

# GYNAECOLOGY & OBSTETRICS UPDATE

Website for Doctors [MarkMalak.com](http://MarkMalak.com)

Website for Patients [MrMalak.com](http://MrMalak.com)

Issue 106<sup>th</sup>

August, 2011

## Author

**Mark Malak**

MB, BCh., M.Sc.,  
Ph.D., DFFP,  
MRCOG, FRCOG

Lead Urogynaecologist  
East Sussex NHS  
Hospitals Trust

Tel: 01323 413735

**HOSPITAL  
DOCTOR**

**AWARD**

1st runner up

**UK best  
Continence Team**

**Eastbourne  
Urogynecology  
Team**

M Malak, A Grimston,  
J Andrews, N Lawton,  
A Spirou, W Fletcher

**Integrated management of pelvic floor disorders: Prolapse, urinary incontinence (try & recurrent), frequency, urgency and recurrent cystitis**

**NHS Clinical  
Excellence  
Award  
2005 2006 2007  
2008 2009  
(achieving the highest  
local Award)**

## The 106<sup>th</sup> Issue

**Progress and Summary  
of clinical management over  
100 "Update" issues**



## Cervical Screening, vaccination and Colposcopy

++ Cervical screening in young women (before the age of 25) is not recommended and can be harmful [Issue 78]

++ Vaccines against HPV types (16 & 18) are very effective against cervical pre-cancer/cancer. However the HPV types 16 & 18 are responsible for only 70% of the cervical CIN3/cancer cases. A vaccine which is effective against all HPV types that cause cancer is not yet available. **Therefore all vaccinated women should continue to have routine cervical screening [Issue 56]**

++ The decision of the NHS Cervical Screening Programme (England) to cease the recall of women for vault cytology following treatment of CIN from the Programme gave the **wrong impression** that taking vault smears has been completely ceased.

**Vaginal vault smears should continue for patients with cervical precancerous abnormalities prior to hysterectomy** (for indications and duration of screening see **issue 44**). It is the responsibility of the gynaecologist performed the hysterectomy to determine the need and duration of screening [Issue 79]

++ Colposcopy is safe in pregnancy [Issue 63]

## Gynaecological Cancer

++ There is no an established national ovarian screening programme. **High risk patients should be assessed in a specialised genetic clinic [Issues 14 & 30]**

++ Patients with symptoms and signs that could be suspicious of gynaecological cancer (suspicious lesions of cervix, vagina or vulva, pelvic masses, postmenopausal bleeding, post-coital bleeding, etc.) should be referred according to the Department of Health guidelines [Issues 15, 59 & 73]

**Contraception** for above 40 [Issues 7, 38 & 95-97] - Progestogen only [Issues 37, 64 & 68-70] - Missed pills [Issue 39]

## GYNAECOLOGICAL CANCER

### Urgent Referrals

- Lesion suspicious of cancer on cervix or vagina on speculum examination.
- Lesion suspicious of cancer on clinical examination of the vulva.
- Palpable pelvic mass not obviously fibroids.
- Suspicious pelvic mass on pelvic ultrasound.
- More than one or a single heavy episode of postmenopausal bleeding (PMB) in women aged > 35 years who are not on HRT.
- Postcoital bleeding (PCB) age > 35 years that persists for more than 4 weeks.
- HRT: unexpected or prolonged bleeding persisting for more than 4 weeks after stopping HRT.

### Early Referral

Indications for 'early' referral (i.e. within 4-6 weeks) but not 'urgent' referral.

- Any other women with postmenopausal bleeding not on HRT.
- Repeated unexplained postcoital bleeding.

**NB.** In women over 45 years with persistent abdominal pain or distension, ovarian cancer should be considered and a pelvic examination performed.