

Example of GPs script:

Patient contribution

What would you like to talk about today?

Sounds horrible. (Acknowledges the emotional content.)

This is all about your periods today?

Was there anything else that you wanted to touch upon today?

So, the last seven weeks, you've had this problem with irregular, frequent periods?

ICE

Did you have any thoughts from what you looked up on Google?

Worst case scenario – was there anything that was in your mind?

Is there anything in particular that you were thinking that I could do for you today?

PSO

Your relationship with him fine?

And work-wise for you, you say you're in child protection conferences an awful lot. Tell me a little bit more about your job?

Yeah. What's your role?

And who's at home?

Okay, and things are okay with her?

You're not a smoker?

No other bad habits I need to know about, from the sounds of things?

Red flags

Are you coping?

Any changes in your weight at all?

Focussed history

And, because of your age, because you're fifty, your periods up until seven weeks ago were bang on every 28 days, and how many days did they last?

What was your bleeding like?

So, this sounds very disorganised now; very heavy and very unpredictable. You're bleeding very heavily and it's coming through your pads.

So double sanitary?

Sounds awful.

Mood-wise, how are you?

Sleeping okay?

Can I just check – are you getting any flushes at all?

Any discharge from down below?

Intercourse, any problems with that, any pain?

No, apart from the fact that he's away every five weeks.

Have you ever had any sexually transmittable infections at all?

No unusual discharge from down below until seven weeks ago, and now it's all over the place, isn't it?

Focussed examination

It sounds like, in amongst everything, we're going to have to do an examination of your down below.

But we're going to need a chaperone to do that, so...

Yeah, maybe we'll tee that off for another day if that's okay for you.

So, you can either come back and have that done by a female GP, or you can get me to do it with a nurse chaperone, if that's okay.

Perhaps I can get you to pop yourself on the scales and I'll have a wee feel of your tummy.

Just to make sure I can't feel any fibroids. Did you ever have a scan before?

So 62.5 kg, that's lovely. Lie yourself on the couch. Look the other way for me. Great, okay, so you're not pale, that's great. But you have been bleeding quite heavily haven't you?

Identify problem and explain diagnosis

It's more likely not to be cervical cancer, but there is a potential link with heavy bleeding with problems with the lining of the womb, so endometrial cancer, it could be, but it's unlikely.

Not with what you're describing so far. It sounds less likely, okay?

It doesn't sound like that's particularly urgent, and it doesn't sound like we're particularly worried about cervical cancer for you.

The most likely thing is that this is linked in with disorganisation between the various balance of hormones that you've got. It might be that we need to do, to try to settle this down, is to give you what's called a cyclical progestogen. And that will often re-gig your periods, and make your periods more regular.

Check understanding

Does that sound okay?

Any questions?

Develops management plan / shares management plan

I think that under the circumstances, with you having such heavy bleeding, it's worthwhile me checking your blood count to make sure that you're not anaemic.

And it's also worthwhile, on the off chance, to check your thyroid – but your symptoms don't sound like they're linked with your thyroid, and you're not presenting as somebody who's got either an overactive or underactive thyroid.

So, what I would suggest that we do at the moment, is tee you up for that examination to reassure you about cervical cancer; because that would reassure you a little bit, to make sure that there's nothing worrying behind that. And, what we could do, if this is an ongoing problem that doesn't settle with this plan of action, is we could think about doing an ultrasound scan down below.

Which looks at the lining of your womb, and also looks at your ovaries, because you were worried about ovarian things. This does not sound like an ovarian thing, it sounds like disorganised bleeding linked to the menopause or the change in your cycle. Okay, so, but it might just be a blip.

Because, up until 7 weeks ago, your periods were absolutely fine, you were one hundred percent regular. So, it might well be that all we need to do is regularise your periods at the

moment. Doesn't sound like you're getting any other symptoms linked with the menopause just yet, so we could think about putting you on HRT at a later date to keep your cycle regular, if you're getting symptoms of the menopause.

I think at the moment, we just want to reorganise your periods.

Do you want a name for this diagnosis?

Okay, so officially this is called metrorrhagia.

And all that means is 'very heavy bleeding', but it's usually linked with the peri-menopause. So, it's kind of around where the hormones start to become a little bit skew-whiff, and usually it's linked to an ovulatory cycle, so, cycles when you're not producing an egg, where the hormone levels are not regulated between the ovary and your pituitary. Which is where you produce a lot of hormones that control your ovaries, and the feedback loop that normally goes back and forth doesn't work very well.

Safety net and follow up

We'll have the results back in a week, and your goal is also to book an appointment to see me or one of my colleagues within the next week or so. I really don't think we're thinking about cervical cancer at all.

And the most likely thing is that it's linked in with irregularities of your hormones, to your cycle. We'll check your thyroid, check your blood count, and then we'll talk again about this.