

A photograph of a young woman with dark hair tied back in a bun, wearing a white tank top, hugging her elderly mother from behind. The mother has short grey hair and is wearing glasses and a white lace-trimmed top. They are both smiling. In the background, there are white flowers.

# Women's health.

 **Nuffield Health**  
For the love of life®

**Hospitals**  
+ Health Checks + Physio + Gyms

# Supporting you through the changes in your life.

Good health is important because it allows you to get the most out of life. But with a busy life, juggling commitments with work, home, friends and family, it's sometimes difficult to look after yourself and stay healthy too.

Many conditions that affect women's health happen gradually and can sometimes go unnoticed.

A problem may start as a minor niggle, and before you know it you've learned to live with it, putting any concerns aside as you get on with your life. Also, you may not know that you can be treated.

**That's where we can help.**





## We're in this together.

We understand that when you have concerns about your health, you want to find a solution, quickly and easily. We talk to you about the best way forward, for you.

If you have a question, access to advice is easily and readily available. We want you to have as much information as you need to be able to make the right decision for you. It's together that we'll get you back to good health.

# You couldn't be in better hands.

We listen and we understand. Each year thousands of women at all stages of life choose to talk to us about women's health problems. They come to us to be treated for a range of conditions, including infertility, osteoporosis and endometriosis. We can also help you with tests and scans, investigations and support.

We take infection prevention very seriously and train our people to maintain a clean environment, so you can expect to find our facilities spotlessly clean and tidy. And as

a not-for-profit organisation, we reinvest any surplus we make straight back into our facilities, to improve services for our patients.

We're passionate about health, and how we treat people – everyone is different, and because you're an individual, we tailor your treatment.

We fully respect your privacy and at all times, you'll be treated with care and consideration.



# Your health. We're here to help.

While this brochure gives you an overview, you are welcome to come and talk to us in person and we can discuss specifically any problems that concern you. We can tell you about the options you have and help you to make a plan to put things right.

From menstrual matters to menopause, from breast concerns to varicose veins – whatever your health worries.

# Problem periods.

If you are having unusually painful and heavy periods (menstruation), you'll know it can often stop you doing what you need to do. Heavy, painful menstrual bleeding does not mean there is anything seriously wrong but we do offer treatments that may help, and make a difference to your quality of life.

Why feel uncomfortable when there are so many things you want to get on with? Problems with periods may be caused by fibroids, endometrial polyps or endometriosis – all of which we can treat safely and effectively.

## Get in touch if you suffer from any of the following:

- Periods that interfere with your lifestyle, or cause embarrassment and worry
- Periods lasting longer than seven days
- Soaking of pads or tampons every hour for several hours
- Large blood clots in the flow
- Tiredness or symptoms of anaemia (such as palpitations, shortness of breath, dizziness or fainting)



# Fibroids in the womb.

Fibroids are quite common. They are tissue lumps that grow in or around your womb. It is not known what causes them to grow. They can be as small as a pea, or as large as a melon. They don't turn into cancer, but you may find they sometimes result in:

- Heavy or painful, long periods
- A feeling of fullness or discomfort in your pelvis
- Having to pass urine often
- Pain during sex
- Back pain



# How we can help you if you have fibroids.

We start by making a diagnosis with an ultrasound scan of your pelvis or an MRI scan. MRI stands for medical resonance imaging, which shows detailed 2D or 3D pictures of your body to locate and measure any fibroids. These tests can be taken as an outpatient, so you do not have to stay in hospital.

## We may use the following:

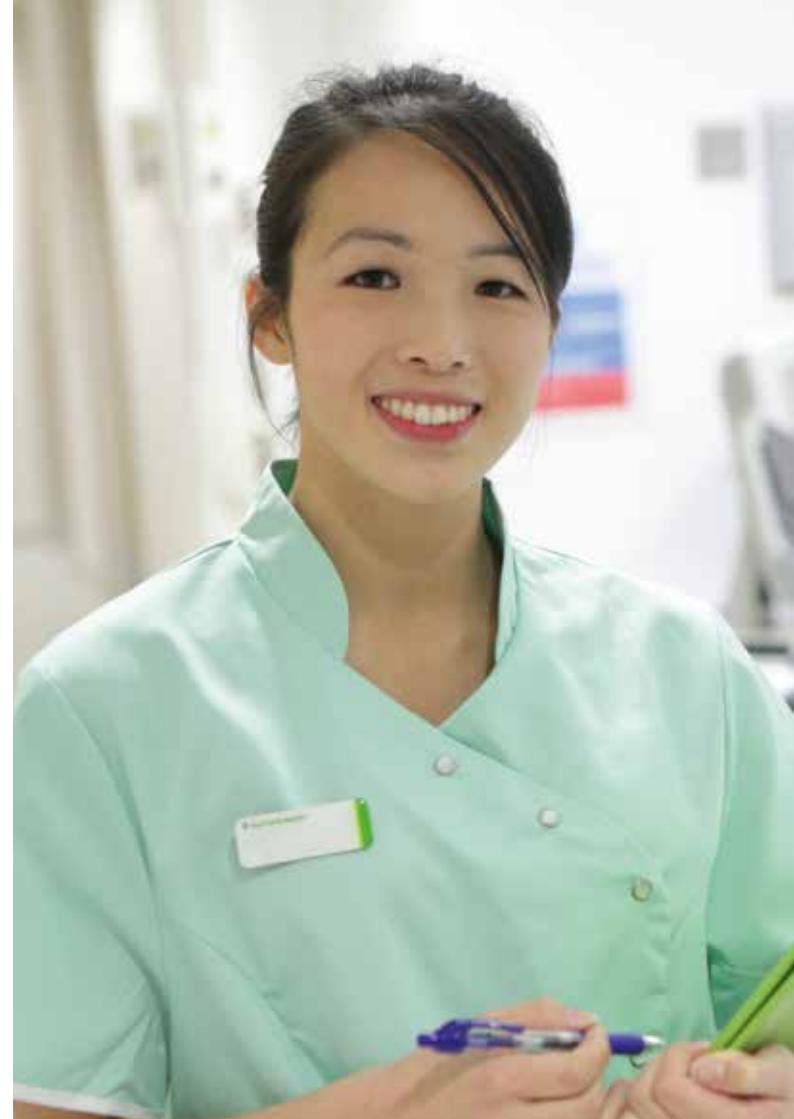
- Hormone treatment – this is in the form of medication and can be used to reduce the size of fibroids prior to surgery, or in some cases, instead of surgery. Your Consultant can tell you if this is suitable in your case.
- Endometrial ablation – this is usually only carried out if the fibroids are near the surface of the womb. The lining of the womb (that is shed each month) is removed. It can be performed under general or local anaesthetic.
- Myomectomy – this is usually performed under a general anaesthetic. The fibroids are removed from the womb either through an incision in the abdomen or via the vagina.
- Hysterectomy – this is surgery to remove the womb. This option is always very carefully considered and only used if the fibroids are very large, and if other treatments have been advised beforehand.
- MR-guided Focused Ultrasound Surgery (MRgFUS) – this is a minimally invasive, low risk fibroid treatment, involving no hospital stay, and a quick recovery.

# Endometrial polyps.

Endometrial (or uterine) polyps are growths in the lining of the womb. They vary in size but usually remain quite small. Occasionally, if attached to a long stalk, they can protrude through the neck of the womb.

**If the polyps are troubling you, you may experience:**

- Bleeding between periods
- Bleeding after sex
- Heavy periods
- Bleeding after you have had the menopause





## How we can help if you have endometrial polyps.

We begin with tests to diagnose any polyps. These may include a hysteroscopy. With this test, a telescope with a camera attached is passed into the womb to examine it.

Although polyps can sometimes return, they can be removed by a simple operation. They can be cut free from the wall of the uterus, during a hysteroscopy.

This is usually done under general anaesthetic, as a day case or overnight stay. We may also perform an endometrial biopsy, where we take a small piece of womb lining to be examined.

# Endometriosis.

Endometriosis is a condition where the tissue that's usually found in your womb grows in other areas.

The tissue thickens and bleeds during your monthly cycle, but the blood cannot escape through the vagina, so the trapped blood irritates tissue around it. This can cause pain and scar tissue.

We aim to offer treatments to ease the symptoms so that you can continue with your normal lifestyle.



# How we can help if you have endometriosis.

Our specialists can investigate using certain tests. These include a laparoscopy, a common test where a telescope is passed through a small incision near the navel, to look at the organs in your pelvis.

It can help to find out if you have endometriosis, fibroids, ovarian cysts or damaged fallopian tubes. Depending on your particular case, different treatments are available.

## **They include:**

- Medication for pain management
- Hormone treatment
- Keyhole surgery (using a laparoscope to treat an area of endometrial tissue)
- Hysterectomy (usually only considered if your family is complete and your symptoms are particularly extreme)

## **Any concerns? Get in touch**

We're here if you need to talk about any concerns you have about your menstrual cycle. You can feel confident in the care you'll receive.

# Urinary incontinence.

Urinary incontinence is a sudden loss of bladder control that causes you to release urine when you don't want to. It may be when you laugh, cough or least expect it.

It's something that you might be embarrassed about, but you shouldn't feel isolated because it's actually a very common problem. It is estimated up to six million people in the UK have some degree of urinary incontinence.<sup>2</sup>

## What causes urinary incontinence?

Urinary incontinence happens when part of the urinary system or nervous system is not working properly. It can occur at any age, but does become more common as you get older.

However, it's something you needn't put up with, because there are plenty of treatments

that can help you. There's no need to let it stop you doing the activities you enjoy, like socialising or exercise, as we can easily treat it. Stress incontinence and urge incontinence are two common types of the condition.

### Stress incontinence

This has nothing to do with emotional stress. It's when you pass urine without wanting to. It may happen when you cough, sneeze or laugh and put pressure on the bladder.

There are muscles at the opening of the bladder. These usually form a seal so urine doesn't leak out. If these muscles are weakened (perhaps after the strain of childbirth, or after the menopause when the tissue becomes weaker due to the lack of oestrogen) the seal can leak.





# Urge incontinence.

This happens when you have a strong urge to pass urine, you can't get to the toilet in time, and you can't stop yourself. An overactive bladder can cause it.

The bladder is made up of muscle fibres and fills up like a balloon. If the bladder fills and becomes irritable, it may contract at an inappropriate time, causing a strong need to pass urine.

If you think you have urge incontinence, it's best to see a Consultant. The Consultant may ask you to fill in a 'bladder diary' and answer some questions related to your urinary problems.

**Around 1 in 3 adults will experience some urinary problem at different stages of their lives.<sup>3</sup>**

**Many women with incontinence problems have never discussed their condition with a healthcare provider.**

**Urinary incontinence is twice as common in women as it is in men.<sup>2</sup>**





## How we can help if you have urinary incontinence.

For stress incontinence, treatment involves strengthening the muscles that support the bladder neck. Our experienced physiotherapists can offer a great deal of assistance with pelvic floor exercises.

Surgery may be an option after you have tried other treatments. There are procedures to strengthen and lift the muscles that support the bladder neck. Or a synthetic sling can be inserted to help support the bladder neck and stop urine leakage.

Treatment for urge incontinence is not normally surgical but our specialists can advise on how we can help. Don't let it get you down. There are ways we can remedy this condition, including bladder retraining and medication.

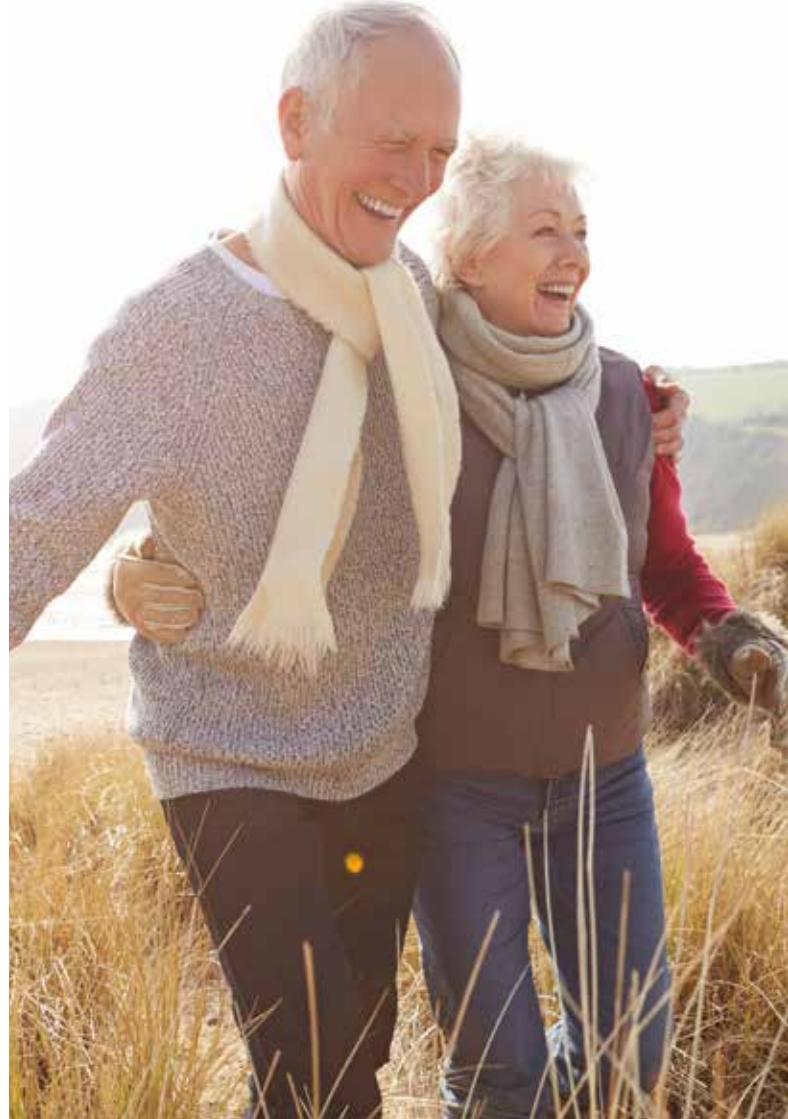
# Pelvic organ prolapse.

Pelvic organ prolapse is more common than you may think. It often happens as women get older. It occurs when the muscles that support the womb become weak, so the womb is unable to stay in place. The loss of muscle tone means the pelvic floor muscle and ligaments around the womb loosen, so it drops down into the vaginal canal.

## What are the symptoms?

You may find you have:

- Loss of bladder control or you pass urine frequently
- Feelings of pelvic heaviness or pain
- Discomfort when having sex
- A sensation of something coming down the vagina or vaginal discomfort
- Lower back pain



## **How we can help if you have a pelvic organ prolapse**

Our specialist staff will support and guide you through your procedure. We provide vaginal repair treatment to help with this condition. The supporting ligaments are shortened and strengthened to lift the womb back into place.

The bladder and bowel then return to their normal positions. We may also repair pelvic floor muscles. In certain extreme cases, a hysterectomy (removal of the womb) may need to be carefully considered.

**Half of women over the  
age of 50 experience  
symptoms of pelvic organ  
prolapse.<sup>1</sup>**

# The menopause.

The menopause is when a woman's menstruation reduces and stops. It is sometimes called 'the change' and you may find you view it with mixed feelings as you recognise a different stage in your life. It usually happens between the ages of 45 and 55.

Hormonal changes cause you to stop having periods. The amount of hormones (oestrogen and progesterone) your ovaries produce at this time drops significantly.

## **Common issues with the menopause**

In the run-up to the menopause, periods become very erratic, and sometimes heavy. Your periods will usually not stop suddenly, but become less frequent, and then stop gradually.

The menopause also sometimes aggravates osteoporosis – bone mass is lost because of the reduced levels of some hormones.

## **Menopausal women often experience:**

- Tiredness
- Hot flushes
- Night sweats and sleeplessness
- Vaginal dryness
- Urinary tract infection
- Headache and joint pain
- Depression
- Reduced sex drive

# How we can help you get through the menopause.

We offer treatment to make the menopause easier. HRT (hormone replacement therapy) replaces your lost hormones to counteract the effects of the menopause. Discuss this with your Consultant who can recommend the right type of HRT for you. The most common way to have HRT is by a daily tablet, but there are other ways:

- A skin patch applied to the skin
- A small pellet or implant under the skin
- Gel medication applied to the skin

## Benefits of HRT:

- Relief from hot flushes and night sweats
- Maintenance of muscle tone, helping reduce any incontinence problems
- Reduced mood swings
- Reduced risk of osteoporosis – oestrogen in the HRT stimulates bone building

It's important to discuss all aspects with your Consultant, to decide what's best for you, as not all treatments suit everyone.

# Screening for cervical cancer.

The cervix is the lower part of the womb (uterus). It is sometimes called the neck of the womb. Cervical cancer affects the cells lining your cervix and it is the second most common form of cancer in women under the age of 35.<sup>7</sup>

## Why is cervical screening important?

It is sensible to be screened regularly as spotting any changes in cells early on can often prevent cervical cancer. A cervical screening test (or smear test) looks at the health of your cervix and for any abnormal cells.

Early detection and treatment of any abnormal cells can prevent cervical cancer developing. You can ask us any questions you like during screening. Our experienced staff are always on hand to comfort and reassure you.

## Who should have a cervical smear?

Women aged between 25 and 50 should be screened

every three years. If you are a woman aged between 50 and 65, it's best to be screened every five years.

## What happens in a cervical smear?

A speculum is inserted into the vagina, which can be uncomfortable, but shouldn't be painful. A small brush is used to take a sample of cells from the lining of the cervix and deposited either on a slide (sometimes called a 'smear' test), or in a preserving fluid. It is then sent to the laboratory to be examined. Any early changes in the cells of the cervix can be seen.

## How we can help if we find abnormal cells

Treatment for abnormal cells can vary. It's likely you'll go and see a gynaecologist for treatment, which may include:

- Colposcopy – a microscope is used to examine the cells on the cervix in more detail, and further treatments can be performed to remove or destroy the abnormal cells.

- You generally don't stay overnight for this procedure, but are seen as an outpatient (day case)
- LLETZ (large loop excision of the transformation zone), sometimes called LEEP (loop electrosurgical excision procedure) – this procedure removes the abnormal cells with a thin wire loop. This is usually done under a local anaesthetic. The removed tissue may then be sent to the laboratory for examination.
- Laser therapy (or laser ablation) – this treatment destroys abnormal cells by vaporising them with a hot beam of light.
- Cryotherapy – a cold probe is used to freeze away the abnormal cells.
- Cone biopsy – a minor operation to remove a cone of tissue from your cervix where the abnormal cells are located. This biopsy is usually done under general anaesthetic as a day case or overnight stay. The tissue is then sent to the laboratory for examination.

**Approximately 3,000 women are diagnosed with cervical cancer each year.<sup>2</sup>**

**Over 900 women die of cervical cancer in England each year.<sup>8</sup>**

**Cervical cancer is one of the few preventable cancers as screening can pick up changes in cells before full-blown cancer develops.<sup>5</sup>**

# Screening for ovarian cancer.

The ovaries are part of the female reproductive system. They sit either side of the womb. Ovarian cancer is the fifth most common cancer among women and it largely affects postmenopausal women.<sup>9</sup>

## What to look for

Early signs are not always easy to spot, but they may include:

- Bloating or a full feeling in the abdomen
- Pain in the lower abdomen, below the navel

- Unusual vaginal bleeding
- Back pain
- Passing urine more often
- Constipation
- Pain during sex

If you are concerned about any symptoms, or have a family history of cancer, it may be a good idea to see a gynaecologist regularly to help maintain your healthy lifestyle.

**Each year nearly 7,000 cases of ovarian cancer are diagnosed.<sup>7</sup>**

# How we can help you with ovarian screening.

We can help detect early signs of any ovarian cancer with a combination of tests:

- Ultrasound scan – this scanning uses high frequency sound waves to scan for any cysts on the ovary. This can be done abdominally or vaginally, which can be uncomfortable but not painful.
- MRI scan (magnetic resonance imaging) – scanning that uses magnetism to build up a picture of the inside of the body. An MRI can detect any tumours on the ovaries.

- CT scan (computerised tomography) – this is a type of X-ray which takes pictures from different angles of the body.
- Blood test – a blood test can detect the presence of a tumour.

Our care extends beyond screening. If any abnormalities are found, our team of experts can plan appropriate treatment. Screening and tests help us predict how well you will respond to treatment. Regular screening is always recommended, as early detection and diagnosis can prevent anything out of the ordinary from becoming more serious.

# Osteoporosis.

Osteoporosis literally means 'porous bones' and is one of the most common bone diseases in the world. As your body develops, new bone grows as old bone breaks down. However after you're 40, your bones gradually lose density, as there's less bone growth and more breaking down of bone. This is when osteoporosis can weaken bones, causing them to break more easily.

## Your bones and osteoporosis

To understand how osteoporosis affects your bone, it's useful to know how your bones are structured.

Your bones have an outside section that's hard and made of calcium – this protects the spongy honeycomb-like interior of the bone.

Osteoporosis affects both parts of the bone, but especially the inside. It causes the holes in the spongy honeycomb to get bigger, so the bone in between gets thinner and is weakened, making the bone more likely to break.

Osteoporosis affects all bones in the body, but common places where bones can break are the spine, hip and wrist.

It can take years for the disease to develop and you might not be aware you have it until you break a bone. There is no real cure for osteoporosis, but if detected early, treatments can be used to slow it down or help stop it developing.

## Who can develop it?

Like many conditions, osteoporosis is often down to our genes, and you are more likely to develop it if there is a family history of the disease. Women are particularly vulnerable as they usually have smaller bones and less bone mass. It also gets more common as you get older, especially after the age of 60.

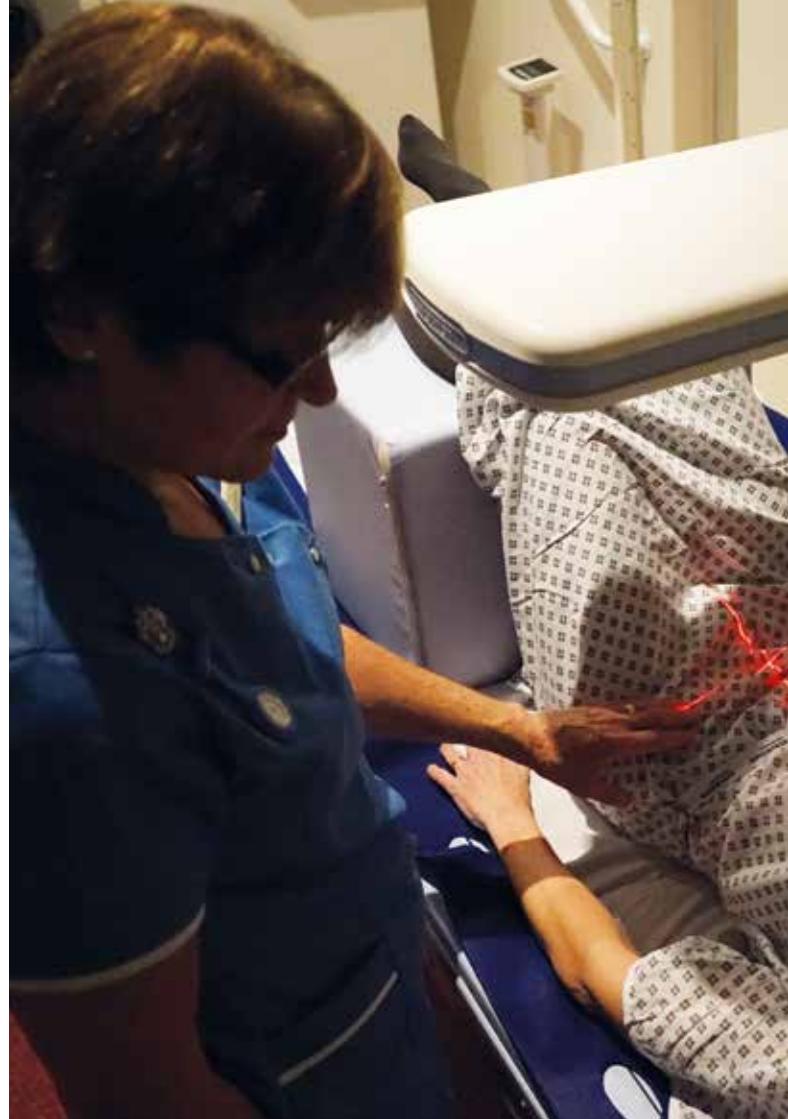
### Other groups who are at risk include:

- Women who have had an early menopause, or a hysterectomy (with ovary removal) before the age of 45
- Underweight women or those with an eating disorder
- People who smoke heavily or drink heavily
- Those who have been immobile for a long time
- People on certain medications



**One in two women  
will break a bone in  
their lifetime due to  
osteoporosis.<sup>4</sup>**

**Osteoporosis causes  
more than 300,000  
broken bones each  
year in the UK.<sup>4</sup>**





## How we can help if you are worried about osteoporosis.

We use a non-invasive painless DXA scan (dual energy X-ray absorptiometry) to see if you have osteoporosis, or are at risk of developing it. This test measures bone density and bone strength. If you are diagnosed with osteoporosis, we can discuss your lifestyle and ways to reduce your risk of breaking bones.

# Screening does help.

It's good to get regularly screened – spotting something early increases the chances of diagnosing a condition before it becomes serious.

We can screen you for any abnormalities of your breast, cervix and ovaries. If left untreated something out of the ordinary can lead to cancer. However, most abnormalities will turn out not to be serious. With early detection, treatment can be more successful.

## Breast care

Being breast-aware is part of maintaining your healthy lifestyle. As women get older their risk of developing breast cancer increases. Being conscious of how your breasts look and feel, and regularly checking them is vital.

## If you notice any of the following, contact us:

- Changes in size of the breast or if one breast is noticeably larger than the other
- Inverted nipples or a change in nipple shape
- A rash on or around the nipple
- Discharge from one or both nipples
- Puckering or dimpling of the skin of the breast
- A swelling under the armpit or around the collar bone
- A lump or thickening of the breast
- Constant pain in the breast or your armpit

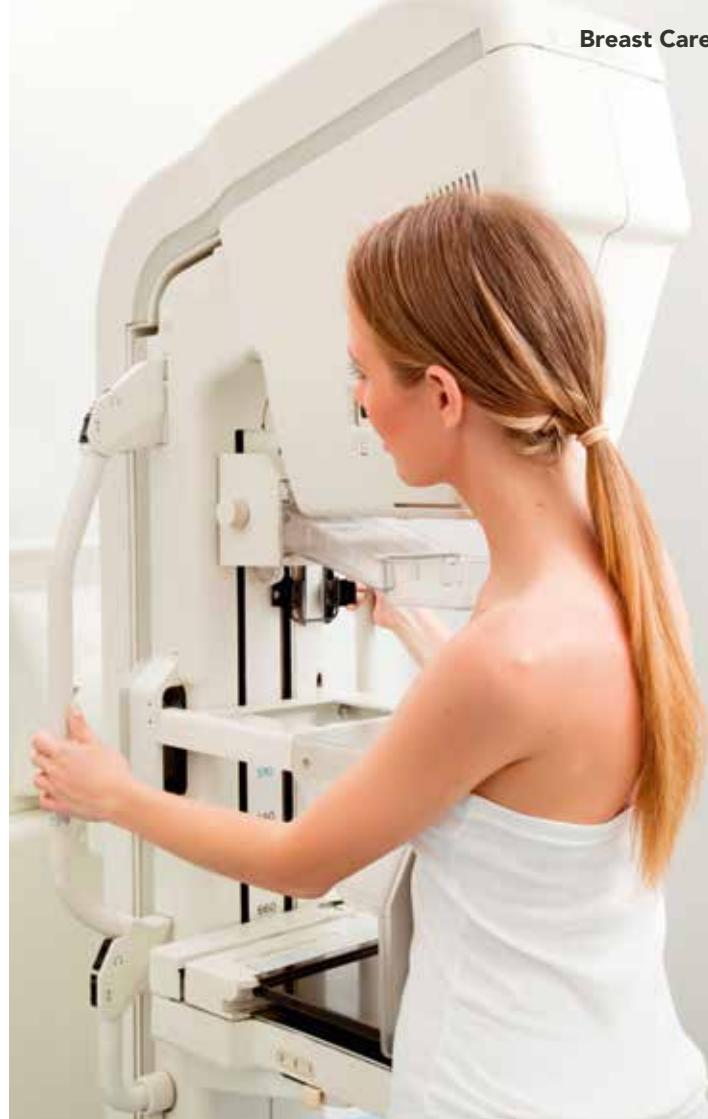
## Don't wait to get yourself checked

It's easy to check for any changes as you are getting dressed or in the shower. You should feel all parts of your breast and up into your armpit.

If you have a persistent breast lump that feels unusual, don't wait. Whatever your age, call us and ask to attend a specialist breast clinic. It's always best to get yourself seen, as it may reassure you.

There are many reasons for changes to occur in the breast. Cysts can easily develop – these are fluid filled sacs and are usually harmless, but can become larger, more tender and more painful before your period.

Breast screening can detect breast cancer at a very early stage when there is a good chance of a successful recovery. Early treatment can stop the disease developing.



**Breast cancer is the most common cancer in women worldwide.<sup>5</sup>**

**About 50,000 women in the UK are diagnosed with breast cancer each year.<sup>5</sup>**

**Breast tissue changes with age with the milk producing tissue being replaced with fat.<sup>6</sup>**





# How we can help you with breast care.

We have regular expert breast clinic services which you can access easily.

We're here to listen. Our consultants are extremely knowledgeable about breast conditions and surgery, and our nurses support you at every stage of investigation and treatment.

## **How to book a breast screening**

Our diagnostic staff can provide mammogram and ultrasound services. A mammogram is an X-ray of the breasts. It takes about 15-20 minutes and can detect small changes in the breast tissue. The report will usually be sent out to you within 4 working days. A copy is also sent to your GP for their records.

# Your veins.

## Varicose veins

Varicose veins are mainly seen on your legs. They may not cause pain or any problems, but they can be unsightly, and you may be self-conscious about them. They can make legs feel tired or itchy.

In rare cases, large varicose veins can bleed or cause ulcers on the legs, especially as you get older.

## Why do they appear?

Varicose veins are caused when the valves carrying blood to your heart allow a little blood to trickle backwards and 'pool' in your veins. The blood that flows back can build up pressure causing the veins to become enlarged, misshapen

and twisted. They then appear as bulging, bluish veins on the surface of the skin.

The veins are unlikely to go away and may become worse without treatment. Standing for long periods of time can increase symptoms.

## Spider (or thread) veins

Harmless spider or thread veins can appear as small clusters on the skin. They don't bulge underneath the skin surface like varicose veins.

## How we can treat your veins

We make your vein removal straightforward. Depending on your condition, you can choose from various procedures.

## Surgical treatment for veins

Treatment to remove unsightly veins is simple and can improve the appearance of your legs. Surgery usually takes about one hour for each leg under a general anaesthetic, so you may stay in hospital for a few hours or possibly overnight. After surgery, you'll need to wear a compression bandage on your whole leg, and then wear support stockings for seven to ten days after that. By about four weeks, you should be back to most activities.

## **Injection of varicose veins (sclerotherapy)**

As an alternative to surgery, varicose veins can be injected with a chemical that causes the vein lining to collapse and the vein to fade in a few weeks.

You don't need an anaesthetic for this treatment and it doesn't usually hurt. It is very effective for smaller veins but may not be suitable for all veins.

## **Laser treatment for veins**

We use lasers to heat the vein and close it so it no longer carries blood. The laser is inserted into the vein through a thin tube (catheter).

Laser treatment is carried out under local anaesthetic and usually takes a few hours.

## **Radiofrequency ablation**

Sometimes called a VNUS closure, this treatment uses radiofrequency energy to collapse the vein and seal it shut. Once the vein is closed off, other healthy veins take over. We insert a thin tube into the vein above or below the knee. This can be done as an outpatient so you don't have to stay overnight in hospital.

**About 1 in 3 people develop varicose veins by the time they reach retirement age.<sup>2</sup>**

# Moles and skin damage.

## Be aware of skin damage

The sun can easily damage your skin without you realising. It is important to protect yourself from the sun both at home and on holiday. If you have noticed any changes in your skin or moles, we can help.

## What do you need to look out for?

Examine your moles regularly and get them looked at if you notice changes in any of the following:

- Asymmetry – the two halves of the mole area differ in shape

- Border – the edges of the mole area may be irregular
- Colour – if the mole colour is uneven or different shades of black, brown and pink
- Diameter – a change in the diameter of a mole

Get any suspicious moles checked out.

We are here to answer any questions you have about moles and skin damage. We hold outpatient clinics to check moles or skin changes and can easily arrange an appointment to remove unwanted moles under local anaesthetic.

## Come and see us

We'd be delighted to meet you and look forward to showing you around. We're very proud of our spotlessly clean hospitals and the people who run them.

So call us on **0330 311 1618** to arrange a visit, or for more information have a look at [nuffieldhealth.com](http://nuffieldhealth.com)



## **Other medical services that can help you and your family**

- Hip and knee replacements
- Fertility treatments
- Cosmetic surgery
- Eye surgery
- Reconstructive surgery
- Ear, nose and throat surgery
- Treatment for heart conditions
- Treatment for bowel problems
- Weight loss surgery





### Sources:

General references from Department of Health.

### Footnotes:

1. Royal College of Obstetricians & Gynaecologists
2. NHS Direct
3. Netdoctor
4. National Osteoporosis Society
5. Macmillan Cancer Support
6. Breast Cancer Care
7. Women's Health Concern
8. Department of Health
9. DirectGov.uk
10. Cancer Research UK

## The Nuffield Health Promise

Our prices are  
all-inclusive.\*

We will equal any  
comparable price.\*\*

There are no time limits  
on your aftercare. \*\*\*

## Don't wait. Contact us now.

📞 0330 311 1618

✉️ [nuffieldhealth.com](http://nuffieldhealth.com)

Regulated by



All Nuffield Health Hospitals in  
England are regulated by CQC

\* Initial consultation(s), diagnostic scans/tests and investigations required to establish a diagnosis are not part of your procedure price.

\*\* Not including Private Patient Units at NHS hospitals. Local area defined as within 15 miles of your chosen Nuffield Health hospital. We will match against written quotes only.

\*\*\* Where necessary, we promise to assist you to receive any follow up advice, treatment or care that is clinically required. Where a prosthesis is required for your procedure, this is guaranteed for the manufacturer's expected prosthesis lifetime. Clinically required indicates where further intervention and/or monitoring of your condition is deemed necessary as a direct result of your procedure. The Nuffield Health Promise applies for patients paying for themselves and excludes fertility services.