

CHANGING times



Helen Harper, of Spire Norwich Hospital, talks to Norfolk patient Julie about her recent gynaecological surgery and experience with Mr Tim Duncan, Consultant Gynaecologist at the Colney-based private hospital.

The menopause is diagnosed for women, typically over the age of 45 whose periods have ceased for a year or more. The “change”, as it is sometimes referred to, can have other symptoms such as hot flushes, vaginal dryness and thinning hair.

However, losing blood vaginally after the menopause is not always a sign of something sinister such as cancer, but women are encouraged to seek medical advice if this occurs. That’s exactly what Julie, 58 from Norfolk, did after she had blood loss following the menopause.

Julie explains: “My periods had stopped a year earlier, so when I started bleeding I was worried. I was experiencing no other symptoms such as cramps or pain but, as I had private medical insurance, I wanted to get things checked out quickly and my insurer recommended a Gynaecologist at Spire Norwich Hospital.

“I was seen by Mr Duncan quickly - which offered huge relief as I had read that bleeding post-menopause could be for a number of reasons so I was pleased that I didn’t have to wait long to get in front of a specialist.

“I arrived for my initial consultation at Hill House consulting rooms which is the outpatients building based at Spire Norwich Hospital. It’s a really pleasant environment and, although I felt anxious, the welcome was very warm and all the staff were lovely which put me at ease.

“Mr Duncan called me through to the consultation room and we spent a good amount of time discussing my medical history and what symptoms I was experiencing. He arranged a scan there and then explained that bleeding after the menopause can be a sign of serious problems, in particular endometrial cancer.

“The scan is used to assess the lining of the womb and the scan

showed there might be a problem. He advised that I undergo a biopsy and more scans, which unfortunately showed that I had developed endometrial cancer. It was of great comfort that all the investigations were performed and a date agreed for surgery very quickly.”

Julie agreed to proceed with a laparoscopic hysterectomy, which was performed less than a month after she was initially seen at Spire Norwich Hospital.

Mr Duncan explains: “A laparoscopic hysterectomy is the gold standard operation for patients diagnosed with endometrial cancer, but sadly this is not available for patients in all hospitals. With prompt intervention, using modern surgical techniques, curative treatment can be achieved for most patients.

“Surgery for Julie’s condition is the only real option available. For women suffering from more common gynaecological conditions, such as heavy periods and pelvic pain, surgery is only one of a number of options.

“A holistic and personalised approach to a woman’s symptoms is required. This should take into account lifestyle and personal goals as well as addressing any concerns regarding the many treatment options.

“Keyhole surgery, and in particular keyhole hysterectomy, represents a huge step forward in the quality of care we can offer women. One of the major advantages this type of surgery has over conventional operations is that the recovery time is much, much quicker.”

Mr Duncan continues: “Patients often only need to stay in hospital for 24 hours before they are feeling comfortable enough to go home - previously four to five days was not uncommon.

“What is even more impressive is the rapid overall recovery from the operation, which can be as little as two weeks, after which



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Picture: Getty Images/iStockphoto

women often feel well enough to return to work. This compares very favourably with a recovery time of up to three months if a hysterectomy is performed through a cut on the tummy.”

Julie adds: “I was very nervous before the operation and, although I was sad that I was losing part of me associated with child-bearing, it was the right decision for me and the operation went very well. I stayed in a private en-suite bedroom and was discharged the following day. My recovery has been excellent as expected.”

Julie concludes: “My overall experience at Spire Norwich Hospital was excellent. Mr Duncan is the nicest man you could ever meet. He’s the ultimate professional but is warm and approachable with it. I wouldn’t hesitate in recommending women to see him if they have any gynaecology related concerns.”

Mr Duncan adds: “Surgery may not be advised for everyone, but with the advances in laparoscopic surgical techniques,

it can be a suitable option for an increasing number of women.

“The ultimate aim is to improve their symptoms and quality of life, which can now be achieved with very rapid recovery and excellent cosmetic results. Julie was absolutely right to seek medical advice early and this surgery provided an excellent outcome for her”.

For further information about gynaecological surgery arrange an appointment with your family doctor or call 01603 255614 to make a private appointment with Mr Tim Duncan.

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ASK THE SPECIALIST

Mr Roshan Lal, Consultant General Surgeon at Spire Norwich Hospital, considers disorders of the bowel.



Am I right in thinking if I had bowel cancer I would be in a lot of pain? I do have haemorrhoids, which bleed sometimes, but no pain at all. My postal bowel test came back clear.

Bright red blood covering the surface of the stool means the bleeding is at or just above the anus.

Causes of blood in the stool ranges from harmless conditions, such as haemorrhoids and anal fissure (anal tear) from straining against hard stools with constipation, to serious conditions, such as cancer.

Haemorrhoids bleed during bowel movement, causing bright-red blood on the outside of the stools and on the toilet paper. Haemorrhoids may also cause itchiness and sometimes pain and discomfort around the anus. Anal fissure (a small tear in the skin of the anus) can be very painful.

Other causes of rectal bleeding include, diverticular disease, colitis (inflammation in the lining of the colon) due to conditions like ulcerative colitis, Crohn’s disease and various types of infections, colon cancer, polyps and anal cancer.

Bowel cancer usually presents as change in the bowel habit from your normal routine to diarrhoea or constipation, or a change in the consistency of stool that lasts longer than four weeks, rectal bleeding, persistent abdominal discomfort or pain, anaemia and weight loss. Pain is not a usual symptom of early bowel cancer.

Bowel cancer is the third most common cancer in men and women in the UK. Some 40,000 new cases are diagnosed in a year. Early diagnosis means better chance of cure. Therefore, early consultation with the GP is recommended for timely investigations.

In people younger than 40, if your GP or hospital specialist confirms the bleeding is from haemorrhoids, no further tests would be required.

In response to your question “if I had bowel cancer would I be in a lot of pain?”, in the early stage, bowel cancer will not cause any pain or discomfort.

If you have had recent investigations for the bowel and, except for haemorrhoids, no other cause was found, you could wait and see. But, if you have not had any bowel investigations before and have persistent symptoms, it would be wise to see your GP.

For further information on bowel conditions arrange an appointment with your family doctor, or call 01603 255614 to make a private appointment with Mr Roshan Lal.

Keep questions brief and send them to Ask the Specialist, Helen Harper, Spire Norwich Hospital, Old Watton Road, Colney, Norwich NR4 7TD. Questions will be handled with discretion and you will remain anonymous. Specialists cannot enter into direct correspondence.



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