



WOMENS HEALTH EDITION

January is cervical cancer awareness month:

Each year over 3,200 women and people with a cervix are diagnosed with cervical cancer in the UK. The screening test is simple, quick and can help pick up cells in early stages of change, often caught before cancer develops.

The screening programme includes anyone with a cervix between the ages of 25 and 64. The smear test looks for HPV virus, which is the main cause of cervical cancer. If the virus is present, the cells are looked at in more detail under the microscope to look for abnormalities.

Advice on "overcoming smear fear":

- Worried about being embarrassed? Please don't be, we do this daily and it is part of our job!
- Worried about what will happen? We use a simple plastic speculum to see your cervix, then use a soft brush on the cervix to gently collect some cells.
- Worried about pain? Smear tests DO NOT HURT! Some people experience mild discomfort, but the whole procedure lasts less than 5 minutes.

If you are worried, you can ask to book a longer appointment to have an in-depth chat with the nurse prior to the test.

A good resource for more information is Jo's Cervical Cancer Trust Website. If you have any further questions please feel free to contact the practice to discuss.

Women's health Team at Priory Medical Group

- Dr Emma Broughton- GP Partner and Womens Health lead
- Dr Sam Plummer- GP Partner and Womens Health lead
- Dr Kavita Joory- Salaried GP and coil fitter
- Jenny Jackson- Pharmacist with special interest in Womens health
- Danielle Arundale- ANP who runs womens health clinics
- Olivia Kirkham - Physician associate and implant fitter
- Kyra Eyles - Physician associate who does womens health and HRT clinics



Which contraception choice is right for you?

There are multiple forms of contraception but not every contraception option suits each individual, The NHS website has a lots of useful information about each type: www.nhs.uk/conditions/contraception/

We have dedicated nurse slots to discuss contraception options with you.

Below is some information about one of the most popular options, an IUS/ hormonal coil e.g. Mirena, Benelixa or Levosert

- It is a t-shaped bar that sits inside the uterus (womb)
- The middle part of the coil releases progesterone hormone, which works by thinning the womb lining (to stop implantation), thickening cervical mucous and in some people it can stop ovulation
- The hormone level in a hormonal coil is much lower than other hormonal contraceptives, as it is working directly in the uterus
- It is not just used for contraception - it can be used for to help the symptoms of: fibroids, heavy/painful periods and as part of a HRT regime
- Hormonal coils last for 3-8 years before needing to be replaced (depending on type and reason for coil - contraception/periods/HRT)
- Your fertility returns to normal as soon as we remove the coil
- They are more effective than sterilisation!

Side effects?

The most common side effect is irregular bleeding and spotting, but this is most common in the first 6 months after fitting. From 6 months onwards, 90% of people have no periods at all

How to insert?

Hormonal coils are fitted by our specially trained GPs in the practice. The whole procedure takes around 10 minutes. Some people experience crampy type period pains at the time of fitting, but this quickly settles.

How to arrange?

Make an appointment via using our prioryCARE form or call on 01904 404100. You will speak to one of our women's health team who will be able to advise if this is the right option for you.



Menopause: what can we do?

There is a lot we can do to help!

Firstly, we need to identify if this is the menopause. Average age of menopause is between 51 and 54, but symptoms can start much earlier. It is less common to be perimenopausal (the period surrounding the menopause, where you have symptoms) under the age of 45.

Symptoms of the menopause and perimenopause include:

- night sweats
- hot flushes
- brain fog (problems with memory and concentration)
- mood swings, low mood and anxiety
- period changes (or periods stopping)
- Vaginal dryness or discomfort during sex
- reduced libido (sex drive)

Top lifestyle tips for managing menopausal symptoms

> Women who exercise 2-3 times a week, experience less hot flushes and report better wellbeing scores. Weight bearing exercise also helps protect your longterm bone health i.e. try including activities where your feet and legs support your weight like walking, running or dancing.

> Drinking alcohol will make hot flushes worse, so ensure taken in moderation (no more than 10 units/ week).

> Eating a healthy diet matters, ensure good intake of calcium-rich foods, avoid high carbohydrate diets in favour of higher protein diets.

> Nuts, seeds and soya contain natural plant-based oestrogens (phyto-estrogens) and can help with improving symptoms.

> There are some natural remedies available, but the evidence base for these is mixed and the products can be very expensive. "Natural Products" does not mean always mean safe, as such products have not been through rigorous clinical trials. For more information see <https://patient.info/womens-health/menopause/alternatives-to-hrt>

or speak to a Health Care professional for advice, particularly if you have any breast cancer risk factors.



Menopause and its symptoms are caused by a fluctuation in hormone levels, most commonly a lack of oestrogen. Some women opt for HRT, which can ease these symptoms.

What is HRT?

- HRT is a combination of oestrogen and progesterone, given to aim to control the perimenopausal symptoms. Oestrogen can make you feel much better, and progesterone is required for the protective element. Progesterone protects the womb lining whilst taking oestrogen.
- Not everyone can take HRT due to other health problems, see more information about the benefits and risks of HRT here:

<https://patient.info/womens-health/menopause/hormone-replacement-therapy-hrt>

- HRT comes in many formats- pills, patches, gels, sprays, coils. If you are struggling with perimenopausal symptoms, and would like to speak to one of our team to explore options, please get in touch.
- Testosterone can be added for patients who appropriate patients who continue to struggle with low libido despite standard HRT preparations.

#teamPMG staff spotlight: Clinical Pharmacist Jenny Jackson

“Hi, I’m Jenny, I’m one of the Clinical Pharmacists at PMG and have a special interest in women’s health. I started my career in hospital pharmacy specialising in paediatrics and women’s health, moving to PMG has meant I can expand on my women’s health interest even further! I run twice weekly HRT specific clinics – I enjoy chatting to lots of different patients; helping them to unpick what’s going on with their menopause symptoms and optimising their HRT prescriptions. I also pick up a lot of women’s health medication queries in my general clinics which be anything from contraception to endometriosis, and of course menopause & HRT. If you are struggling with any women’s health/gynaecological symptoms, please don’t hesitate to contact us!”



Prolapse:

What is a vaginal prolapse?

A prolapse is a weakness in the vaginal wall, where the bladder, uterus and/or bowel protrudes into the vagina. This often happens as we get older, and can be made worse by anything that places more pressure on the pelvic floor- pregnancy, and childbirth being the most common. Symptoms of a vaginal prolapse include constipation, difficulty passing urine, a "heaviness" or "dragging" sensation, sensation of a vaginal lump, and sometimes problems with sexual intercourse.

What can be done?

- Self-help: recommended pelvic floor exercises:

<https://www.nhs.uk/common-health-questions/lifestyle/what-are-pelvic-floor-exercises/>

<https://patient.info/news-and-features/pelvic-floor-exercises>

- Physiotherapy: physio helps to strengthen the pelvic floor and improve symptoms of the prolapse
- Pessaries: these are flexible plastic rings that sit inside the vagina and can help to improve symptoms.
- Surgery: this is the most invasive and final step in treating a prolapse, This is the only full cure for prolapses, however often many women manage their prolapse with physio and pessaries well.

If you feel you may have a prolapse, please get in touch with the practice and we can schedule you an appointment with one of our womens health team for review and assessment.

