugs is officially licensed to be used for this reason but we know they can be effective and help a woman to cope with her menopausal symptoms. These drugs must be prescribed by a doctor who will usually suggest trying one of them for three months initially. If the drug has had no effect in that time then it should be stopped. If it is helping menopausal symptoms, we suggest continuing it for 6 – 9 months then try to wean it down gradually. If symptoms return thereafter then women may need to restart it again.

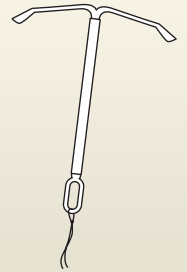
### Hormonal therapy

- **Provera**  
Dose 10mg twice a day
- **Megestrol acetate**  
Dose 20mg twice day

These are synthetic forms of the hormone progesterone which can reduce hot flushes and night sweats by around 40%. Although there are no long term studies on using these drugs, there is some evidence to suggest that they may be safer for the breasts than standard HRT and less likely to cause problems with thrombosis/clotting.

## Using a Mirena® for HRT

The hormone releasing intra-uterine system (Mirena® IUS) has been used for contraception in the UK since 1995. It is now also licensed for both the treatment of heavy periods and for use as part of a HRT combination. Women who do not require contraception may wish to have a Mirena® fitted for these specific reasons.



### How does it work?

The Mirena® IUS works by releasing a low dose of a progestogen hormone which shrinks down the lining of the womb and prevents bleeding. This will balance the effect of oestrogen on the lining of the womb and means that women with a Mirena® do not need to add in any additional progestogen in HRT. It will last for 5 years.

### Who will it suit?

Most women can be fitted with a Mirena® for HRT if this is acceptable to them. There will be an examination and it is important that smears are up to date before a Mirena® is fitted. Occasionally, women may need an ultrasound scan and small biopsy of the lining of the womb to check for any problems.

### Possible side effects

Once a Mirena® has been fitted, bleeding will gradually become lighter and lighter as the months pass. Unfortunately, most women will experience irregular bleeding and spotting during the first few months after having a Mirena® fitted which can be a nuisance. Women will be warned about this happening as it is quite normal and they are encouraged to persevere with the Mirena® during this time as it will almost always get better. By six months, most women will have settled down to occasional episodes of very light bleeding and by one year, many women find that the bleeding will have stopped altogether.

As the hormone dose is very small, side effects are not severe and tend to settle after a few months. It is possible that women would notice some breast tenderness, greasier skin or bloatedness initially but most women find side effects are not a major problem.

If you are using a Mirena for HRT you must have it changed every 5 years; if you have it removed but continue oestrogen, you must add in a progestogen tablet or patch to balance the oestrogen.

## Vaginal and bladder symptoms after the menopause

Almost all women notice changes after the menopause in the vaginal and bladder tissues. The symptoms they often experience include:

- vaginal dryness, soreness or irritation
- vaginal discomfort during intercourse
- urinary urgency (needing to empty the bladder urgently, even if is not full)
- urinary frequency and nocturia (getting up frequently during the night to pass urine)

These symptoms, although rarely serious, are often very distressing. Many women may feel embarrassed about discussing these symptoms, or consider them to be a normal acceptable part of the process of menopause; these problems are however often very easily treated.

These symptoms are due to a drop in the levels of the hormone oestrogen which occurs in all women when their periods stop. The hormone oestrogen is responsible for maintaining the health of vaginal and bladder tissues, and the lack of oestrogen leads to a thinning of the wall of the bladder and the skin of the vagina, leading to dryness, discomfort and urinary symptoms.

### Treatment

The most effective treatment for these problems is to replace the oestrogen which is lacking; this is done with either local oestrogen replacement or hormone replacement therapy (HRT).

- **Local oestrogen replacement:**

Oestrogen can be given very effectively by the vaginal route in the form of a cream (Ovestin®), tiny vaginal tablets (Vagifem®), or a soft plastic ring (Estring®) which sits inside the vagina and is changed at three monthly intervals. This method of delivery of oestrogen to the tissues is very safe as only a tiny amount of the hormone is absorbed into the bloodstream. Studies have suggested that this route has no significant increased risk of breast cancer, stroke or blood clots. Oestrogen given in this way can be continued indefinitely, as long as symptoms are a problem.

- **HRT:**

See earlier section on HRT and its benefits and risk. Some women need to take both HRT and local vaginal oestrogen to help bladder and vaginal symptoms.

- **Non-hormonal treatments:**

If women wish to avoid hormones, or for any reason are unable to use them, there are other ways to improve the vaginal symptoms which occur after the menopause. These include general measures such as avoiding contact between the vaginal skin and soap, wipes, perfumes, talc and man-made fibres. Vaginal lubricants and moisturisers such as Replens®, Sylk® or Yes® can be very helpful and are not limited to use during intercourse. Emollient lotions such as Dermol 500® may be helpful for washing and moisturising the vulval skin. These preparations are available to buy from a pharmacy or on line and some can be obtained on prescription from your GP.

# Information about your operation for Endometrial (womb) cancer

## Information for Patients

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### What is this leaflet about?

This leaflet tells you about the surgery used for treating womb (endometrial) cancer. This operation is called a Total Laparoscopic Hysterectomy

### What is Total Laparoscopic Hysterectomy (TLH)?

This is the operation used to treat most cases of womb cancer. It involves keyhole surgery to remove your womb, Fallopian tubes and ovaries and sometimes lymph nodes and fatty tissue from inside the tummy, called omentum.

### Why do I need a Total Laparoscopic Hysterectomy?

Endometrial cancer can often be cured by an operation alone. In some cases further treatment such as chemo / radiotherapy is required but this will be determined by the results of the surgery.

### Preparation

If you are overweight losing weight before surgery may help. There is a Macmillan sponsored project called "Move More" which is run by Edinburgh Leisure which can help increase your physical activity. Stopping smoking will also be helpful and we can provide support for this.

### Anaesthetic

The operation is carried out under general anaesthetic which means you will be asleep during the operation.

### What happens when you arrive for your hysterectomy?

You will be admitted to the gynaecology ward (Ward 210) in the Royal Infirmary of Edinburgh. Ward 210 is on the second floor above Reproductive Health Outpatients Department. Sometimes the ward can be busy and you may have to wait a while on the day of your operation where the nursing staff will welcome you and get you ready for theatre.

### Consent

Your surgeon will usually have spent time with you going over the operation in the clinic and a consent form is signed at this point. Your consent is confirmed on the day of surgery.

## **About Total Laparoscopic Hysterectomy surgery**

The operation is carried out by passing a small tube with a small camera attached through your tummy button and inserting some air into your tummy. Further small (1cm) incisions or cuts are made in your tummy through which the operating instruments are inserted. The number of additional incisions/cuts needed can vary but can be between 2 and 4. The tummy is washed out at the beginning of the operation to see if there are any abnormal cells present. The womb (uterus), ovaries and tubes, and sometimes the lymph nodes from the pelvis or tummy are removed. In addition, a piece of fatty tissue from the tummy (the omentum) may need to be removed to help find out how far the cancer has spread. The operation can take anything between 1 and 3 hours depending on the patient and how much surgery is required.

## **After your operation**

If the surgery has been straightforward, you will return to Ward 210. Some patients may need to go to the High Dependency Unit (HDU) if they have additional medical needs. You may have a catheter in the bladder overnight and a drip in your arm to give fluids. The nursing staff will do regular checks on you and make sure you are kept comfortable with painkillers. You will be encouraged to get up and move around soon after your surgery and be able to eat and drink the next day. You can usually go home one or two days after your surgery and any stitches will usually dissolve.

## **Care at home afterwards**

You should avoid any heavy lifting in the first few weeks after surgery but will be able to do your normal daily activities (e.g. going to the toilet, dressing, washing, cooking) on arriving home. If you live on your own, you might like to make sure someone can stay over with you for a couple of nights. A small amount of vaginal bleeding can occur but should get lighter with time. If it is heavy or smelly you should see your GP in case you need some antibiotics.

## **Follow-up care**

We will arrange to see you to discuss the results of your surgery two to three weeks later, and let you know if any further treatment is required.

## **What can go wrong?**

In some situations we have to open up your tummy to do the surgery and this will mean you have to stay in hospital longer, and you will have a longer recovery time. You will usually be given compression stockings and a blood thinning injection after the operation to prevent blood clots in your legs or lungs. Bleeding can occur which, if heavy, might require a blood transfusion. Infections can arise in the wounds, the bladder or the chest which may require a course of antibiotics. Fewer than 10% of patients having their lymph nodes removed will experience swelling in their legs (lymphoedema) but physiotherapy can help if this occurs. Very rarely, damage can occur to the bladder, ureter (the tube connecting the kidney to the bladder) or the bowel. In this situation the damage may need to be fixed by open surgery either at the time or at a second operation.

## Back to normal life

You should be feeling back to normal four to six weeks after your operation but this may vary depending on your medical fitness beforehand.

## Any more questions?

Clinical Nurse Specialists (CNS) work specifically with patients with cancer as part of the specialist team to co-ordinate your care. Your CNS can help with any physical, emotional or social concerns you may have.

### Contact numbers

Ward 210	0131 242 2101
Ward 12 St John's Hospital	01506 524 112
Gynaecological Oncology Clinical Nurse Specialist	0131 242 2620

## Further information

Macmillan Cancer Support <https://www.macmillan.org.uk/>

Macmillan Move More Project: [lothian.movemoreedinburgh@nhs.net](mailto:lothian.movemoreedinburgh@nhs.net)

Maggies Centres <https://www.maggies.org/>

Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/en/patients/patient-leaflets/recovering-well-from-gynaecological-procedures/>

## Cancellation

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new date as soon as possible.

## Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

## Public transport and travel information

Bus details available from:

Lothian Buses on 0131 555 6363 [www.lothianbuses.co.uk](http://www.lothianbuses.co.uk)

Traveline Scotland on 08712002233 or [www.travelinescotland.com](http://www.travelinescotland.com)

Train details available from:

National Rail Enquiries on 03457 484 950 or [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

## **Patient transport**

Patient transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** \*calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hard of hearing or speech impaired? Use text relay: **18001-0300 123 1236\*** (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hour answer service).

## **Interpretation and translation**

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

## **Contact Telephone Numbers**

**Ward 210**

**Ward 12 St John's Hospital**

**Gynaecological Oncology Clinical Nurse Specialist**

**0131 242 2101**

**01506 524 112**

**0131 242 2620**

# Investigation of bleeding after the menopause

## Information for Patients

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### What is this leaflet about?

This patient information leaflet will help you understand:

- Why you have been referred to Gynaecology for a Post Menopausal Bleeding Outpatient appointment
- What may happen to you at this appointment
- How to prepare for this appointment
- How the results of this appointment will be communicated to you.

### What is the Post Menopausal Bleeding?

Post Menopausal Bleeding is bleeding from the vagina experienced anytime after you have been through the menopause.

### What causes Post Menopausal Bleeding?

There can be many causes of post menopausal bleeding. The most common causes are inflammation and thinning of the vaginal skin.

### Signs and symptoms

Many women who have postmenopausal bleeding will not have other symptoms. Symptoms depend on the cause of the bleeding.

### Diagnosis

As part of this referral your GP is likely to have referred you to have an Ultrasound scan of the womb. This may have shown some thickening of the lining of the womb and when you attend your gynaecology appointment you may be offered a biopsy of the lining of your womb.

The biopsy is taken using an endometrial sampler, which resembles a small plastic straw. The doctor will insert a speculum into the vagina (similar to when you have a cervical smear) to see the neck of the womb. The sampler is passed through the neck of the womb into the womb cavity. This part of the procedure can cause discomfort similar to a cramp period type pain, which generally settles once the biopsy has been taken. Occasionally, a small clip might be placed on the neck of the womb to hold it still and allow the biopsy to be taken. The biopsy is then taken by withdrawing the middle part of the device which extracts a little tissue into the plastic tube. The sampler and speculum are then withdrawn and the sample is put into a pot for analysis. The whole process should only take a few minutes.

## **What can go wrong?**

The biopsy is usually well tolerated by most women however some people do find it too uncomfortable and have to have the biopsy taken under local or general anaesthetic at another time. Also on some occasions it is not possible to get the sampler through the neck of the womb.

There are some rare risks such as:

- Prolonged vaginal bleeding
- Infection
- Uterine perforation (making a hole in the womb)

You should contact your GP or the Gynaecology Outpatient department if you experience any of the following afterwards:

- Heavy vaginal bleeding / clots
- Smelly vaginal discharge
- Feeling feverish or unwell
- Pain that is not relieved by simple painkillers.

## **What are the next steps?**

You should get the results about three to four weeks following the biopsy. Often this is by letter and nine out of ten results will be normal. In some cases we may telephone you to come back to clinic instead of writing you a letter. Sometimes we may need to arrange a further investigation to look inside the womb with a camera (hysteroscopy) and this can be done under local or general anaesthetic. Occasionally a patient will have a womb cancer. Only one in ten patients will have a womb cancer detected and your doctor will inform you of this and arrange further tests and an appointment to discuss surgery.

## **Back to normal life**

You may return to work and resume normal activities following the procedure. We recommend you avoid intercourse and not use tampons whilst you have any bleeding. You may wish to take simple analgesia (paracetamol / ibuprofen) after the procedure.

## **Any more questions?**

If you have further questions about the information contained in this leaflet your doctor will be happy to discuss this at your appointment.

## **Further information**

<https://www.nhs.uk/conditions/post-menopausal-bleeding/>

## Cancellation

While we make every effort to avoid this where possible, there is always a risk that your appointment may be cancelled at short notice. We realise that this can cause distress and inconvenience, but in the event that your appointment is postponed, you will be offered a new date as soon as possible.

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# Guideline: Postmenopausal Bleeding

## Gynaecology Services Lothian

### Guideline

#### 1. INTRODUCTION

The purpose of this guideline is to aid clinicians in the management of postmenopausal bleeding (PMB) in the outpatient setting. PMB represents 5% of gynaecology clinic referrals and around 10% of women presenting with PMB have a gynaecological malignancy (the majority being endometrial cancer; other causes however include cervical cancer, vaginal atrophy and endometrial polyp).

#### 2. DEFINITION

Postmenopausal bleeding is defined as vaginal bleeding following 12 months of amenorrhoea in a woman who is of menopausal age and not currently taking hormone replacement therapy (HRT).

Unscheduled bleeding in women of menopausal age taking hormone replacement therapy (HRT) should be managed in the same way. 'Unscheduled bleeding' is defined as non-cyclical bleeding still continuing six months after commencing HRT or after six months of amenorrhoea

#### 3. RISK FACTORS

- Age\*
- Obesity (BMI >35)
- Tamoxifen use
- Nulliparity
- Early menarche or late menopause
- Unopposed oestrogen HRT in women with a uterus
- Polycystic ovarian syndrome

*\* The incidence of endometrial cancer is low in women under 40 years old (under 2 per 100,000) but rises rapidly between the ages of 40 and 55, levelling off after the menopause at around 44 per 100,000. 93% of uterine cancers are diagnosed in women aged 50 years and over*

#### 4. CLINICAL ASSESSMENT

Full gynaecological history including important symptoms:

- 1 single episode of vaginal bleeding (spontaneous or post-coital)
- **Recurrent** episodes of vaginal bleeding (duration of symptoms is important)
- Vaginal discharge
- Weight loss, bloating, anorexia

Examination should include full assessment of abdomen and lower genital tract + BMI measurement

#### 5. CAUSES

Benign	Pre-malignant	Malignant
Atrophic vaginitis	Endometrial hyperplasia (see guideline)	Endometrial cancer
Endometrial polyp		Cervical cancer
Cervicitis/ ectropion		Ovarian cancer
Cervical polyp		Vaginal cancer
Pessary erosion		Vulval cancer
Trauma		Uterine sarcoma (rare)
Sexually transmitted diseases (STIs)		
Haematological disorders (rare)		

#### 6. INVESTIGATION

- a) **Ultrasound:** An ultrasound scan is the first line investigation for women with PMB to identify those at higher risk of endometrial malignancy.
- The negative predictive value of transvaginal scanning in patients with PMB approaches 100%
  - TVS should be performed before attempting an endometrial biopsy as this may affect the appearance of the endometrium
  - Tamoxifen is thought to cause sub-endometrial oedema, making endometrial thickness measurements in these women less reliable.

**Endometrial thickness of  $\geq 5.0$  mm warrants further investigation.**

*\* if TVS is not possible a transabdominal scan (TAS) can be performed in order to assess adnexal masses however, measurement of endometrial thickness (ET) is less accurate.*

- b) **Endometrial Biopsy:** histology provides the definitive diagnosis in PMB. When an adequate sample is obtained, the Pipelle method has high diagnostic accuracy, with a positive predictive value of 81.7% and a negative predictive value of 99.1%

**Indications for Pipelle biopsy:**

- ET  $\geq$  5.0 mm
- ET not visualised e.g. fibroids
- **Recurrent PMB** (2<sup>nd</sup> or subsequent presentation) regardless of ET (unless performed in last 6 months)
- Suspicion of polyp or mass on ultrasound
- ET  $\geq$  5.0 mm with fluid in the endometrial cavity
- Tamoxifen use

**Indications where Pipelle biopsy may or may not be considered appropriate:**

- ET  $\geq$  10.0 mm in women **without PMB** i.e. an incidental finding
- ET  $\geq$  5.0 mm with fluid in the endometrial cavity **without PMB**

The likelihood of the reported absence of PMB being true, as well as the likelihood of future episodes of PMB being reported to trigger investigations, must be considered when electing not to perform a biopsy. Equally, the risk of harm from invasive investigations including hysteroscopy, anaesthesia, COVID-19 must be considered when there may be a low probability of an underlying abnormality.

**Counselling:**

Discuss with the patient the likely outcome and timeframe for follow-up results (whether a letter/ phone call would be preferable). To minimize the risk of COVID-19 transmission at hospital, this should only be at a 'face-to-face' clinic appointment under exception circumstances.

Emphasis should be placed on patient that 'recurrent/ subsequent episode' of bleeding requires repeat presentation to the GP and further investigation.

Discuss with the patient about the possibility of 'insufficient' or 'non-diagnostic' result – this is where the endometrial cavity is successfully reached by Pipelle but the amount tissue obtained is less than expected from scan measurements.

- If there is a persistent suspicion underlying malignancy, then the recommendation would be an outpatient hysteroscopy, and this could be organised without the need for a further appointment. 'Outpatient Hysteroscopy' patient information leaflet may be of use for further information

- If there is a low suspicion of underlying malignancy, the insufficient result can be interpreted as 'reassuring.' Conservative management can be followed, with clear advice for the patient to report any further bleeding to their GP.

For patients in whom a Pipelle biopsy is not possible, the reasons should be documented

- c) **Hysteroscopy:** Hysteroscopy and biopsy/treatment is the preferred diagnostic technique for polyps (plus other benign lesions) and can be used when Pipelle biopsy cannot be acquired
- The combined use of hysteroscopy and endometrial biopsy leads to almost 100% accuracy in the diagnosis of endometrial neoplasia and its precursors.
  - In women with on-going risk factors for endometrial hyperplasia or malignancy consider Mirena insertion at the time of Outpatient hysteroscopy (OPH) as a first-line investigation.

**Indications for hysteroscopy:**

- Unable to pass Pipelle or insufficient biopsy
- Suspected polyp
- ET  $\geq$  10mm (unless satisfactory pipelle as above, provided ongoing clinical decision to continue investigations)
- Tamoxifen use
- **Recurrent** PMB (defined as 2 or more episodes of otherwise unexplained PMB)

*Outpatient hysteroscopy should be first line. If concerns that this would be unduly difficult or unacceptable to patient discuss with consultant gynaecologist regarding GA hysteroscopy.*

**7. TREATMENT/ FOLLOW-UP**

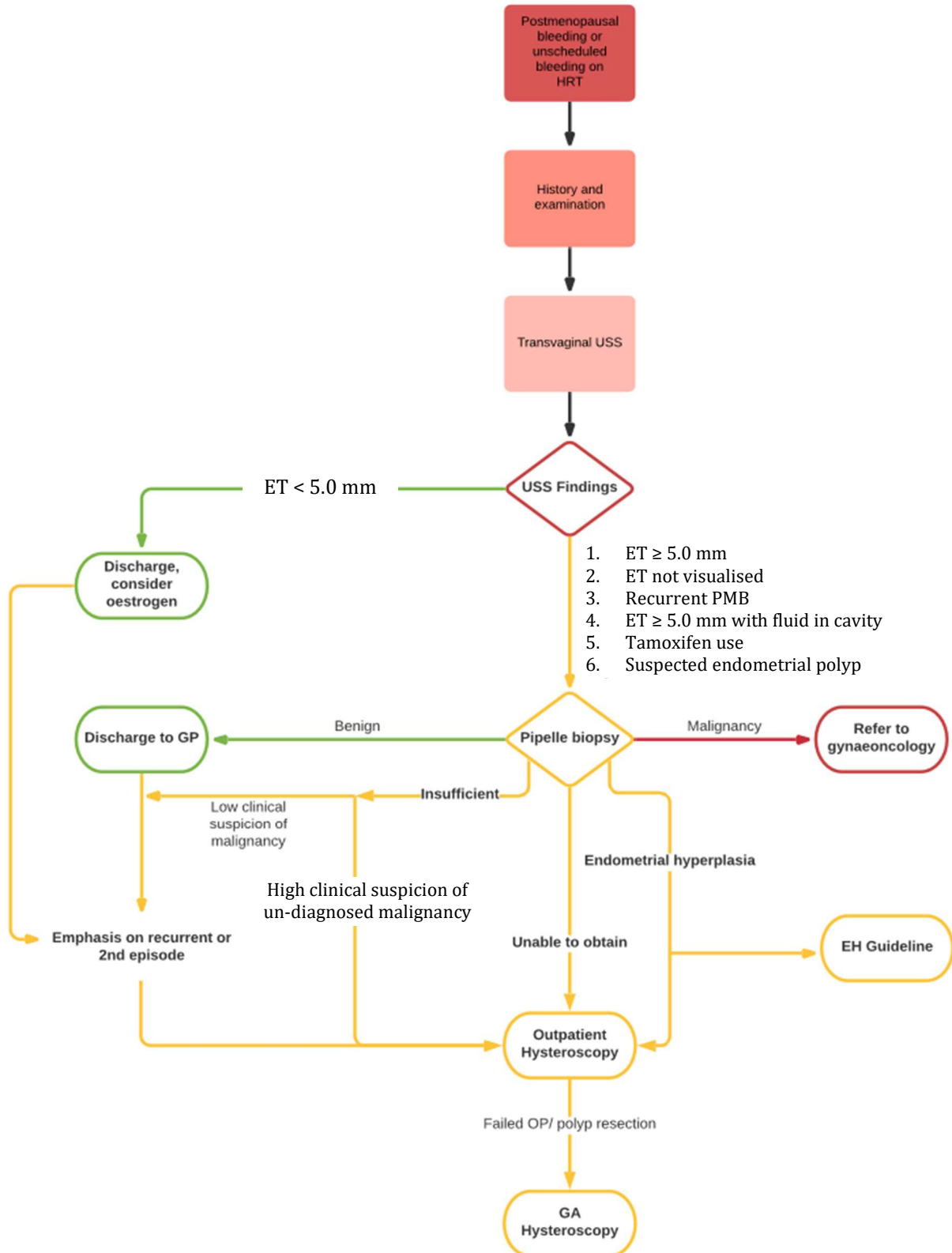
<b>Diagnosis</b>	<b>Treatment</b>
Atrophic vaginitis	Vaginal estrogen
ET < 5.0mm <b>or</b> endometrial biopsy benign	Discharge, consider vaginal estrogen
Unable to pass Pipelle	Outpatient hysteroscopy (OPH)
'Insufficient' <b>or</b> 'non-diagnostic' sampling	OPH <b>or</b> Discharge to GP
Suspected polyp/ mass or ET > 10.0mm	OPH +/- treatment
Endometrial hyperplasia on biopsy	See Endometrial Hyperplasia guideline
Endometrial malignancy	Referral to gynae-oncology*

Suspicious vulval / cervical lesion	Biopsy +/- urgent colposcopy
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*\*Any referral to gynae-oncology requires the informed consent of the patient. Ideally the news of a cancer diagnosis should be broken to the patient by the clinician who requested the biopsy.*

## 8. CLINICAL PATHWAY:

### Postmenopausal Bleeding Pathway



## 9. REFERENCES:

- I. Clarke MA et al. Association of Endometrial Cancer Risk with Postmenopausal Bleeding in Women: A Systematic Review and Meta-analysis. JAMA Intern Med. Sept 2018
- II. Braun MM et al. Diagnosis and Management of Endometrial Cancer. Am Fam Physician. Mar 2016
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## 11. REVISION

This guideline will be review in May 2026.

# Supporting you through your menopause

## Information for patients

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This leaflet has been developed by the Lothian Menopause Service to provide advice and support for you around menopause.

### What information will I find in this leaflet?

- What is menopause and when does it happen?
- What symptoms might I have in menopause?
- I think I have symptoms of menopause, but I am still having periods. What is going on?
- Do I need to take treatment for menopause?
- What treatments are there for menopausal symptoms?
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    - Is HRT suitable for me?
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  - **What if HRT isn't suitable for me, or I don't want to take HRT?**
    - Non-hormonal treatments for menopausal symptoms
- What can I use for vaginal dryness and urinary symptoms of menopause?
- I don't feel interested in sex anymore. What will help?
- Do I need contraception?
- What happens if I have my menopause very early (before age 40)?
- Can my GP help with menopause?
- Where can I find more information about menopause?

## What is menopause? And when does it happen?

Most women stop having natural periods around the age of about 52 years. This happens because the ovaries stop making the hormones that produce the menstrual cycle; we call this menopause. After menopause, levels of the hormone oestrogen in the body are very low. The body responds to these low oestrogen levels with symptoms that we call menopausal symptoms.

## What symptoms might I have in menopause?

Menopausal symptoms are different for everyone. For some people they can be mild. But for others, symptoms can be severe or long-lasting and they can badly affect daily life.

### **Key fact - Symptoms of menopause can include:**

- flushes and sweats
- changes in mood, irritability and anxiety
- poor memory and concentration, or “brain fog”
- disturbed sleep
- joint and muscle aches and pains
- vaginal dryness, discomfort, or soreness during sex
- urinary symptoms
- skin and hair changes
- weight gain (especially around the lower tummy area).

## I think I have symptoms of menopause, but I am still having periods. What is going on?

Not everyone who has symptoms of menopause will have stopped their periods. Perimenopause is the time leading up to the menopause, when changes in hormone levels begin. This is when menopausal symptoms can start, and periods may start to change. It often starts to happen when people are in their mid-40's.

Hormone levels are very changeable during perimenopause. Sometimes oestrogen levels will be low, at other times normal or even high. Symptoms can come and go during this time. If symptoms are bad, some people will start treatment.

It is important to remember that contraception is still needed in the perimenopause.

## Do I need to take treatment for menopause?

Menopausal symptoms do not always need medical treatment. Many people find that their symptoms improve on their own over time, or with self management. But if the symptoms are badly affecting their quality of life, some people choose to use treatment.

## What treatments are there for menopausal symptoms?

### Self management or 'self-care'

There are lots of self-care options that can help with symptoms of menopause. Self-care is as important as medical treatment. Many people find that making small changes to their lifestyle can make symptoms less severe and easier to manage. It is important to find what works for you. Some options you can think about are:

- **Avoid or reduce caffeine, hot drinks, alcohol and smoking.** These all trigger flushes and sweats and make people sleep less well. Alcohol and smoking also increase health risks like high blood pressure, heart disease, stroke, and breast cancer. **Regular exercise.** Even a small amount of exercise can make a big difference in menopause. Exercise can improve fitness, sleep, mood and self esteem. It helps with weight management, and it keeps bones and muscles strong, which is especially important during menopause. When we don't exercise we can feel tired all the time, which makes it difficult to start to exercise. But if we *can* get started, exercising helps with energy and motivation.
- **Maintain a healthy weight.** This is important as we get older to lower the risk of health conditions like blood clots, heart disease, strokes, diabetes, breast cancer and cancer of the womb lining. Getting to a healthy weight can help with menopausal symptoms. People can find it harder to lose weight during the menopause. If you think that you would benefit from advice about nutrition and weight management, please ask your GP about services available to support you.
- **Improve sleep quality.** Getting better sleep can improve mood, memory, concentration and energy. The Sleepio app is recommended to help support sleep. Some people find that taking a magnesium supplement can help.

#### How can I improve my sleep?

- have a regular bedtime and waking time
  - avoid screen time 1-2 hours before bed
  - reduce the amount of caffeine you have after midday
  - avoid hot drinks before bed
  - avoid daytime naps.
- **Make sure that there is plenty of vitamin D and calcium in your diet.** Vitamin D and calcium are important for bone health. Sunshine is good for vitamin D. Consider taking a vitamin D supplement.
  - **Cognitive behavioural therapy (CBT) and mindfulness** can improve mood changes during menopause. CBT has also been shown to help with flushes and sweats. CBT and mindfulness can help us cope when poor memory and concentration are making life challenging.
  - **Try to find time for yourself.** This is really important for mental wellbeing.

## Hormone replacement therapy (HRT)

As well as self-care, there are some medical treatments that help with menopausal symptoms. The most well-known of these is hormone replacement therapy (HRT).

### What is HRT?

HRT usually contains two hormones – an oestrogen and a progestogen. Oestrogen helps to treat the symptoms of menopause. But if oestrogen is used on its own, it can lead to abnormal changes in the lining of the womb (endometrium). The progestogen part of HRT protects the lining of the womb (and any endometriosis outside the womb) from the oestrogen and controls vaginal bleeding when HRT is being used. If your womb has been completely removed (a total hysterectomy) AND you do not have endometriosis, progestogen is not needed.

Some people have side effects after starting HRT. These can include headaches, mood changes, breast tenderness or bleeding problems. If you experience side effects or bleeding problems, you may need to try some different types of HRT to find the one that suits you best. Everyone is different.

### What are the benefits of HRT?

**HRT helps with menopausal symptoms.** HRT can help with symptoms caused by low oestrogen. It usually works very well for reducing hot flushes and night sweats. It can sometimes help with other symptoms such as poor sleep, low mood, anxiety, brain fog and muscle/joint pains.

HRT will not solve all the problems that people experience in menopause. But it can reduce some symptoms enough to improve overall wellbeing and make self-care easier. For example, oestrogen does not directly help with weight control, but it can improve other symptoms so that it is easier to exercise.

**HRT has some health benefits.** If you need HRT for menopausal symptoms it has the extra benefit that it can help to protect your bones and lower the risk of osteoporosis (loss of bone strength). It is possible that HRT might lower your risk of developing heart disease later in life if it is started around the time that your periods first stop. We are not certain if using HRT affects the risk of dementia (some studies have suggested that it could reduce risk, but others suggest no benefit, or even an increased risk with HRT). We would not recommend using HRT just to try to lower dementia risk.

If you experience early menopause before the age of 40, we recommend using HRT (if it is safe for you) to help protect your bones and possibly your heart, even if your menopausal symptoms are not too bad. See the section of this leaflet on very early menopause.

**Key fact:** HRT has added benefit for bone strength and perhaps for heart health, especially for people who experience menopause at a younger age.

## What are the risks of HRT?

**HRT has some health risks.** Most people experience menopause around the age of 52 years. People who use HRT after this age have a small increase in the risk of developing breast cancer compared to people who choose not to use HRT. The breast cancer risk with HRT is smaller than the breast cancer risk from being overweight and similar to the breast cancer risk with drinking alcohol.

HRT can increase risk of blood clots - including blood clots in the legs (deep vein thrombosis) or lungs (pulmonary embolism), and stroke. Some types of HRT have a higher risk than others.

## What happens when HRT is stopped?

When HRT is stopped, the symptoms that improved with HRT can come back. For most people they get better with time after stopping HRT. When you start HRT, it is important to understand that you might be delaying the menopausal symptoms until later in life.

Stopping HRT is an individual decision, taking into account how badly your symptoms affect your quality of life and what else is going on in your life. We recommend gradually reducing the dose of HRT before stopping to help your body adjust.

## Should I take HRT?

**Key fact:** We don't **have** to take HRT in menopause to be healthy – but many people choose to take HRT to help with menopausal symptoms.

HRT is usually recommended if:

- You have menopause symptoms that are badly affecting your life
- You are under 40 when you become menopausal.

But not everyone wants or needs to use HRT, and HRT is not suitable for everyone.

## Is HRT suitable for me?

HRT may not be recommended if you have had breast cancer or a cancer of the ovary or womb. Some types of HRT are not suitable if you have medical conditions such as blood clots, heart disease and stroke. We don't know for certain, but there could be additional risks if HRT is started more than 10 years after menopause, or after the age of 60.

You should discuss with your healthcare professional about using HRT in your individual situation. They will help you to weigh up the pros and cons of HRT. See the information about the benefits and risks of HRT above. They will also be able to give you information about non-hormonal treatments for menopause symptoms. See below for more information.

People who are advised not to use HRT might still be able to use low dose vaginal oestrogen for any vaginal dryness or urinary symptoms. See below for information about low dose vaginal oestrogen treatments.

### What is the best HRT for me?

**Key fact:** The best HRT for you is the one that helps with menopausal symptoms and has the fewest health risks and side effects. You may need to try a few types to find one that suits you.

Most people need two hormones in HRT – an oestrogen which helps with menopausal symptoms, AND a progestogen which protects the womb lining from the oestrogen.

### HRT oestrogen

The oestrogen in HRT is usually a type called estradiol. This is the same as the oestrogen that is made naturally in the body.

**Key fact:** It is safer to absorb the oestrogen part of HRT across your skin (rather than taking it as a tablet).

If estradiol is taken as a tablet, it can increase the risks of having blood clots in veins (deep vein thrombosis, pulmonary embolism) or arteries (e.g. strokes). If estradiol is absorbed through the skin (transdermal) it has much less effect on blood clotting, so it is safer in this respect. This is something for everyone to think about when choosing HRT, but is particularly important if you have other factors that increase your risk of having a blood clot. These include:

- older age
- smoking
- being overweight
- high blood pressure
- having had a blood clot (or having a family member who has had a blood clot)
- having a genetic condition that increases your chance of blood clots (thrombophilia).

Options for transdermal estradiol are:

- A patch (usually worn on the thigh, buttock, lower back or lower abdomen and usually changed twice a week)
- A gel (spread onto the skin of the inner thigh every day and allowed to dry completely before dressing)
- A spray (sprayed onto the same inner forearm every day and allowed to dry completely).

## HRT progestogens

**Key fact:** If you have had your whole womb removed (total hysterectomy) AND you have not had endometriosis you should be able to use oestrogen on its own without a progestogen. Everyone else who uses HRT needs BOTH an oestrogen and a progestogen.

Progestogens are hormones similar to the progesterone hormone that is made naturally in the body. All progestogens protect the womb lining from the effects of oestrogen, and they help to control bleeding while using HRT. You do not need to use a progestogen alongside oestrogen if your womb has been completely removed (total hysterectomy) AND you do not have endometriosis. Different progestogens have different side effects and some are better at controlling bleeding than others. **The best progestogen for you is the one that gives you fewest side effects and the best control of bleeding.**

The main HRT progestogens that you can choose from are:

**1. A 52mg hormonal intrauterine device (IUD or 'coil') like Mirena® or Levosert®.** This is inserted into the womb at the clinic or your GP practice. It provides the progestogen part of HRT for 5 years after it is inserted. Most people have very little bleeding once it has settled in. It also provides very effective contraception.

**2. If you don't want a hormonal IUD:**

If you are younger, and/or you are still having periods when you start HRT, you will need to take the progestogen for half the month and stop it for the other half. This will trigger a once-a-month bleed like a period, which is called a withdrawal bleed. If you don't use the progestogen this way, you are more likely to have troublesome bleeding throughout the month. A way to avoid having a withdrawal bleed is to use the hormonal coil.

If you are older and/or your periods have naturally stopped some time ago, you should be able to take the progestogen every day and avoid having a withdrawal bleed. There might be some vaginal bleeding to start with, but after a few months this should settle down so that you have no bleeding. If you continue to have bleeding after the first few months, you may need some tests to look into this further.

The progestogens that you could use in this way are:

- A progestogen that comes together with oestrogen in a single patch.
- A progestogen that comes together with oestrogen in a single tablet.
- A tablet progestogen that is used alongside a separate oestrogen patch, gel, spray or tablet.

### What if HRT isn't suitable for me, or I don't want to take HRT?

Some people choose not to use HRT or are advised to avoid HRT. Other people find that HRT does not help their symptoms or leads to unpleasant side effects.

## Non-hormonal treatments for menopausal symptoms

As well as self-care options as above, there are some non-hormonal medications that can help with menopausal symptoms. These medications are often used to treat other medical conditions but have been found to work well for some of the symptoms of menopause. For example, some anti-depressant/anti-anxiety medicines can reduce hot flushes and sweats, improve sleep and help with menopausal mood symptoms. The pain medicine gabapentin can also help with flushes and sweats, joint aches and pains and poor sleep. For people who have heavy sweats, a medication called oxybutynin (usually used to treat bladder symptoms) could be helpful.

There are some newer treatments for hot flushes (such as fezolinetant and elinzanetant) that are not yet available in the NHS.

### I have vaginal dryness and some urinary symptoms. What will help?

Low oestrogen levels often cause symptoms in the vagina like dryness, discomfort and soreness, particularly during sex, and urinary symptoms like stinging when you pass urine, needing to pass urine more often, leaking urine, or even urinary infections. The symptoms can get worse over time. To help with these symptoms, you can use special low dose oestrogen that you put directly into the vagina. This can be used alongside the HRT described above, or on its own without HRT.

Vaginal oestrogen treatments contain a low dose of oestrogen hormone. There is a choice of a vaginal tablet, vaginal cream, or a small, flexible vaginal ring (Estring®). Only a very small amount of the oestrogen is absorbed into the rest of the body. This means that it can often be used by people who might not be able to use HRT. A separate progestogen is not needed with this low dose local vaginal type of oestrogen.

When starting any low dose vaginal oestrogen treatment, it can take at least 3 months for symptoms to improve so it is important to keep using it regularly.

A non-hormonal vaginal moisturiser like Hyalofemme® or Replens® can make the vagina more comfortable if it is used regularly. And a good lubricant can make sex much more comfortable (some options to try are Yes® and Sylk®). These can be used on their own, or in addition to vaginal oestrogen.

Sometimes people have dryness and soreness of the skin outside the vagina (the vulva) too. The skin of the vulva is very sensitive. Soaps, showers gels and feminine hygiene washes should be avoided because they can make this sensitive skin very dry. Regular use of a simple, unscented moisturiser to wash and moisturise the skin outside the vagina can help. Zerobase® cream and Hydromol® ointment are options to try. Improving genital skin care can also allow topical oestrogen products to work better.

### I don't feel interested in sex anymore. What will help?

Some people find that they are less interested in sex during and after the menopause. Desire for sex does naturally change as women get older, but there are other things that can also affect this. For example, you might feel less like having sex if it is uncomfortable or painful because of vaginal dryness, or if you are experiencing feelings of stress, low mood, anxiety or tiredness. For some people, this change in desire for sex is not a concern. But for other people it can have a negative impact on both them and their partner(s).

The self-care ideas above can help with some of these symptoms. As well as this, some people find that HRT helps them to feel more interested in sex. It is also important to get treatment for any vaginal soreness or dryness, and to use a good lubricant during sex.

Good communication with your partner and building intimacy in other ways can help to you to continue to have sex that you enjoy after menopause.

If loss of sexual desire (low libido) remains a problem for you after trying these things, we sometimes suggest trying a small dose of testosterone gel. This is only an option you are already using HRT for other symptoms.

It is normal for women to have low testosterone in menopause - the level reduces gradually from around the age of 30. Testosterone does not need to be replaced just because the level is low. Testosterone can sometimes help with low sexual desire, but many women don't notice much of a difference. Before thinking about using testosterone you should know that testosterone can cause side effects like spotty skin/acne, an increase in facial hair or feeling more irritable. You also need to know that there is not a lot of research about testosterone treatment in women, so we are also not sure about its long-term health effects.

If you do decide to use testosterone, you will need to have your bloods checked during treatment to make sure your testosterone levels do not become too high. If the levels are too high, or if the treatment doesn't improve your symptoms, or it causes unpleasant side effects, we recommend stopping it. And while using testosterone you need to use effective contraception as it could have effects on a fetus.

### Do I need contraception?

Everyone can stop contraception when they turn 55 years old. And you don't need contraception if you have had your womb removed (hysterectomy) or both your ovaries removed. But everyone else under the age of 55 could be at risk of pregnancy until we are sure that their periods have completely stopped naturally.

HRT is not contraceptive unless you are using a hormonal IUD (coil) as the progestogen part of the HRT. Contraception can be used alongside HRT, or you can think about using a hormonal IUD for both contraception and the progestogen part of HRT.

### I'm not 40 yet but my periods have stopped. Could this be menopause?

**Key fact:** If you become menopausal before age 40, HRT is usually recommended for its health benefits.

Periods can stop at an earlier age for a number of reasons (including for example, using hormonal contraception or after a big change in body weight). For a small number of people, periods stop earlier than expected because of an early menopause. Menopause before the age of 40 is known as **premature ovarian insufficiency, or POI**. Sometimes POI happens for a reason – like surgery to remove the ovaries, or following some chemotherapy or radiotherapy treatment. But often we do not find a clear reason why it has happened.

People with POI will have lower levels of oestrogen for much longer than people who experience menopause at the typical age. This can cause menopausal symptoms, and it can also increase the chance of other health problems such as osteoporosis (thinning of the bones) if the oestrogen hormone is not replaced. **So for most people with POI we recommend using HRT unless they have a medical reason not to.**

### Can my GP help with menopause?

Yes! If you have menopausal symptoms and would like to talk about treatment options, or if you are on HRT and have problems with it, you should make an appointment at your GP practice. Your GP or practice nurse will be able to give you advice. Sometimes your GP or nurse may need to contact the Menopause Clinic for further advice or refer you for a Menopause Clinic appointment at Chalmers Centre. This would only happen if your case was very complicated. The Menopause Clinic is not, unfortunately, able to accept self-referrals from patients.

### Where can I find more information about menopause?

We recommend the menopause information on the **NHS Inform** website at:

[www.nhsinform.scot/healthy-living/womens-health/later-years-around-50-years-and-over/menopause-and-post-menopause-health/menopause/](http://www.nhsinform.scot/healthy-living/womens-health/later-years-around-50-years-and-over/menopause-and-post-menopause-health/menopause/)



SCAN ME

and the patient factsheets on the **Women's Health Concern** website at:

[www.womens-health-concern.org/help-and-advice/factsheets/](http://www.womens-health-concern.org/help-and-advice/factsheets/)



SCAN ME

## It's OK to Ask

When you understand what's going on with your health, you can make better decisions around your care and treatment.

[www.nhsinform.scot/campaigns/its-ok-to-ask/](http://www.nhsinform.scot/campaigns/its-ok-to-ask/)



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