The words to use

Exactly what to say, so you do not have to find the words in the room.

WHY THIS SHEET EXISTS

Genitourinary symptoms are the most undertreated set in menopause care, for two reasons that compound each other. Women do not raise them, and clinicians do not ask. Unlike hot flushes, these do not settle on their own. Left untreated, they progress. And they are highly treatable.

Say this, near the start of the appointment

I am having vaginal dryness and urinary symptoms and I would like to discuss vaginal oestrogen.

That sentence gets you further than fifteen minutes of hinting, and your GP has heard it many times before. Do not leave it as an aside at the end.

What applies to me

- ☐ Vaginal dryness
- ☐ Discomfort or pain during sex
- ☐ Itching or burning
- ☐ Needing the loo more often or more urgently
- ☐ Recurrent urinary tract infections
- ☐ Discomfort during cervical screening

Questions worth asking

- Would vaginal oestrogen be appropriate for me?
- I understand it has minimal systemic absorption and does not need a progestogen alongside it. Is that right in my case?
- If I cannot or choose not to take systemic HRT, does that affect whether I can use this?
- Could my recurrent urinary infections be related to this rather than needing more antibiotics?
- Is pelvic floor physiotherapy available locally?

Things worth knowing before you go

- Systemic absorption is minimal and breast cancer risk is not increased with vaginal oestrogen
- Guidance says no limitation on its use even in women with cardiovascular disease
- It can generally be used long term, and symptoms usually return if you stop
- Moisturisers and lubricants are different things. Moisturisers are for the tissue generally, used regularly. Lubricants are for the moment
- If you have had breast cancer, moisturisers are first line and vaginal oestrogen needs a conversation with your breast team

> **NOT EVERYTHING HERE IS HORMONAL**
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> Recurrent urinary infections should be properly investigated. Any bleeding after sex, unusual discharge, a lump or a persistent sore area needs proper assessment rather than being attributed to menopause.

NOT MEDICAL ADVICE. Educational content only. Many symptoms have causes other than perimenopause, including thyroid disease, anaemia and diabetes. Please speak to your GP about anything that concerns you.