

# Caring for women at the RUH

**Most women at some time or another in their lives will need to seek gynaecological advice. At such a time, they'll need lots of reassurance, kindness and professionalism. The gynaecology outpatient department at the RUH provides all of that and more.**

Sister Kate Palastre, who manages the department, says: "As well as the general gynae clinics, we run additional services such as the early pregnancy clinic, which is a walk-in clinic for women who are between 6-14 weeks pregnant and who are experiencing problems.

"We hold a colposcopy clinic and patients are referred to this clinic if abnormal cells are found following a cervical smear. The colposcope enables us to see and examine the cervix.

"We carry out minor surgical procedures that may previously have needed admission to a day surgery unit, such as a hysteroscopy. A hysteroscope is a camera that allows us to look inside the womb to investigate abnormal bleeding. We are also one of the few hospitals to perform microwave endometrial ablation as an outpatient service - this technique uses microwave technology on the lining of the uterus to reduce heavy periods.



Cancer Nurse Specialist Jane Dale

"The gynae oncology (cancer) service holds a number of clinics in the department. Patients who are referred by their GP because they are worried about post cancer symptoms must be seen within two weeks, and we're proud that we're meeting that target by 100%. We also have a rapid access ovary clinic, where we see patients who have symptoms to indicate possible ovarian cancer. They'll come in at 2pm, we'll do a scan, and take blood, fluid and cell samples, which are analysed in the laboratory at the hospital, and patients are home by 6pm with a diagnosis. It takes careful planning, but it's an excellent service and the quick turnaround time is very important to an anxious patient who wants to know what they may be facing.

"The gynae emergency assessment clinic (known as GEAC) takes place every week-day afternoon. GP's can refer patients with gynaecological problems that need urgent attention and who would otherwise have to attend the Emergency Department. In GEAC the patients have immediate access to specialist care and investigations such as an ultrasound scan.

"We care for women of all ages in our clinics and saw 13,196 patients in this last year. Our patients often come to us very frightened about what will happen to them or what they will be told. It's very rewarding and we know that we've got it right when they thank us for helping to make the whole experience much less frightening for them.

"We are a small and very friendly team of nurses who have a wealth of experience in women's health care, amounting to 200 years collectively. It is this, along with their loyal commitment and passion for caring for women with gynaecological issues, which allows us to provide excellent care in a flexible way."



Nurse Practitioner Fran Ralli, Staff Nurse Marie Bush and Healthcare Assistant Wendy Brendish in the Colposcopy suite

## Cervical Cancer screening

Women in the region are being urged to take control of their own health by making sure a date for a cervical screening test is firmly in the diary.

Mr Russell Luker, Consultant for Obstetrics and Gynaecology, says: "Cervical cancer is one of the most preventable of all cancers, and having a regular cervical screening test can reduce your risk of developing it by 90 per cent."

Cervical screening is not a test for diagnosing cervical cancer. It is a test to check the health of the cervix, which is the lower part of the womb. For many women the test results show that everything is fine, but for one in 20 women, the test shows changes in cells that can be caused by many things. Most of these changes will not lead to cervical cancer.

"Investing a small amount of time in having a regular cervical screen could save your life. Conditions that could develop into cancer can be spotted early on so it can be stopped before it

## I survived Cervical Cancer

Tania Pascoe was diagnosed with cervical cancer when she was 34.

She explained: "I was 27 weeks pregnant and had been feeling great, but this particular day I'd been having pains and after speaking to my own midwife, I went to the RUH as a precaution to check everything was OK.

"They examined me to make sure all was well with the baby and it was, but tests revealed something they weren't happy about. I had to stay in hospital that night and saw a gynae specialist the next morning. Although some further checks were required, I was told that it was most likely cervical cancer. I went home feeling so scared for my baby. That night as I brushed my teeth all I saw in the mirror was a healthy, blooming pregnant woman. I couldn't process the idea of the 'C' word.

"The next morning, less than 48 hours since I'd first been seen, I was being examined by Consultant for Obstetrics and Gynaecology, Mr. Russell Luker. Cells were taken for lab analysis and they later confirmed that I had stage 2 adenocarcinoma. My parents and my husband-to-be were with me at the time thankfully, as it's hard to take in the information and ask the right questions in the moment.

"Mr Nick Johnson, my wonderful surgeon, NICU staff, my family and I met to discuss options. The health and development of my baby and my own health needed to be balanced against stopping the cancer developing. Suffice to say it was incredibly difficult for me when considering all of the associated risks. The doctors were open with

us and very supportive, even when we sought a second opinion on the recommended treatment, ultimately all the specialists consulted agreed the plan was the right one.

"So Rose, our daughter, was delivered by Caesarian section at 30 weeks, ten weeks early, and was cared for in NICU, and I was immediately given a radical hysterectomy. I stayed focused on an image of my baby and me together; it gave me strength and hope. I couldn't think about the operation, or the cancer, or the fact that I would never have any more children, not then.

"Throughout everything, my care by staff at the RUH has been, and continues to be exceptional. My family and I were also incredibly supported by the Macmillan nurses; they were full of facts and information and they were always accessible.

"Rose is now 6-months old and starting to eat and smile. She is known as our miracle baby by friends. If I hadn't been pregnant with Rose we're not sure that we would have discovered the cancer when we did."



Consultant Mr Russell Luker

even gets started."

Importantly cervical cancer may form without any warning signs at all. The condition which precedes the onset of cancer may be present for up to 10 years, which is why a simple smear test is so effective to avoid this devastating disease.

Around 900 women die of cervical cancer in England each year. However, many of those who develop it have not been screened regularly. Not going for cervical screening is one of the biggest risk factors for developing cervical cancer.

Regular cervical screening tests every three years are recommended between the ages of 25 and 49, and every five years between the ages of 50 and 64.

If you think that you have missed a smear then contact your local practice, who will check your records and make an appointment if you need one.