Pipelle Endometrial Biopsy

What is the test?

Doctors take biopsies of areas that look abnormal and use them to detect cancer, precancerous cells, infections, and other conditions. For some biopsies, the doctor inserts a needle into the skin and draws out a sample; in other cases, tissue is removed during a surgical procedure.

This test takes a tissue sample from the lining of your uterus (the endometrium) to evaluate it for problems, including endometrial cancer that might explain unusual bleeding.

How do I prepare for the test?

If you are not bleeding heavily, you might want to take an NSAID medicine such as ibuprofen one to two hours before the test, to reduce the possibility of uterine cramps during the procedure. Ask your physician for a recommendation ahead of time.

What happens when the test is performed?

This test is performed in the doctor's office. It begins with a pelvic examination. Then, after cleaning your vagina and cervix (the entrance to the uterus, visible from your vagina) with antibacterial soap, the doctor might put a clamp on your cervix to hold it steady. He or she inserts a flexible, sterile plastic instrument called a pipelle, which looks like a drinking straw, through the opening in your cervix and positions it several inches into the uterus. Then the doctor pulls a thin wire out of the center of the pipelle. As the rod is pulled out, the pipelle becomes hollow and creates suction, drawing some of the cells from the lining of your uterus into the pipelle. To get a good sample, the doctor will move the pipelle forward and backward a few times before removing it. The cell sample is deposited in some fluid to be examined later under a microscope. The entire procedure takes about 10 minutes.

What risks are there from the test?

You might have pelvic cramps during the procedure and sometimes for a day or two afterward; you may also experience a small amount of vaginal bleeding. It is extremely rare to have heavy bleeding or to develop an infection that needs treatment. There is also a small risk of disturbing a very early pregnancy. To guard against this, your doctor might order a pregnancy test before performing the biopsy.

Must I do anything special after the test is over?

Call your doctor if you develop a fever of over 100° F, or if you have vaginal bleeding that lasts longer than two days or is heavier than your normal menstrual period. Your doctor may also recommend avoiding sexual intercourse until two or three days after any bleeding has stopped.

How long is it before the result of the test is known?

It usually takes two to three weeks for the doctor to get the final report.

CRYOCAUTERY TO THE CERVIX

Cryocautery involves freezing the cervix (neck of the womb) with a metal probe for 1 to 2 minutes. It is usually used to treat vaginal discharge or bleeding caused by a cervical ectropion. This is a normal feature of the cervix especially if you are taking the contraceptive pill when it opens out a little so that the cells which are normally found inside the cervix are seen on the outside of the cervix. These cells are very delicate and tend to bleed if touched. Over the next few weeks the area which has been frozen heals over with a layer of skin which is stronger than the delicate skin which was present in the ectropion. This is less likely to bleed or cause a discharge.

You may feel period like pains during this procedure but these stop as soon as the freezing is completed. No anaesthetic is required. You will be able to travel or drive home alone afterwards.

About 30 minutes after the procedure you may experience a gush of fluid as the ice melts on the cervix and you will then experience some vaginal discharge for 2 to 3 weeks after the procedure which may be brown/clear. You may need to wear a panty liner.

Do not use tampons or have intercourse for 4 weeks after your treatment.

If you experience any fresh bleeding or have an offensive discharge, you should contact the clinic on Tel: 01384 401156

Email: **info@wordsleygreesurgery.co.uk**

How will my treatment be followed-up?

You will receive a follow up appointment in 12 weeks to check healing.

Cervical polypectomy

Polyps are growths that project from mucous membranes and can occur in various parts of the body including the cervix. A cervical polyp is usually found during routine gynaecological exams.

Cervical polyps may not always present symptoms but if symptoms are present, they include abnormally heavy periods, abnormal vaginal bleeding and white or yellow mucus discharge.

A cervical polyp is removed through a procedure known as a cervical polypectomy. This procedure is normally performed if the polyp is causing bleeding or pain.

A polypectomy is performed as an outpatient procedure allowing the patient to go home once the procedure is complete. The procedure starts with the same examination as for smear test. Neck of the womb is steadied with a special instrument and polyp removed. In the majority of cases local anaesthetic is not required. If you feel the procedure uncomfortable then the doctor will apply some anaesthetic gel to the area to freeze it. Occasionally, an anaesthetic injection may be required to make the procedure pain free. The removed tissue is sent to a laboratory for further testing.

Bleeding or spotting may occur after the procedure along with pain. This could indicate an infection and your doctor should be contacted. There is also a chance the polyp may recur.

Tampon use, douching or sexual intercourse should be avoided for 4 weeks after the procedure.

Insertion of ring pessary

Why did my doctor suggest vaginal ring pessary for me?
Following your discussion with the doctor, it was felt that a vaginal ring pessary may be the best course of treatment for your uterine prolapse.
Insertion of a vaginal ring pessary may be a suggested treatment for patients because they may:-
• be unfit for major surgery to repair the prolapse
• decide not to undergo surgery
• prefer a palliative treatment to control symptoms
• need a temporary measure while awaiting surgery

How does it work?
A ring pessary lifts up the floppy bit of vagina and reduces the symptoms of prolapse.

How will the pessary be fitted?
Doctor will perform a routine gynaecological examination to assess the depth of the vagina. Following which she will insert an appropriate size pessary in the vagina with some lubricant to make the insertion easy.

Will I be able to feel the vaginal ring pessary once it is in place?
Once it is in place, you should not feel it. If there is any discomfort you may probably **need a different size ring pessary or there may be a localised problem in the vagina.**

What are the possible side effects/risks of having a vaginal ring pessary?
Some patients may experience the following:-

- slight water discharge, occasionally smelly and blood stained.
- vaginal irritation

If you have any of these side effects, please contact your GP or nurse.
Will my vaginal ring pessary fall out?
After insertion of the ring pessary, doctor will ask you to sit up, stand up and walk around, cough, bear down to test that the pessary has been fitted securely. If in the rare occasion when you go home, the pessary falls out, do not panic. Please contact us to order a new vaginal ring pessary.
Will the vaginal ring pessary interfere with my going to toilet?
No, it should not interfere.

Will the vaginal ring pessary interfere with sex?
No, it does not affect sexual activity.

How often does the pessary needs changing?
It needs changing every 4-6 months.

DIAGNOSTIC LAPAROSCOPY

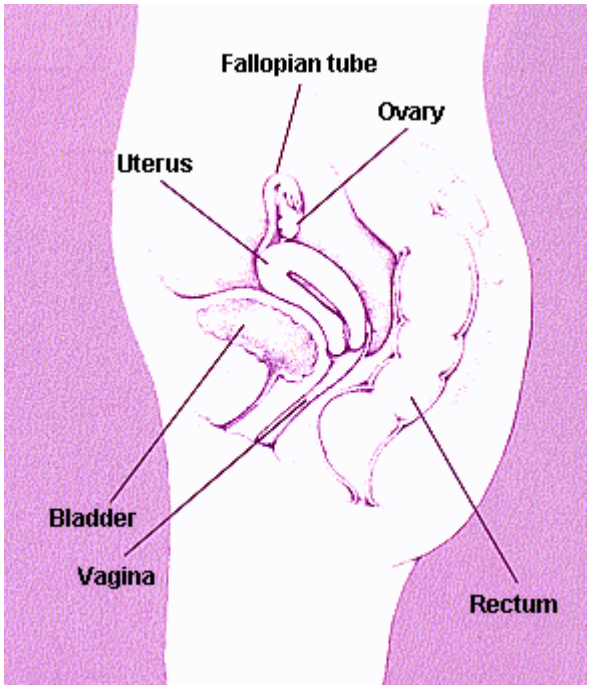
Problems that occur with a woman's reproductive organs sometimes cannot be found by a physical examination alone. Other tests, X-ray, or ultrasound may still leave some uncertainty. In these cases, a type of diagnostic surgery, called laparoscopy, may be performed. It allows the doctor to look inside the abdomen at these organs.

Laparoscopy is done with a slender telescope-like instrument, called a laparoscope that is inserted through a small cut just below the navel. Although this method does represent surgery that requires anaesthesia and involves some discomfort afterward, it is usually safe, and the recovery period is short.

Laparoscopy is done to help your doctor determine what is wrong. Laparoscopy is also used as a method of sterilization or as a method of treatment, but only diagnostic uses are discussed here. If you have any questions about laparoscopy or why you are having it, discuss them with your doctor.

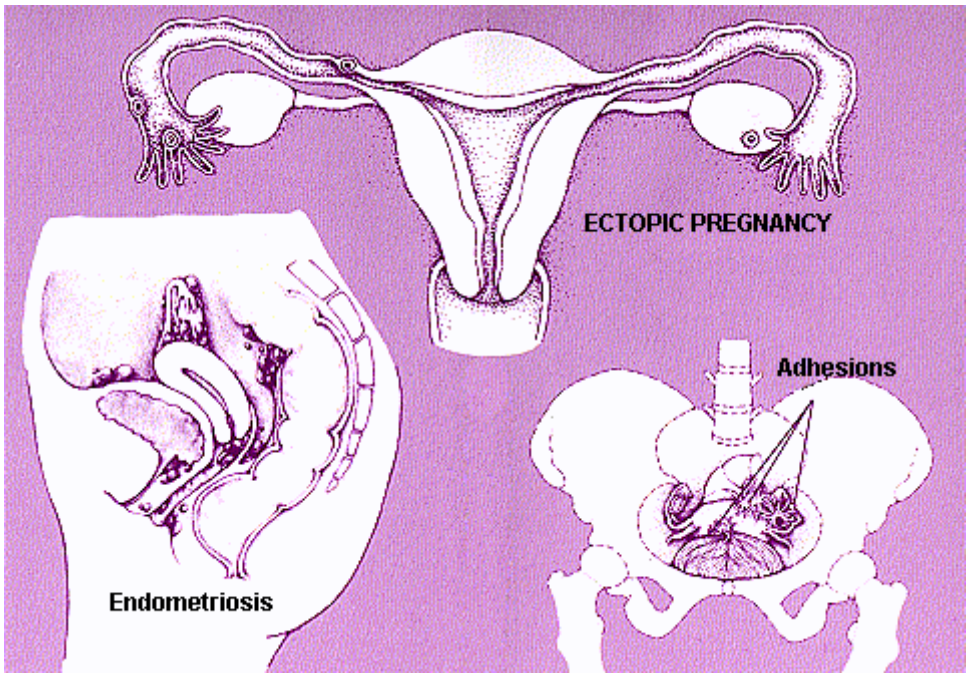
A WOMAN'S REPRODUCTIVE SYSTEM

A woman's reproductive organs are in her lower abdomen. The uterus is the organ in which the fertilized egg develops into a fetus and grows until birth. The uterus is a pear-shaped muscle that is broad at the top and narrow at the bottom. At each side of the upper part of the uterus is a fallopian tube leading outward toward an ovary. The tubes transport eggs from the ovaries to the uterus. If a sperm joins with an egg in the tube, fertilization occurs. The ovaries contain many ova, or eggs, and release one during each menstrual cycle. The lower end of the uterus, called the cervix, is a narrow channel with a very small opening. It opens into the vagina.



USES OF DIAGNOSTIC LAPAROSCOPY

Laparoscopy is often used to find the cause of abdominal pain, infertility, or other problems in the reproductive organs. In these cases, a doctor cannot tell from a physical exam or from a patient's symptoms exactly what is wrong. A look inside the body is needed.



Abdominal Pain

Pain in the lower abdomen can have many causes. If the pain occurs early in pregnancy, a diagnostic laparoscopy may be performed because of the risk of **ectopic pregnancy**. In a normal pregnancy the fertilized egg develops in the uterus, but in an ectopic pregnancy, the egg may lodge elsewhere, such as in a tube. As the egg grows, the thin wall of the tube balloons outward and eventually may burst. With laparoscopy, some pregnancies that develop outside the uterus can be diagnosed in time to protect the mother's health and prevent severe damage to the tubes so that future pregnancies are possible.
Sharp, deep pain in the pelvis during intercourse or at other times may be caused by **endometriosis**. This is a condition in which tissue like the inner lining of the uterus is found growing in other areas in the pelvis. Sometimes this tissue is seen on the surface of the tubes, ovaries, uterus, bowel, or on other parts of the body in the lower abdomen. This tissue bleeds at the end of each menstrual cycle, just as if it were in the uterus. Since the fluid cannot be flushed freely out of the body, it can build up inside, causing nearby tissues to become red, swollen, and painful.
Adhesions can also cause pain. This occurs when, during the healing process, tissues grow together, which can occur with infection, endometriosis, and surgery. Movements of the body will stretch the adhesions, causing a discomfort or a sense of binding. If adhesions are found, they can be separated surgically during laparoscopy.

Infertility

Laparoscopy may be used to determine the cause of infertility. In some women the fallopian tubes are blocked. This can prevent sperm and egg from coming together, causing infertility. With laparoscopy, a simple test confirms this possibility. A coloured fluid is injected through the uterus. If the tubes are open the fluid will flow out the ends of the tubes into the abdomen. The surgeon can see this through the laparoscope.

Cysts and Tumours

The ovaries sometimes develop cysts, or fluid-filled sacs. These cysts my be harmless, causing only mild pain. Some cause infertility or menstrual disorders. Ovarian cysts may disappear after a short time. If they don't, your doctor may wan t to perform laparoscopy to find out what type they are, since some of these cysts on the ovaries may need to be removed surgically. Tumours of the uterus can also be examined by laparoscopy.
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SPECIAL PRECAUTIONS

Some conditions increase the risk of complications with laparoscopy:

- Obesity
- Previous lower abdominal surgery
- Heart or lung disease

Sometimes a condition is serious enough to require laparoscopy, even though a patient has one of these medical problems. If so, it may be more difficult to insert the instruments into the pelvic cavity or to see through the laparoscope. In these cases, the doctor may have to make a larger incision to insert the instrument - this is called open laparoscopy.

BEFORE SURGERY

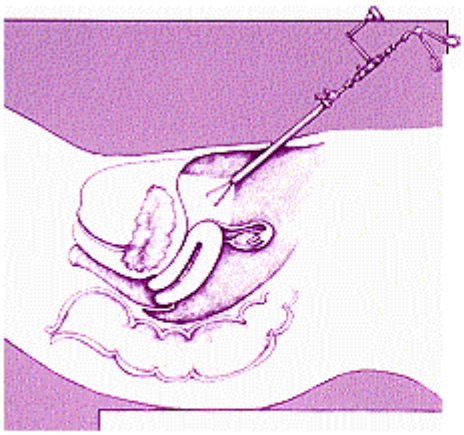
Usually you will be advised not to eat or drink anything for a specific time before the operation. You will be asked to undergo some laboratory tests before the procedure. Laparoscopy is performed with an anaesthetic. You and your doctor can discuss which type is best for you. With general anaesthesia, you will be asleep, so you will not feel any discomfort. With local anaesthesia, you will be awake during the operation. There may be minor discomfort. If a local anaesthetic is used, you may be given medication to help you relax before the anaesthetic is injected.
The abdomen is cleansed and draped for the procedure. Then an instrument may be placed in the uterus through the vagina.

The Laparoscopic Procedure

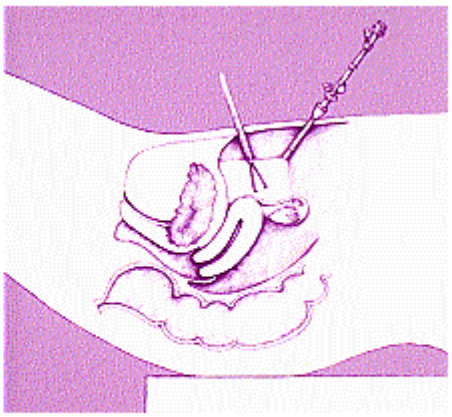
During surgery, the woman's body is tilted slightly with the feet raised higher than the head. This allows some of the abdominal organs to shift upward toward the chest and out of the way. A gas, such as carbon dioxide is allowed to flow into the abdomen through a special needle. As the gas enters the abdomen, it creates a space inside by pushing the abdominal wall and the bowel away from the organs in the pelvic area. This makes it easier for the surgeon to see the reproductive organs. The laparoscope is a slender tube, like a miniature telescope, that is inserted through a small incision just below the navel. It is equipped with a lens for a clear view. A special attachment transmits high intensity light down through the tube, into the abdomen, so the doctor can see the ovaries, uterus, fallopian tubes, and nearby organs directly and also on a TV monitor..
If needed, surgical instruments can be inserted through the laparoscope or another small incision lower in the abdomen. With the aid of the laparoscope and these instruments...

- Pelvic organs can be seen
- Adhesions can be separated

- Tissue can be sampled
- An intrauterine device (IUD), if found outside of the uterus in the abdomen, can be removed



An instrument may be inserted through the laparoscope in a single incision.



Two incisions may be used - one for viewing with the laparoscope and the other for a surgical instrument.

Once the procedure is completed, the instruments are removed, the gas is released, and the incisions are closed. A small adhesive bandage may be placed over the incisions.

COMPLICATIONS

Laparoscopy is an operation with minimal risk. Complications occur in about 3 of every 1000 women who have diagnostic laparoscopy. These complications can include minor problems as well as injuries to nearby organs, bleeding, or complications from anaesthesia.

Occasionally, the surgeon may need to convert the operation to an open laparotomy which involves making a larger incision in the abdomen. This can happen if the operation cannot be carried out safely using the laparoscope, and the surgeon needs a better view, and more direct access to your organs. However, this is fairly rare occurrence and happens in about 3-5% of operations. On occasion, the surgeon may need to make a separate incision and perform a separate operation.
A small cut in the bowel or any of the other abdominal organs could require more surgery. Usually these problems are avoided by the steps taken to push these organs out of the path of the laparoscope. Despite these efforts, unforeseen problems, such as abnormal changes in the abdomen caused by disease or organs that are not in their normal positions, make it impossible to entirely avoid complications. In most cases, these injuries can be recognized when they occur and can be repaired.
Sometimes the injury may not be evident at the time of the laparoscopic operation, but appears several days later. This must be repaired with another operation.

RECOVERY

After surgery, you will be allowed to rest about 2-4 hours to recover from the anaesthesia. If there were no complications, you can go home the same day.
After the operation, you may feel some discomfort that usually disappears in a day:

- Mild nausea from the medication or the procedure
- Pains in your neck and shoulders from the gas put inside the abdomen
- Pain where the instruments passed through the abdominal wall
- A scratchy throat if a breathing tube was used during general anaesthesia
- Cramps like menstrual cramps
- Discharge like a menstrual flow for a day or two

Most of these minor symptoms will be gone by the day after surgery, though you may be tired and have muscle ache for a day or two more. In addition, your abdomen may feel swollen for a few days.
Bruising may occur at the site of the incision. If you feel up to it, you can shower or bathe within 24 hours. If the incision appears infected or is tender, or if you develop a fever, contact your doctor. It is safe to resume normal activities as soon as you feel able. Ask your doctor about resuming sexual activity.
Any unusual symptom, either minor or severe, should be reported to your doctor at once.

Thinking It Over...

Laparoscopy often leads to an accurate diagnosis which leads to more appropriate and specific treatment. Once your laparoscopy is over, your doctor will usually have a good idea what is wrong. You may be relieved to know what was causing the symptoms you were having. Whatever the problem is, you can be assured that the chances of being treated effectively are improved now that the diagnosis is accurate.