Dorset Women CIC DR EMMA BONUS EPISODE 4_mixdown v1

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SUMMARY KEYWORDS

Cervical screening, HPV self-test, breast screening, pelvic floor exercises, vulval cancer, gynaecological cancer, pelvic organ prolapse, menopause, pessaries, faecal incontinence, sexual pain, self-checking, preventative measures, women's health, healthcare barriers.

SPEAKERS

Marianne Storey, Dr Emma Hayward

M **Marianne Storey** 00:00

Emma. Welcome to our next bonus episode with Dr Emma, where we have the benefit of Emma's amazing medical expertise to help us understand some of the things we've been talking about in our main episodes. Welcome Emma. Nice to see you again. Hello again. Hi Emma, and I have to ask you, which necklace are you wearing today? So glitterous on today? Oh, are you amazing? I love that. I might even have to get one of those myself, because I can tell you where I got it from later. So discrete you'd never really know. No one's gonna come up to you in the street and say, why put a clitoris around your neck?

D **Dr Emma Hayward** 00:42

Because it's yes, no one's ever done that. Yet, the day they do, I'll be so pleased my work will be done. Yeah, it's true.

00:47

After this podcast, after this podcast is going to happen for sure. Great to

M Marianne Storey 00:56

have you back today, and today we're talking about all things to do with prevention and screening and immunizations, all those things to prevent cancer and all sorts of other health conditions. And one of the things that we were talking about with our guests Emma, was we talked a lot about what these preventative schemes are, immunizations and breast screening and things like that. But one of the things that came up was the low numbers of people that take it up, and I'm still completely blown away by that, because they're such important initiatives, you know, and they can prevent such terrible diseases. From a GP point of view, does that ring true with you about people's kind of, almost reluctance to take up screening and immunizations?

D Dr Emma Hayward 01:37

Yes, so I have to say, with regards to say, cervical screening. It's really the work of the nurses in our practices who do the vast majority of the cervical screening tests I do. We do, can do a few, maybe if the nurses have had trouble, but to be fair, they do way more, so they're going to be better at it than us. So he's on those things, but so I don't tend to see women at that moment. Who I see is maybe we have these targets in GP about trying to meet these targets. So if a woman hasn't attended her screening, I might get when I'm calling her in, or if I've got her notes up, a pop up that says she's not attended her screening. So then it might be like, have a chat about her. So that's the sort of where I might come in and have a chat, and it would be raising sort of, oh, I can see you've not had your cervical screening test. Is there any reason why? And ultimately, it's a woman's choice whether she has one or not. But we do know, with the cervical screening, it's not the most enjoyable experience, and it can actually be really quite painful for some women. And we have to acknowledge that I'm personally really excited by the HPV self testing pilots that happened in London. I'd be really excited to see if it gets rolled out nationally, because a few years ago, we changed the cervical screening programme from being everyone gets looked at the cells and then they test for HPV to the other way around. So it's tested for HPV. If it's HPV positive, they'll then have a look at the cells and see if there's any changes which would be pre cancerous changes. So it's really important to know it's not. So you're not testing for cervical cancer. You're testing for pre cancer that then could be treated to try and prevent cancer. That's what the screening programme, overarching is for. If you have any of the symptoms of cervical cancer, you would go straight to the next stage, which would be colposcopy, which is when they have a look with a microscope more so it's basically from the patient's end, it feels exactly the same. It's a speculum in the vagina, and they're looking at the cervix, but the clinician has different tools at the other end to help them look at things. But I think there's a lot of barriers to cervical screening. There is the fact that it could be a bit uncomfortable. People might have had an unpleasant experience before. Some women do experience some spotting, so leading vaginally afterwards, that's not particularly pleasant. And there's cultural issues that are barriers. But there's also the time, the fact that they might be looking after children and taking your child to your cervical smears, not particularly, you know, easy or Yeah, and from both ends to manage, really, you know, in terms of, if you're a clinician, and there's three children in the room, you're kind of and you want to have privacy and draw the curtain around, but you're also concerned about them, you know. So it's all that, that juggling from both sides. And then there's the time, you know, trying to take time off work to go in for your smear. And actually, if you're saying, I've got doctor's appointment, and then your boss says, what I mean? It depends what environment you're in, whether you'd be comfortable experience, you know, saying that. So I think there's so many

barriers, and that's where I think the HPV self test comes in. Because, actually, you don't have to have a clinician. It's a cotton swab going up into your vagina rather than a speculum, so it's much less invasive. And you don't you can, know, get it sent at home, do it at home, the childcare issues are sorted. You don't have to take time off work, and then you can put it in the post. So I think that can be really revolutionary. Really revolutionary. But I think maybe it might be a choice estimate. So, you know, women who want the so I call screening can do that, and women who can want the self swabs can do that. And I think then if anything came positive from the self swab, that might be when you either go straight to a colposcopy or have a health care. Practitioner led, you know, smear. And I think there's obviously the path that hasn't developed yet. So I'm just brainstorming, but I do think that prevents quite a lot of the barriers to screening. And we do see in the pilots how women it was specifically targeting women who had not come after three invitations. You tend to get three invitations for your screening, and then if that labs isn't, you haven't engaged, as they say, terminology, then you wouldn't get the fourth or fifth time. So it's the women who haven't responded to three screening invites. They then offered this self test to see if that would improve uptake, and the evidence suggests it did. So you're often reaching those who are most in need by offering these screening types. But again, I think it's really important to learn your body. If you have start having bleeding after sex. That's a particular, what we call a red flag for cervical cancer. It might not be cervical cancer. There's lots of other things it could be, but that's when it's really important to engage with that. And I think obviously cervical screening is one of the big tests we have. We also have breast screening as well, but it's really important, like we've been talking about throughout the whole thing, to know your own body and come when you have any questions.

M Marianne Storey 06:04

And I mean not wanting to scare anybody. But you know, these, these really important preventative measures, the screening, the HPV vaccine, the cervical screening, breast screening, you know, they are there to prevent cancer. And so I think it's important that we talk about that a little bit in terms of why it's so important. So again, not wanting to go into any too many gory details, but you obviously see the real sharp end of what happens when these cancers are not prevented. You see them in your your clinic. Can you talk a little bit about, well, maybe just carrying on what you were saying in terms of early signs and what you see and and what happens? We are

D Dr Emma Hayward 06:41

really good at telling women to check their breasts. Women sometimes aren't confident about self checking, but there's some amazing charities. There's the Eve appeal, there's copper. Feel that if you go to their websites, they will have videos and instructions to show you how to do it. And I would say they've got some great resources, so I'll signpost you there in the meantime, instead of going through it now, but it's really useful to do that. And if you are naturally cycling and irregular, try and do it around the same sort of time of your cycle, because we do know lots of women have quite significant breast changes over the month with their hormones, and so if you do it the same sort of time, you'll know roughly what is your normal. Again, it's learning what your normal is, don't panic if you find a lump, because we there are lots of different things. There's things called fibroadenomas, which are also termed breast mice, and they're a very nice, yes, medical textbooks are always fun. They're basically mobile, smooth lumps that move around, and they're completely benign. There's also breast cysts. You know, there's lots of different things it could be, but it's really important to know your normal. If you're on hormonal contraception and you're not actually cycling, pick a month. I love copper fill. I get their text of my cells, and they send me in the first month a reminder every every month. And it's really important to learn your normal. What we're less good about telling women is to self check their vulvas. And actually, again, I think that might be to do with the whole taboo and shame around it, but actually, vulval cancer is one of the cancers of the gynaecological system that women can get. And I think it's really important to know your own normal. Get to know your own vulva. Get a makeup mirror, face mirror, put it between your legs, have a look. Open your labia and see and learn what is your normal, because then you will learn if there's anything abnormal that you want a doctor to go and check out. If you've got an ulcer or a saw that's not going away. Lots of things it could be, but one of the things it could be is vulval cancer. And actually, a lot of women suffer with sexual pain, some you know, post childbirth trauma, and if the first time they ever have a look at their vulva is after that, and they don't know what they were looking at before. You know, it doesn't help the situation. So I think actually, really getting to know your own body for then knowing when there's something abnormal that you want to have some help with is really important. But we you know uterine cancer, cervical cancer and ovarian cancer, you can't self check. They're all internal. So that's when it's about learning the symptoms and signs and going to get support when possible. So particularly if you're post menopausal and you start bleeding vaginally again, if you've just started HRT, or if you're in the first three to six months of that is far more likely to be that. Or if you've just gone a train for HRT, but go to your doctor, get it checked out if you've not on HRT, or that's really important, because that could be a sign of endometrial cancer. So it's really, yeah, it's learning your own body, learning what are the signs and symptoms of gynaecological cancer. The evil feel are great at that. Copper feel are great for breast cancer. So it's really useful to educate and learn what is normal, what's considered a quote, unquote red flag. That's just the terminology in medical speak about what could be more a cancerous sign, and getting to know your own body so you can then present earlier,

M Marianne Storey 09:47

amazing and we can't not talk about in one of our episodes, we were talking to the expert physios on pelvic health and pelvic floors and doing pelvic floor. Yeah, that is another form of prevention. In a sense, yes, yes. You know these other things to talk about, kind of cancer, but this is also, equally they were saying, a way of preventing, you know, another kind of whole range of quite unpleasant

D Dr Emma Hayward 10:16

conditions, pelvic floor conditions, in terms of pelvic organ prolapse, not going to kill you, but can dramatically decrease your quality of life, your self esteem. And I talk to women a lot about this, because I fit ring pessaries in my GP surgery. So I have that discussion about diagnosing it, talking about the different management options that I can offer in primary care and then secondary care input as well. So I have a lot of those conversations. I see a lot of women with it. And it's not just, you know, we might think of it as maybe an older ladies problem, but actually, you know, women post childbirth are more exposed to having pelvic organ prolapse, lots of different risk factors involved. And we know that menopause is another peak, because as the oestrogen, it reduces the lower oestrogen reduces the elasticity of the connective tissue, so then you're more exposed to that. Then it might be that you had what we call subclinical pelvic organ prolapse. So there was a little bit of lowering of like the uterus and the cervix down into the vagina, but you couldn't feel it. But then when the menopause happened, that became so you could feel it. So I think it's really important, whether you're 1612, even, or 98 do your pelvic floor exercises, because they are the number one prevention and treatment option for pelvic organ products. I'm saying that I totally appreciate. I don't do them every day. You know, I try, but actually, I've got a reminder on my phone, but whether I know it, because it happens every day, and I was thinking, but then, actually, if you can do it, Anything's better than nothing. There's some really great I think you had a talk with some specialists guiding you through it. So I'll let them, you know, have done that discussion, but it can be really important. But if you are struggling, I think again, I would know we were talking about trivialising women's health. It's almost that slightly humorous take on the women who have had children on trampolines. And you know, that's slightly humorous. And actually it's, it's not funny for these women, it can be really life changing. We haven't even talked about faecal incontinence related to that as well, because your pelvic floor goes not just around the urethra and the vagina, but also around the back passage. And we know women who've had grade three or four tears following childbirth, that involves the anal sphincter as well, so that can lead to faecal or flatulence incontinence, so wind or storm incontinence, which is even more of a taboo, and I think therefore, it's really important that women, if they are suffering, with any of these symptoms, so dragging from the vagina feeling some women come and they actually got a bulge between their legs, and that is the pelvic organ prolapse coming externally, or they are more we call stress urinary incontinence. So when they cough or sneeze these things, and I think we can in medicine and in society, we've said that's normal, and I would really like any man who peed his pants or was fecally incontinence to say that's just normal and part of being a man, and actually it's common, but it's not normal. And just because it's common doesn't mean it's normal, and doesn't mean there's nothing we can do to help you. So if anyone's got any of these symptoms, please do reach out and, you know, come for advice, and we can talk to you about all the different mechanisms. There is the say, the physio elements, we've got some amazing Women's Health physiotherapists that can offer support and do really detailed pelvic floor assessments and offer some advice there and check you're doing your pelvic floor

exercises correctly, because actually, we know too much tension can lead to as much problem as too much laxity and too much relaxation. So if you don't want to cause too much tension either, and they can really offer you some advice and see if it's more of a high tension or more of a laxity issue. And then we've got the more conservative, so non surgical management options, which say, I can fit ring pessaries in my clinic, which actually some women really like it. It's a very lots of some doing them. Women like so how did you end up doing this in your life? But actually it can be really rewarding, because it's one of the things that women can get off the couch and be like, Oh my God, that's gone, you know? So gone, you know? So actually, it's one of those instant fits. And that's sort of the ring pessary I can fit, but actually in the urogynecology, so that's the specialisms who work with pelvic organ prolapse. And sometimes there's the colorectal team involved with news V they've got lots of different types of pessaries. And privately, I know there's different types as well. So it's about working out what works for you. They can stay in long term. The ring pessaries, you can have sex with the men, penetrative sex, and others you might want to take out. Some women can self manage their own pessaries. Some prefer it to be with a health professional, and in that situation, say, with ring pessaries, I would say, don't be disheartened if it takes the time to find the right fit, because often, if I'm examining you and trying to fit a ring pessary one. It's not the most scientific assessment, it's my fingers, and then trying to put them against the other pessaries and working out what size it is. But also, if you're tense, particularly the first time, which is very understandable, your pelvic floor might be more tense. And then when you go home and relax, it might all come out. So if a pessary falls out for the first few times, please don't worry about it. If it's rubbing you. Then please go and get some help, because it might be the wrong side. We don't want any vaginal erosions over time if it is rubbing. But the aim is to make it that you can't feel it's there, but you can't feel your symptoms and it's supporting you. And then we would leave the ring pessaries in in primary care for six months, and then take one out and put a new one in every six months. If it works, I use a lot of lube, so it might be cold, but it hopefully is as comfortable as possible when we put the ring pessaries in a bath of warm water. And I chat to you for a couple of minutes whilst doing my grip strength exercises, squeezing them to make them as pliable as possible so that they can squish down as much as possible to get them inside. And then they open up and hold everything in place in the vaginal cavity. And then there is obviously surgery as well, which is an option, which obviously we would refer to. So there's lots of different options if women are struggling. So again, it's one of those ones that, please don't just consider you have to live with it because it's a quite women's health problem. It's just part of being a woman, yeah,

M Marianne Storey 15:51

but I guess what we must finish on is, you know, there's a lot you can do from a prevention point of view by starting your pelvic floor exercises when you're when you're 16, and you do them all down, the chances are you might end up having fewer problems than yes,

D Dr Emma Hayward 16:06

but don't do them too much, because we don't want to give you a hypertonic pelvic floor. Okay, yes, yes.

M Marianne Storey 16:13

Not too much, just enough. Just the right amount. Which is, which is what? Emma, we can't, we can't leave people guessing the answer to that.

D Dr Emma Hayward 16:21

Well, Jen, really, speaking, a pelvic health physio would say, if you could do 315 minute cycles every day, that'd be wonderful. But I can say, if you do one round once a day, you're doing so much better than the average population. And look at the Squeezy app. That's great to give you some advice. Yeah, brilliant.

M Marianne Storey 16:39

Well, once again, Emma, you've been incredible, hugely knowledgeable, and I learned so much from listening to you. It's been great to have you here. Thank you so much. Lovely to be here. You