

Rapid Access Clinic Postmenopausal Bleeding (PMB)

What is postmenopausal bleeding?

Post-Menopausal Bleeding (PMB) is vaginal bleeding that happens at least 12 months after your periods have stopped.

What causes PMB?

There can be several causes for bleeding after the menopause. It can be due to a thinned vaginal skin (called atrophic vaginitis), cervical or womb polyps, HRT or occasionally abnormalities of the cervix (neck of the womb) or abnormalities within the womb itself. Rarely, bleeding can be due to cancer of the cervix or womb, but this is the case in only about 1 in 10 women who have had some post-menopausal bleeding.

Why am I attending clinic today?

The purpose of this visit is to do some tests to help us to identify what has caused your bleeding.

What tests will you do?

We will arrange an Ultrasound Scan (USS) when you attend your appointment

This scan is similar to those done in pregnancy. The test measures the thickness of the lining of the womb and provide us with pictures of the ovaries and other pelvic structures to assist with a diagnosis

The USS may be taken through your abdominal wall but more commonly we would ask to use a scanner that is placed in the vagina, as this gives us better and more accurate views of the womb and ovaries.

Is this a painful procedure?

The vaginal probe is small (less than the width of two fingers), and most women tell us it is less uncomfortable than having a smear test done. However, there may be a little discomfort when the probe is moved around to ensure all areas are examined.

What other tests will you do?

A sample may be taken from the lining of the womb (an endometrial biopsy) using a technique like a smear test.

First a speculum is placed into the vagina, then a very thin straw is passed into the womb and a piece of tissue obtained. Experts can study the biopsy and decide if there are any abnormal cells.

What alternatives are there to this procedure?

The test can be done in an ambulatory hysteroscopy clinic whilst you are still awake, with some pain relief if needed, either tablets or Entonox (gas & air), or local injection (see Hysteroscopy leaflet)

In some cases, you may need to have this procedure under general anaesthetic, this would be a day case stay.

Will this test be painful?

The test may cause some period type pain during the procedure, though this only takes a few seconds to perform. For a few hours afterwards some women experience a dull ache which can be relieved by taking some simple pain killers such as paracetamol.

What else do I need to know about the test?

You may experience some bleeding after the test, this usually settles after a few hours and you may need to use a sanitary towel for protection.

What are the benefits of having this test?

The test is a quick and simple means of obtaining the biopsy which will help us to investigate your problem.

This is repeated

What are the risks associated with endometrial biopsy?

Pain – as previously mentioned there may be some mild pain during and for a few hours following the procedure.

Bleeding – you may bleed a little following the procedure, however this is not expected to last beyond a few hours.

Cervical Shock – rarely, some women experience a fall in their blood pressure during the procedure, causing them to feel faint dizzy and unwell. This usually resolves quickly and there is no long term after effects.

Failure to obtain the sample – occasionally, if the cervix is too tight, or the process is too uncomfortable for you, we may be unable to access the uterine cavity and obtain the sample.

What will happen if you are unable to take the sample?

Occasionally it is not possible to do the test in the clinic and then we would arrange a hysteroscopy.

What is a hysteroscopy?

A Hysteroscopy is a procedure, which allows us to look at the lining of the womb through a special telescope like instrument; we could also take a sample or biopsy or remove a polyp during the procedure.

This procedure can usually be completed while you are awake however if necessary, we can arrange to do it in theatre with a light anaesthetic while you are asleep, this would involve a day case admission and you are usually able to go home later the same day.

For further information on hysteroscopy please see the "Hysteroscopy" patient information leaflet that the Trust provides.

What if the cells are normal?

If the cells are normal, then we would not need to take any further action.

What if there are abnormal cells or any problem with the ultrasound?

If there are some minor changes to the womb lining identified on the sample, some hormone treatment (progesterone tablets or a Mirena coil) may be all that is required. If this is the case, further visits to the hospital and regular repeat checks on the lining of the womb will be arranged.

Rarely, cancerous, or pre-cancerous cells are identified within the womb. If this were the case, we would normally advise that a hysterectomy would be necessary to remove the abnormality and aim to cure the problem.

What if I am taking HRT?

We may advise that you consider reducing or stopping your treatment, but we will discuss this with you in more detail in clinic.

What if I continue to bleed after my investigation?

If you have any further heavy bleeding or bleed again 6 months after these investigations, you will need to see your GP for referral you back to the hospital for further investigation.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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