

Introduction: Gynaecology

Our gynaecology services are provided by a highly specialised team of medical and nursing staff.

A comprehensive range of outpatient services are offered, mainly on the Warrington site.

The majority of non-emergency day case gynaecology surgery is performed at the Halton site.

The main gynaecology department is in the Croft Wing of Warrington Hospital.

General Gynaecology Clinics

We see and treat patients with a variety of problems such as pelvic pain, menstrual problems, menopause and for contraceptive advice.

Colposcopy

The colposcopy service is provided by a multidisciplinary team, of doctors, nurses, and cytologists. It offers nurse run diagnostic colposcopy clinics; post coital bleeding clinics and results clinics, and mixed diagnostic/treatments clinics by medical staff; where patients can be offered treatment at the same visit if required. The nurse colposcopists also provide an advisory service to patients, GPs, practice nurses and other health professionals.

Rapid Access Pelvic Assessment Clinics (RAPAC)

Rapid Access Pelvic Assessment Clinics (RAPAC) is for the assessment of women (usually within two weeks) with post-menopausal bleeding or suspected ovarian cysts.

Ultrasound scans and blood tests may be performed after the patient is seen by a Nurse. Some patients seen in this clinic have serious and fairly urgent medical conditions and require treatment at Warrington or Liverpool Women's Hospital within a few weeks of being seen.

We offer an outpatient hysteroscopy service for women with heavy or irregular periods and other problems concerning the womb lining or cavity. Patients are referred to the outpatient hysteroscopy clinic either from women's outpatients, or the Rapid Access Clinic. We are also having one stop services where the scan and hysteroscopy is performed at the same visit.

Ambulatory Hysteroscopy Service

Hysteroscopy involves inserting a thin telescope into the womb through the vagina. This can be done without an anaesthetic as an especially thin telescope is used, which causes minimal discomfort and is usually well-tolerated. It provides diagnosis and management of women with heavy or irregular periods.

- diagnosis and management of women found or suspected to have polyps or thickened lining of the womb, fibroids or scar tissue within the womb cavity
- taking samples or biopsies from the womb lining
- treatment of polyps (womb growths) and scar tissue (adhesions)
- insertion of a contraceptive Mirena coil for treatment of heavy periods

Urogynaecology

Urogynaecology covers all aspects of female urinary incontinence and vaginal prolapse. We offer a comprehensive assessment and investigation service, with drugs, physiotherapy and if appropriate surgery. This sub-specialty investigates conditions such as stress-incontinence and continence related problems.

The department receives referrals from GP or from the Community Continence Service for a variety of problems related to the female pelvic floor. This includes incontinence, difficulty passing urine, urinary tract infections (cystitis) and vaginal prolapse. The Urogynaecology Department is based in Croft Wing Outpatient department.

Gynaecology Physiotherapy

The gynaecology physiotherapist service is provided to help women with bladder and bowel problems or women with prolapsed pelvic organs.

The aim of the service is to teach woman how to improve and gain control over their condition by the teaching of correct pelvic floor muscle exercises, and practical advice on how to manage and improve their symptoms.

All women are seen on an individual basis and in a private room for their initial assessment and any further treatments. We also have an introductory pelvic floor information class for small groups.

Infertility

A clinic is held weekly in Halton. We offer investigations before directing to tertiary level services. Referrals are taken from GPs.

Who's In The Team?

Clinics run daily with the consultant & team in attendance. There are designated trained nurses and experienced health care assistants on duty. At the first consultation the patient may or may not need to be examined & may not necessarily be seen by the consultant but by one of their team, who will then report to the consultant.

Some appointments are face to face and some are telephone. If we need to examine you, you will be asked to attend a face to face appointment.

Gynaecology Assessment Unit

Our WHH GAU is for women with a range of conditions and concerns including acute pelvic pain, heavy, irregular vaginal bleeding, issues related to coils or abscesses. We are also available to women who have concerns during early pregnancy outside of normal clinic hours.

Appointment is by referral only.

Take Your Medication

You will be advised to continue with your normal medications, but you may be advised to stop some medications before your procedure, your clinician or pre-operative nurse will provide you with this information.

Keep Moving

Exercise regularly. Among other benefits, better fitness levels reduce complications when having any procedure. This allows you to leave hospital and return to your normal quality of life more quickly. Keeping an active lifestyle is good for your health and if you are normally an active person it is important to keep that up before your procedure. People with low activity levels can improve their fitness levels within as little as 4 weeks prior to their procedure. This gives you an opportunity to get fitter before your procedure and improve your chances of a better and quicker recovery.

[Couch to 5K: week by week - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Prevention of Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) before procedure

There are natural ways and lifestyle changes you can make to lower your risk of developing blood clots, these include:

- Stay active
- Make a point of moving every 30-60 minutes to ensure you keep your blood flowing
- Regular exercise – simply walking for 30 minutes a day is a great way to keep your circulation moving
- Maintain a healthy weight
- Keep hydrated

Your doctor will assess your risk of DVT and PE when you come into hospital and order a treatment plan. This may include prescribed medications before or after procedure, or when you go home, to prevent blood clots

Improve Your Health

- **Stick to healthy foods.** Your body needs good nutrition to fight infection and heal following your procedure.
- **Avoid dehydration.** Drink at least six-eight glasses of fluid per day, preferably water.
- **Avoid shaving or waxing.** This increases the risk of getting a wound infection. If hair needs to be removed for your procedure, it will be done in the hospital.
- **Avoid constipation.** Drink plenty of fluids and increase the amount of fibre in your diet. If this does not help you can attend your local pharmacy for over-the-counter remedies.

Smoking

If you are coming into hospital for a procedure, and you are a smoker, we strongly advise you to stop smoking as soon as possible because this will help to improve wound healing, lung function and you will make the best possible recovery. Now is a better time than ever to stop smoking. Smoking before procedure puts you at a higher risk for post-operative heart attacks, stroke, blood clots, pneumonia and even death.

<https://whh.nhs.uk/services/stop-smoking-support-service>

Alcohol

Alcohol can have many effects on your body but importantly it can reduce your body's ability to heal. Make sure you are drinking within the recommended limits or lower to improve your bodies ability to heal after your procedure.

<https://www.warrington.gov.uk/drugs-and-alcohol-support-service>

Good Mental Health

It is normal to be anxious about having procedure, relaxation, mindfulness, and breathing exercises can all help. Your GP procedure can advise you on support in your local area.

[How to access mental health services - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Further Help

[Browse all patient information leaflets | RCOG](#)

[Menopause - a life stage | RCOG](#)

[Endometriosis | RCOG](#)

[Abdominal hysterectomy | RCOG](#)

[Managing premenstrual syndrome \(PMS\) patient information leaflet | RCOG](#)

[Ovarian cancer | RCOG](#)

[Long-term pelvic pain patient information leaflet | RCOG](#)

[Menopause: diagnosis and management | RCOG](#)

[Outpatient hysteroscopy | RCOG](#)

[Ovarian cysts before the menopause patient information leaflet | RCOG](#)

[Pelvic organ prolapse patient information leaflet | RCOG](#)

[Polycystic ovary syndrome \(PCOS\): what it means for your long-term health | RCOG](#)

[Recovering from surgical management of a miscarriage | RCOG](#)

[Skin conditions of the vulva patient information leaflet | RCOG](#)

[Sterilisation for women and men | RCOG](#)

[Surgery for stress incontinence patient information leaflet | RCOG](#)

[Postmenopausal bleeding – Poster | RCOG](#)

[Recurrent and late miscarriage patient information leaflet | RCOG](#)

[Endometriosis - NHS \(www.nhs.uk\)](#)

[Fibroids - NHS \(www.nhs.uk\)](#)

What should I do if my health is deteriorating?

If you feel you are becoming more unwell, please contact your GP or NHS 111 for medical review in the first instance. Your GP will be able to advise if this is something they can support with during your wait or they will be able to contact your Gynaecology team to discuss a management plan.

Contact Us

If your query is urgent and you wish to speak to a clinician, please contact our Gynaecology Assessment Unit:

- Gynaecology Assessment Unit (Clinical Team)
 - Tel: (01925) 662733