

A photograph of three women laughing together. The woman on the left is seen in profile, wearing a teal long-sleeved shirt. The woman in the center is smiling broadly, wearing a grey cardigan over a black top. The woman on the right is also smiling, wearing an orange top and a black headband with white polka dots.

# Women's Health Matters 2021

Join the critical conversation about 10 of the most common gynaecological health conditions in the UK



Women's Health Matters:  
vulvodynia

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# Foreword

Circle Health Group Chief Nursing Officer, Liz Adair



Millions of women in the UK suffer the often-distressing effects of a gynaecological condition.

Gynaecological conditions such as endometriosis, adenomyosis and interstitial cystitis often go undiagnosed or misdiagnosed for years. This can have life-changing consequences.

Infertility, debilitating chronic pain, the onset of associated conditions and severe depression are common effects of living with a gynaecological condition without access to the right care.

Yet despite this, education and awareness around women's health is lacking. Millions of women in the UK continue to suffer in silence, unsure of how best to manage their pain or seek help.

As yet the scientific community hasn't been able to identify exactly what causes many gynaecological conditions, or how to definitively diagnose them. More work needs to be done on raising awareness of these conditions, as well as how to place women at the centre of their health and care.

It is for this reason that BMI Healthcare (part of Circle Health Group) are joining this conversation with this report. And we are grateful to the 10,000+ people who took part in the survey on which it is based.

These often candid and honest responses on the impact and experience of living with often debilitating symptoms will not only help us improve the services we offer, but also help highlight the need for better education and understanding among healthcare professionals, employers, loved ones and society as a whole.

With the right support, women suffering from these often hidden illnesses can achieve a better quality of life and the burden these conditions place on them can be eased.

A handwritten signature in black ink that reads "Liz Adair".

Liz Adair  
Chief Nursing Officer at Circle Health Group

# Foreword



Wellbeing of Women Chief Executive Officer, Janet Lindsay



We welcome BMI Healthcare's Women's Health Matters report that highlights the impact that women's health issues have on both a woman's physical and mental health.

In 2021, no woman should be held back by her reproductive or gynaecological health. However, the reality is that women are struggling to find the information they need to ask the right questions about their health and regularly meet barriers when they attempt to book routine appointments to access basic health needs.

Many women's health issues remain taboo and shrouded in secrecy leading to women feeling stigmatised. This stigma and taboo are helping to fuel the gender imbalance that exists in healthcare, and these taboos appear at all points on a women's life course from puberty to menopause and beyond.

As a society we need to tackle these taboos and ultimately redress the imbalance.

Led by women's voices, Wellbeing of Women improves health and wellbeing through research, education and advocacy. Improving women's healthcare and empowering

women to make the best possible choices when it comes to their health is at the very heart of what we do. We are delighted to be supporting BMI Healthcare's report that shines a spotlight on women's health and highlights the impact on women's lives.

A handwritten signature in black ink, appearing to read 'Janet Lindsay'.

**Janet Lindsay**  
Chief Executive at Wellbeing of Women

\*Janet will be referred to as Lindsay for the duration of this report

# Our gynaecological treatment options

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We understand that gynaecological health conditions can be devastating to manage, both physically and emotionally. However, **it is important to acknowledge that these problems do not mean a lifetime of pain and suffering.**

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There are many treatment options available to help ease the symptoms of gynaecological conditions, helping people manage their pain effectively and live normal, high-functioning lives.

We offer a variety of effective diagnostic tests and treatment options for gynaecological problems. These are just some that are available:

## Diagnostic testing

A hysteroscopy is a procedure used to examine the inside of the womb (uterus). It can be used to investigate and diagnose several health issues, including heavy periods, uterine fibroids, vaginal bleeding and chronic pelvic pain.

Laparoscopy (keyhole surgery) allows a Consultant to access the inside of the abdomen (tummy) and pelvis. It can be used to investigate and diagnose several health issues, including endometriosis and certain types of cancers.

## Treatment options

Pelvic health physiotherapists are trained to assess and treat a range of conditions that cause pelvic problems, such as incontinence of the bladder or bowel, or chronic pelvic pain.

We offer a range of treatment options for urinary incontinence, including medication, bladder injections and specialist forms of physiotherapy.

Endometrial ablation is a procedure to remove the lining (endometrium) of the womb (uterus). One common reason for having endometrial ablation is to experience relief from symptoms of endometriosis.

Laparoscopic myomectomy is keyhole surgery to remove uterine fibroids. During this surgery, fibroids are detached with instruments through small incisions in the abdomen.



# Our gynaecological treatment options

A laparoscopic ovarian cystectomy is a form of keyhole surgery to remove ovarian cysts, which can sometimes cause chronic pelvic pain.

An oophorectomy is the surgical removal of the ovaries. It is often performed as part of a hysterectomy, but may be carried out alone.

Posterior repair for vaginal prolapse aims to tighten the support tissues between the vagina and bowel and remove any bulge in the vagina.

A hysterectomy is an operation to remove the womb (uterus) through the vagina. The common reasons for having a vaginal hysterectomy include uterine prolapse, heavy periods and uterine fibroids.

Total laparoscopic hysterectomy is a keyhole hysterectomy, also performed to remove the womb (uterus) through small incisions in the tummy with modern instruments to minimise tissue damage.

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**A person's treatment pathway depends entirely on the condition they suffer from, combined with other important factors, such as their most prevalent symptoms.**

Having a private consultation with a specialist can help an individual reach a diagnosis and access appropriate care.

We have a large network of [Consultant Gynaecologists](#) dedicated to helping people manage their gynaecological health. They work in collaboration with our clinical specialists, such as physiotherapists to provide the best treatment options on a personalised basis. To find out more about our network of Consultants and other gynaecological services we offer, you can:

Call us to find out more: 0808 274 5396

Book a consultation online:  
[www.bmihealthcare.co.uk/find-an-appointment](http://www.bmihealthcare.co.uk/find-an-appointment)

## Our hospital coverage across the UK



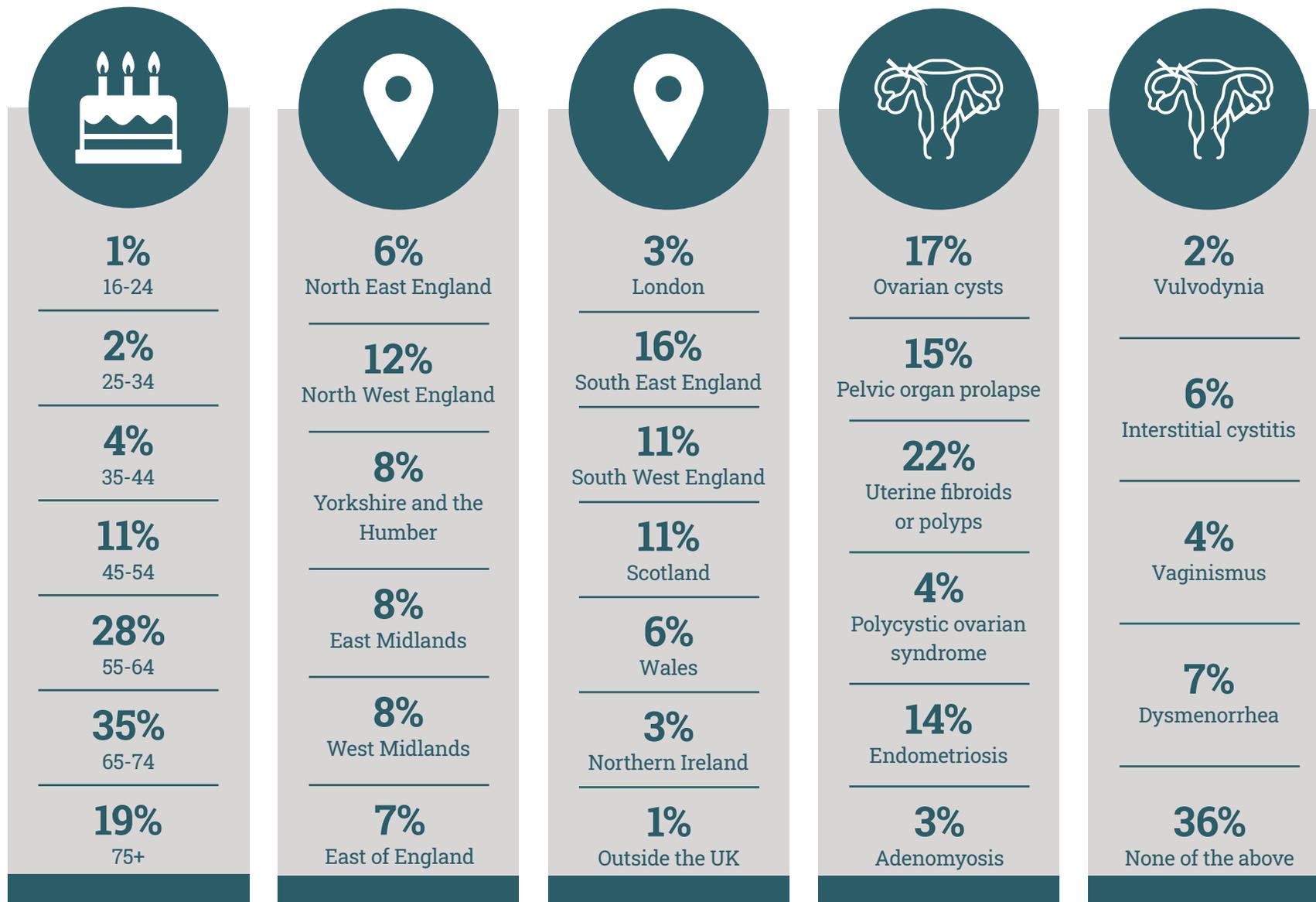
# Executive summary

Who are our respondents? We talk a bit more about them, where they live and the conditions they suffer with.

## Method

We asked 10,360 women from the ages of 16-75+ many questions through an anonymous online survey, 'Women's Health Matters', published on [www.bmihealthcare.co.uk](http://www.bmihealthcare.co.uk). The survey featured a combination of closed and open-ended questions in order to gather a combination of statistics and more qualitative data.

The largest segment of respondents were aged 65-74 and the most common condition reported is uterine fibroids.



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Women's health:  
an overview

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# Understanding women's health: an overview

Gynaecological health conditions can go undiagnosed for years, often causing chronic, debilitating pain and understandably deeply rooted psychological problems. Janet Lindsay, Chief Executive from Wellbeing of Women says: "Pelvic pain and gynaecological conditions can impact all aspects of a woman's everyday life. If you are in a constant state of pain and discomfort, it can weigh you down emotionally and physically. One in 10 women have experienced severe reproductive health symptoms in the past 12 months. This is a huge number of women at any one time experiencing debilitating symptoms."

## Endometriosis

Endometriosis affects one in 10 women in the UK. One of the condition's biggest issues is that it is very difficult to diagnose, taking an average of seven and a half years. Endometriosis causes severe pelvic pain, pain during sex and, often, infertility, as well as many other symptoms.

## Adenomyosis

Adenomyosis affects one in 10 women in the UK. According to the NHS, adenomyosis can also take years to diagnose. Symptoms of adenomyosis include, but aren't limited to, heavy, painful or irregular periods and severe pelvic pain.

## Interstitial cystitis

According to The Urology Foundation, interstitial cystitis (IC) affects approximately 400,000 people in the UK, 90% of whom are female. IC is often diagnosed through process of elimination, which can take a long time, causing feelings of hopelessness and exhaustion. IC has many symptoms, including severe pelvic pain, as well as frequent urination and urgency.

## Vulvodynia

It is not clear exactly how many women suffer from vulvodynia in the UK. The condition causes many symptoms, including a constant painful burning sensation in your vagina, as well as pain during sex.

## Vaginismus

One study by The British Journal of Obstetrics and Gynaecology (BJOG) suggests that one in 10 women find sex painful. Vaginismus can take a long time to diagnose because it is often overlooked as being natural nerves experienced before sex. Vaginismus causes your vagina to tighten before penetration due to intense fear of pain, making sex unusually challenging and painful.

## Polycystic ovarian syndrome (PCOS)

Studies show that around one in 10 women suffer from PCOS. There is no definitive diagnostic test for PCOS, so it can take time to diagnose through a process of elimination. PCOS can lead to disrupted menstrual cycles and difficulty getting pregnant. It also causes excessive hair growth and weight gain, which can take an upsetting toll on self-confidence and body image.

## Ovarian cysts

According to The Royal College of Obstetricians and Gynaecologists, most women will be unaware that they have an ovarian cyst(s), because they are often asymptomatic. However, up to one in 10 women may need surgery for an ovarian cyst at some point in their lives. If you do have symptoms, you will likely experience pelvic pain, pain during sex and unusually heavy periods.

## Uterine fibroids

According to The National Center for Biotechnology Information, most women will develop one or more uterine fibroids during their reproductive lifespan. Uterine fibroids can lead to heaviness and pressure across your pelvic area. If left untreated, uterine fibroids will continue to grow.

## Dysmenorrhea

The symptoms of dysmenorrhea may look like those of other conditions. This can make it difficult to diagnose. If you suffer from dysmenorrhea, you will likely experience excruciating period pain during your period and painful stomach cramps before, during and after your period.

## Pelvic organ prolapse

According to NICE, in primary care in the UK, 8.4% of women reported a vaginal bulge or lump, and on examination prolapse is present in up to 50% of women. If you're experiencing pelvic organ prolapse, you will likely feel pressure and heaviness across your pelvic area.



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Gynaecological  
diagnosis delay  
damages mental health

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# Gynaecological diagnosis delay damages mental health

**“I just want to be believed and not treated like a hypochondriac. Or be told it’s something women have to put up with.”**

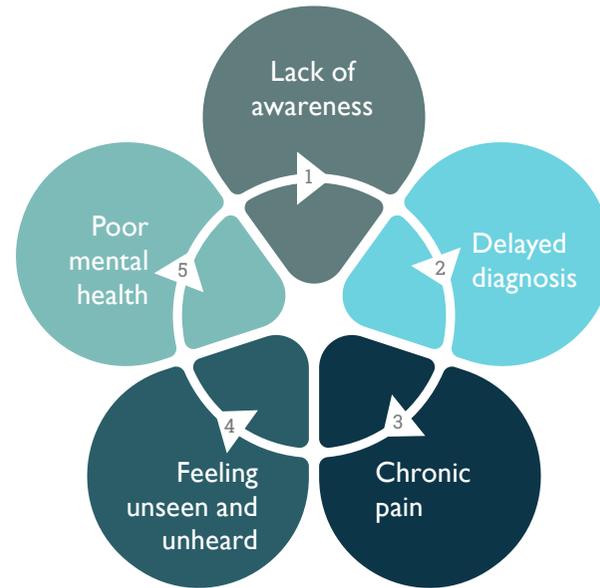
The voice of one respondent to our survey resonates widely with the endemic problem faced by millions of women – the need for better understanding and diagnosis of gynaecological conditions.

While diagnosis times vary by condition, our survey shows that women can wait years for a correct diagnosis and treatment. In the case of endometriosis, 27% of respondents waited 10 years or more to get diagnosed.

Not only that, across all conditions, between 10% and 20% of respondents haven’t been diagnosed, despite being sure of what condition they have.

All the conditions covered by our survey can cause pain. Other symptoms of the conditions covered in the survey include infertility, heavy bleeding, weight gain and facial hair growth. All of which can affect mental health.

As one respondent says: “Pain can just wear a person down on a daily basis. It’s hard when people don’t understand what type of pain you can be in. One day I can walk and the next I can’t. It doesn’t make sense to me, let alone my family. It’s a daily struggle.”



1. Lack of awareness: limited education and understanding around women’s health as a result of long-lasting taboos

2. Delayed diagnosis: a lack of research and funding, which poorly affects the quality of women’s healthcare and diagnosis times

3. Chronic pain: a lack of access to suitable treatment or pain management to match an individual’s needs

4. Feeling unseen and unheard: living in chronic pain without knowing where to access the right emotional and medical support

5. Poor mental health: the distressing impact of poor physical health

Wellbeing of Women invests in research into women’s health and has partnered with BMI Healthcare (part of Circle Health Group) on our Women’s Health Matters report. Janet Lindsay, CEO of Wellbeing of Women says: “Some gynaecological conditions are harder to diagnose than others. Symptoms can be vague, generic, or misleading. These generic symptoms can make it harder to know exactly what the cause is.”

Our survey data also shows a link between time taken for diagnosis and the impact on mental health. Combining data across all conditions about diagnosis times with questions about the impact on mental health, the survey shows a steady rise in impact from a rating by respondents of 3 out of 5 at a diagnosis time of less than a year to 4 rating out of 5 at ten years or more.

Lindsay says: “There’s been little research into the connection between a person’s gynaecological health and their mental health, but it is unsurprising that a link exists. It is reported that up to half of endometriosis sufferers have had suicidal thoughts, a statistic which further supports the connection. When women are left feeling dismissed or in pain, it can affect all areas of their lives including their mental health.”

While this data isn’t fully comprehensive, the trend is there and is also reflected in the comments one respondent said: “Had I known of what was really wrong with me, I may have been able to handle my condition better and managed the bad spells with rest and support from my GP. Instead, I self-medicated and thought I was just anxiety prone. Now, as a woman in my 30s, I am mentally able to cope with the ups

# Gynaecological diagnosis delay damages mental health

and downs of my condition. I know when I am having a flare up and how to manage this. However, more support would be great for women with this condition.”

One area of focus for Wellbeing of Women is on better education, both among women to empower them to discuss their gynaecological health, but also among healthcare professionals.

Lindsay says: “We need to improve and normalise the conversation around reproductive and gynaecological health throughout the life course. We know our own bodies better than anyone else, and if women and girls have a better understanding of their gynaecological health, they are more likely to be able to spot symptoms, understand when something isn't normal and be more confident in communicating with healthcare professionals.”

The need for better understanding among GPs in particular is again reflected in respondents' comments. “I feel that I am battling with my GP surgery rather than being supported by them,” says one respondent. “This has caused a disproportionate amount of damage to my physical and mental health. I just want to be believed, listened to and have an intelligent discussion about my illness.”

Another explains: “It helps when a professional actually listens to all of your issues (mental as well as physical) and takes them seriously.”

Dr Lucky Saraswat, a Consultant Gynaecologist at BMI Albyn Hospital in Aberdeen, agrees. She says: “I feel this is due to

a lack of awareness and information about these conditions. It's about educating GPs and other healthcare professionals about these conditions. If they know what to look out for, it can be diagnosed.”

On a more positive note, awareness of these conditions among healthcare professionals has increased significantly in recent years, helping GPs identify symptoms early.

Elias Kovoov, Consultant Gynaecologist for BMI Chelsfield Park Hospital, Orpington, comments: “Over the last five years, there has been a massive increase in endometriosis

awareness, education and training for everyone, including primary care doctors and non-specialists in gynaecology. These healthcare professionals all know about it and whether someone with endometriosis potentially needs to be referred to a specialist clinic.”

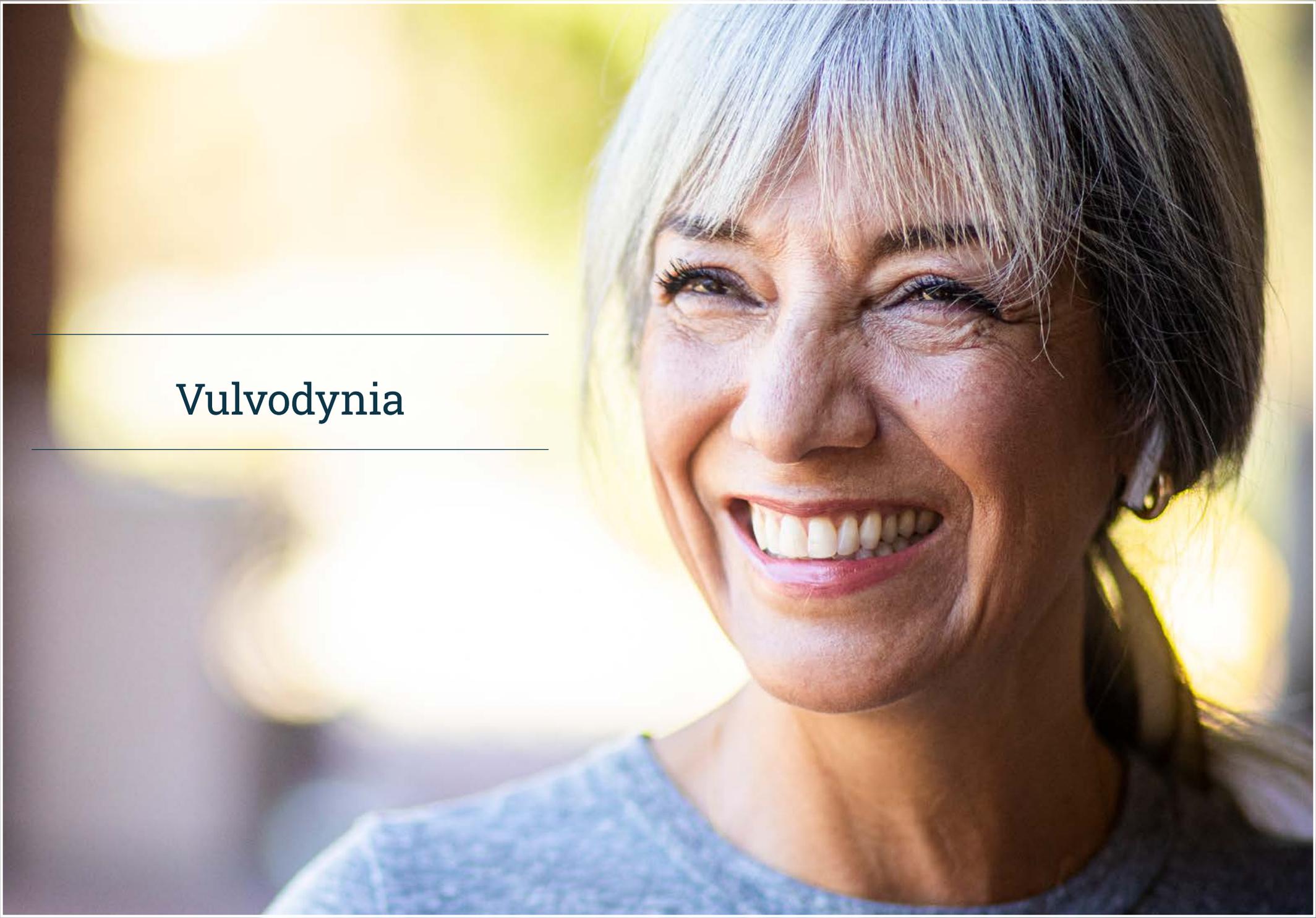
This increased awareness among healthcare professionals will benefit thousands of women each year, helping them access treatment as quickly as possible. Continuous research by charities such as Wellbeing of Women will also drive increased awareness around menstrual health more generally, resulting in more education in primary care.



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# Vulvodynia

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# Women's Health Matters: vulvodynia



The vulva is the female genital area including the skin surrounding the opening of the vagina. Vulvodynia can be highly distressing and difficult to diagnose



The exact number of people living with vulvodynia in the UK is unknown. However, studies show that as many as **16%** of women in the US suffer from vulvodynia at some point in their lives.



**64%** of respondents with suspected or diagnosed vulvodynia have been diagnosed with depression



**2%** of respondents have been diagnosed with or suspect they have vulvodynia



**36%** of respondents with suspected or diagnosed vulvodynia said symptoms regularly prevent them from sleeping



**47%** of respondents with suspected or diagnosed vulvodynia said that it affects their ability to function

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**Vulvodynia can be a debilitating, long-term, chronic pain disorder. This section of the report looks at the responses of 116 people who have been diagnosed with or believe they suffer from vulvodynia.**

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Vulvodynia can affect all women and girls of a childbearing age, regardless of race, ethnicity or a person's gender at birth. Vulvodynia causes persistent pain in and around the vagina. Usually, a person with vulvodynia's vulva looks healthy, even though they can often be in intense pain. This pain can be:

- Burning, stinging, throbbing or sore
- Triggered by touch, such as during sex or when inserting a tampon
- Limited to part of the vulva, such as the opening of the vagina
- Widespread – sometimes, it can spread over the whole genital area and the anus

Women with vulval pain often suffer for years before they receive a diagnosis or treatment. 12% of survey respondents have been waiting for more than 10 years to be diagnosed, and 26% have been waiting for five years or more.

It is unsurprising that this timeframe can have severe emotional effects on women, as shown by comments made by several survey respondents.

64% of respondents have been diagnosed with depression and 88% with anxiety, reflecting the impact of vulvodynia and its average diagnosis time on mental health.

Comments show that pain from vulvodynia might impact a person's appetite and, in turn, their ability to function on a daily basis.

One respondent remarked "I feel too nauseous to eat. I just want to stay in bed and not get up to get food." According to the NHS, vulvodynia is unlikely to get better on its own, so seeking help for the condition is vital to a person's physical and mental wellbeing.

Despite medical research, the cause of vulvodynia is still mostly unknown. According to The National Vulvodynia Association, some potential causes include:

- An injury to, or irritation of, the nerves that transmit pain from the vulva to the spinal cord
- Elevated levels of inflammatory substances in the vulva
- An abnormal response of different types of vulvar cells to environmental factors, such as infection or trauma, and
- Pelvic floor muscle weakness, spasm or instability.

“

*I feel too nauseous to eat. I just want to stay in bed and not get up to get food.*

Anonymous survey respondent

”

# Women's Health Matters: vulvodynia

But none of these explain why vulvodynia happens.

Lindsay remarked: "Vulvodynia receives little attention and is therefore not well understood, leaving people affected in pain and waiting several years for a diagnosis."

## The impact of vulvodynia

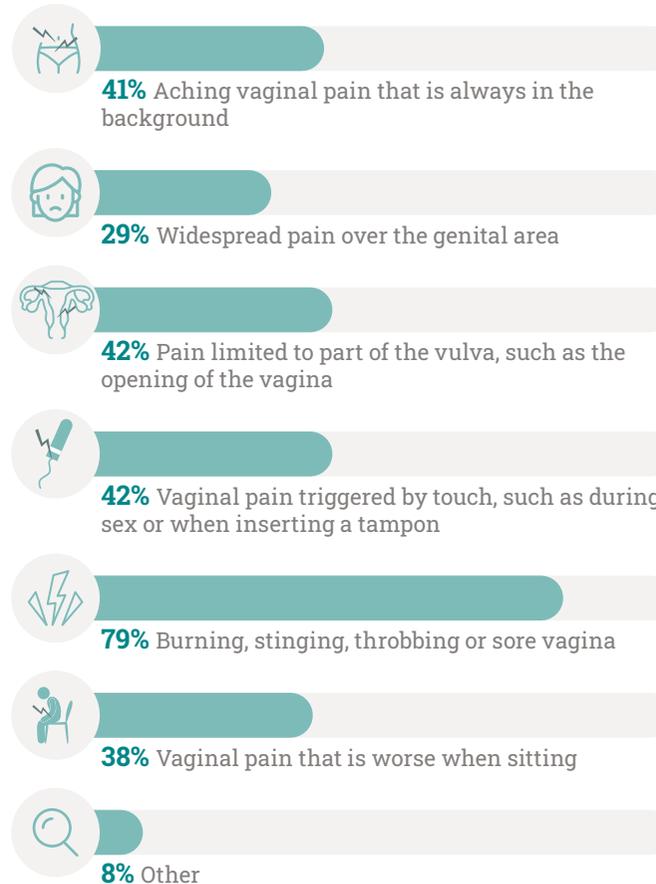
Chronic pain of any sort often leads to disturbed sleep patterns and fatigue. It can interfere with romantic relationships, as well as a person's career and social life. Many respondents with vulvodynia expressed the impact vulvodynia has had on their lives.

71% of respondents said that vulvodynia has impacted their self-esteem, 47% their ability to function and 49% their ability to plan ahead.

Lindsay comments further: "Conditions like vaginismus or vulvodynia can make having sex more difficult or impede it entirely. Knowing about the changes you can make during sex, the workarounds, and the other forms of intimacy that you can engage in makes a significant difference."

These statistics show the often-traumatic effects of this disorder. As one respondent remarked: "It has caused anxiety and depression. It has led to the end of my long-term relationship and significantly prevented me from dating or starting any further relationships."

## Symptom overview



Vulvodynia is chronic, unexplained pain in the vulva. As it is not a well-known condition, many women feel embarrassed and delay speaking to their GP.

Despite having countless euphemisms and nicknames for the vulva, recent surveys have shown that many men and women are unable to correctly label female anatomy. As a society, we have learnt to hide behind these euphemisms when we talk about female genitalia, which adds to the sense of taboo and makes communicating symptoms in a healthcare setting more difficult.

That's why we need to work together to normalise conversations about women's health at home, among friends and in the workplace.

Let's break down these taboos and allow women to feel comfortable talking about their health and bodies so that they can recognise if something feels wrong and go to a healthcare professional to seek advice and treatment.



WELLBEING  
OF WOMEN

Janet Lindsay  
Chief Executive  
Wellbeing of Women

# Vulvodynia: numbers you should know

How often are you in pain?



17% all of the time



31% most of the time



45% rarely



7% sometimes

# 100%



has affected their  
mental health

Most common symptom reported

# 79%



burning, stinging, throbbing  
or sore vagina

# 45%



unable to speak to  
friends and family



# 57%

affected their  
romantic relationships

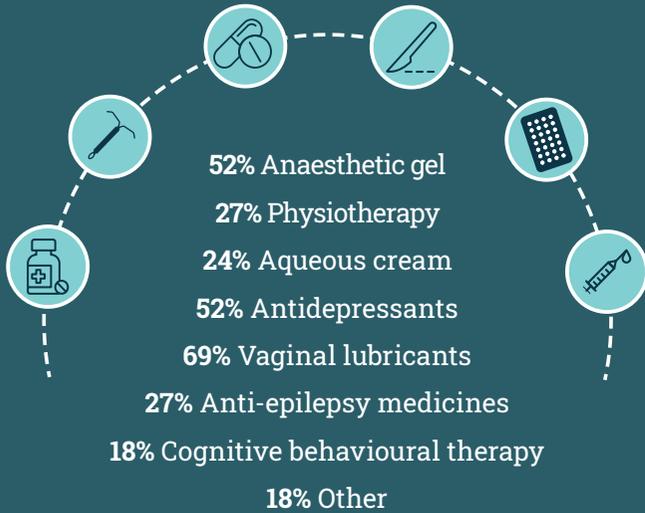
# 58%



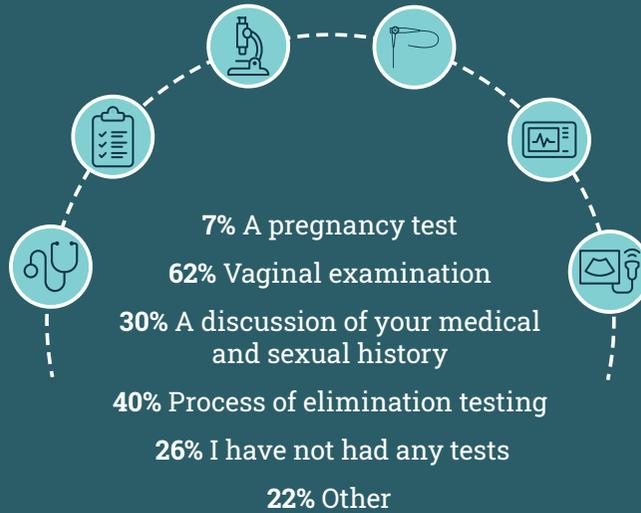
made them miss work

# Vulvodynia: diagnosis journey

## Treatment overview



## Diagnostic testing overview



## Healthcare professionals overview



67%

of respondents with suspected or diagnosed vulvodynia felt dismissed throughout their healthcare journey

## How people rated their experience



# Women's Health Matters: vulvodynia

## Diagnosis journey

A lot of the symptoms associated with this condition overlap with other conditions. Your GP will begin by treating the symptoms you present with and will support you throughout your diagnosis journey.

Dr Adam Simon, GP at BMI The Alexandra Hospital, says: "GPs are aware of the effect that symptoms and long diagnosis times have on patients. They will always support their patient and their family throughout their healthcare journey, ensuring that they are informed of what is being done and for what reason. They are also able to anticipate, diagnose and treat side effects from any treatment options."

People with vulvodynia can be initially treated for chronic pelvic pain, which can help eliminate its other potential causes. Unfortunately, there is no definitive method used to diagnose vulvodynia. It is usually diagnosed after other causes of vulval pain are ruled out, which can often take years.

While waiting to be diagnosed, people with vulvodynia often suffer from intense emotional and physical pain. In some cases, they feel dismissed by their doctor or relevant healthcare professional. 67% of respondents said they felt dismissed throughout their diagnosis or treatment journey, 49% felt ignored, 43% felt not believed and 37% felt patronised.

One respondent remarked: "It helps when a professional actually listens to all of your issues (mental as well as physical), and takes them seriously. The sexual health specialist and gynaecologist were the best. GPs have definitely implied they thought the pain wasn't that bad."

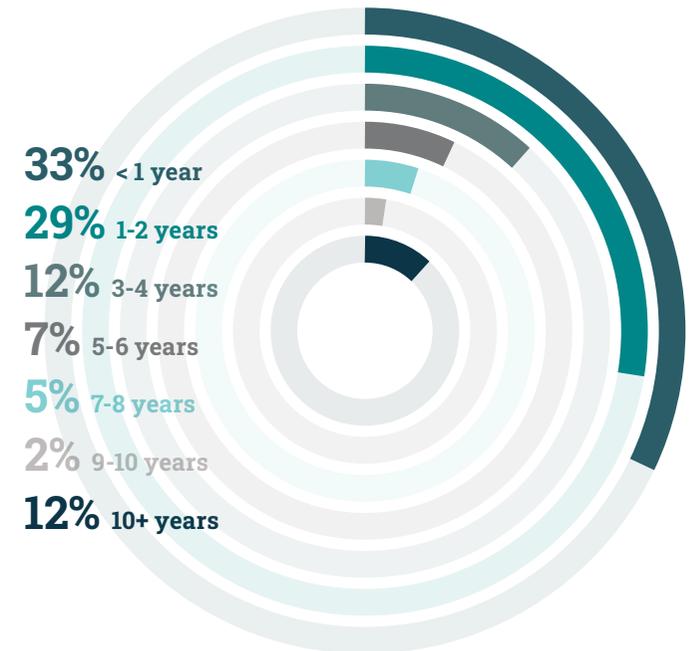
## Diagnosis waiting times

As noted previously, 12% of survey respondents have been waiting for more than 10 years to be diagnosed, and 26% have been waiting for five years or more.

While a person's diagnosis journey can be long due to non-specific symptoms and diagnosis by process of elimination, a lack of education and awareness around vulvodynia and menstrual health is also a factor that contributes to longer diagnosis times.

According to our survey, the average diagnosis time for respondents with suspected or diagnosed vulvodynia is 3-4 years. This length of time is likely influenced by collective diagnosis challenges and the aforementioned lack of awareness.

## Diagnosis times



The average wait for a diagnosis was

**1-2 years**

# Vulvodynia: alternative therapies

We asked survey respondents whether they have tried alternative therapies and lifestyle changes to alleviate their symptoms. Mindfulness can sometimes be used as a form of pain management. It involves a person paying more attention to the present moment and world around them. 38% of respondents have tried mindfulness to manage their pain.

53% of people tried exercise to manage their vulvodynia, and 60% tried changes to their diet. Dr Saraswat says: "It is anecdotal. But a lot of patients say that dietary modifications improve their pelvic pain".

Hot and cold therapy, which involves the use of heat pads and ice packs to relax muscles or numb pain, is also recommended by the NHS for some forms of chronic pain. This was used by 17% of respondents.

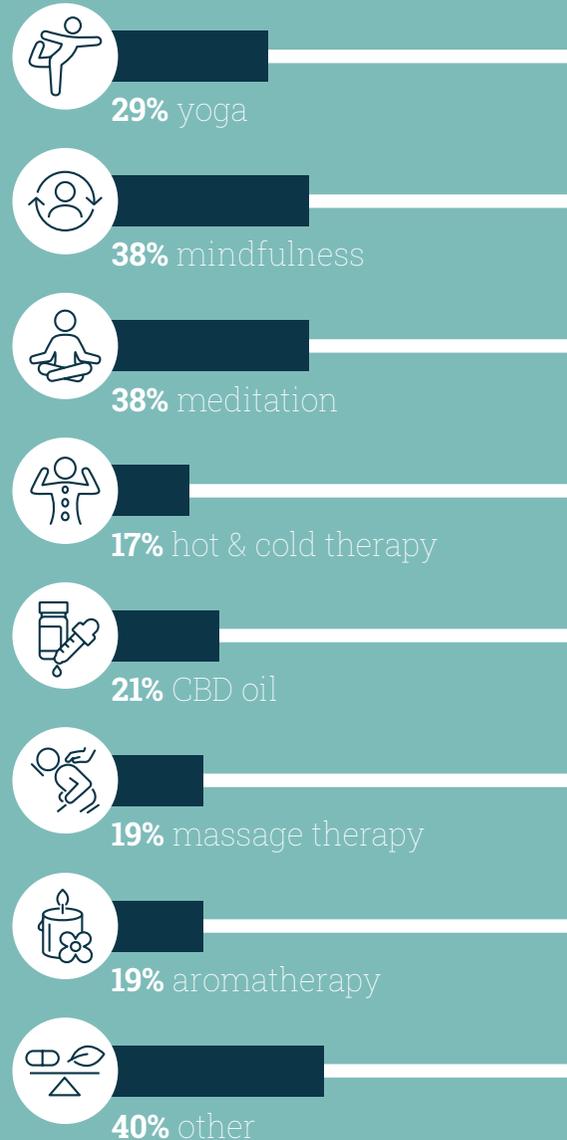
Overall average effectiveness of alternative therapies, as rated by respondents



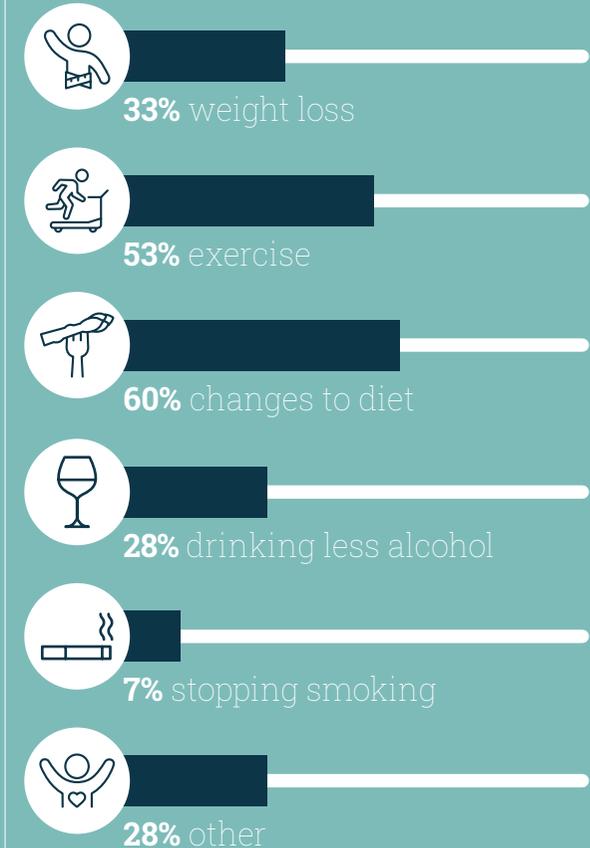
Overall average effectiveness of lifestyle changes, as rated by respondents



## Alternative therapies



## Lifestyle changes



# Women's Health Matters: COVID-19

Survey respondents said the COVID-19 pandemic has affected their health for several reasons, including:

- Worsened mental health, resulting in exacerbated physical symptoms;
- Limited access to healthcare;
- Having to miss healthcare appointments, and
- A lack of physical activity also resulting in exacerbated physical symptoms.

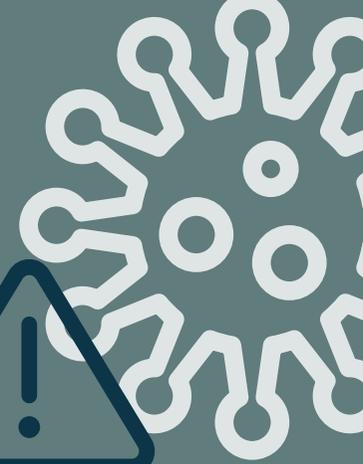
31% of respondents said their symptoms have worsened during the pandemic. Comments about worsened physical health due to limited access to exercise and worsened emotional health due to not being able to visit loved ones and attend support networks weave through the thread of responses. One respondent said: "I cannot book any appointments as they are now always fully booked. The waiting adds more stress to your problems."

However, not all respondents felt the pandemic had negatively impacted their health, with 58% saying it had not. Some respondents said they were able to access usual appointments and sustain exercises and fitness levels at home, helping their physical symptoms in turn. One said: "My access to healthcare has remained in place (thankfully) and appointments have run on schedule."

These results show just over a third of respondents have experienced worsened symptoms as a direct result of the pandemic, but most respondents have not.

Percentage of respondents who said their health has worsened during the pandemic

# 31%



## Examples of how respondents have been affected by COVID-19



26%

have been shielding for all or part of the year since the pandemic began



19%

have been working from home for all or part of the year since the pandemic began



58%

have been less active this year than normally would be



19%

have struggled physically due to the restrictions in place because of COVID-19



42%

have struggled emotionally/mentally due to the restrictions in place because of COVID-19



8%

have been more affected than most by the realities of living through a pandemic



21%

have had to miss or cancel medical appointments because of the pandemic



47%

said access to healthcare has been negatively affected because of the pandemic

Please note that some respondents have been affected by more than one of the above factors. Therefore, the total percentage of respondents is more than 100%.

A woman with blonde hair is captured in a dynamic splash of water. Her hair is flying upwards, and she has a joyful expression. The water is a vibrant teal color, and the scene is filled with white foam and droplets. The overall mood is energetic and refreshing.

A holistic approach  
to gynaecology

# Women's Health Matters: a holistic approach to gynaecology

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**The aim of holistic treatment is to treat an individual, not just a condition or disorder. This form of treatment is tailored to an individual's physiological and psychological needs, and it is often based on a variety of factors.**

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We asked survey respondents a range of questions about factors that impact their physiological and psychological needs. Answers show that many respondents suffer from more than one gynaecological condition, as well as overlapping symptoms of each. These respondents could benefit from holistic treatment, which treats the body as a whole, not as one condition.

Dr Winston De Mellow, Pain Consultant and Trustee of The Vulval Pain Society, explains that women with gynaecological health issues are more likely to suffer from associated health conditions such as irritable bowel syndrome (IBS), allergies and chronic fatigue.

He says: "It is near impossible to have just one gynaecological condition. If you experience symptoms of these conditions, you are more likely to also experience symptoms of IBS, multiple allergies, recurrent cystitis, chronic fatigue and migraines. This is broadly because these conditions all serve

the same nerve supply physiologically. They also impact your nerves and physiological structure, which has a knock-on effect on your overall health and wellbeing."

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*It is near impossible to have just one gynaecological condition. If you experience symptoms of these conditions, you are more likely to also experience symptoms of IBS, multiple allergies, recurrent cystitis, chronic fatigue and migraines.*

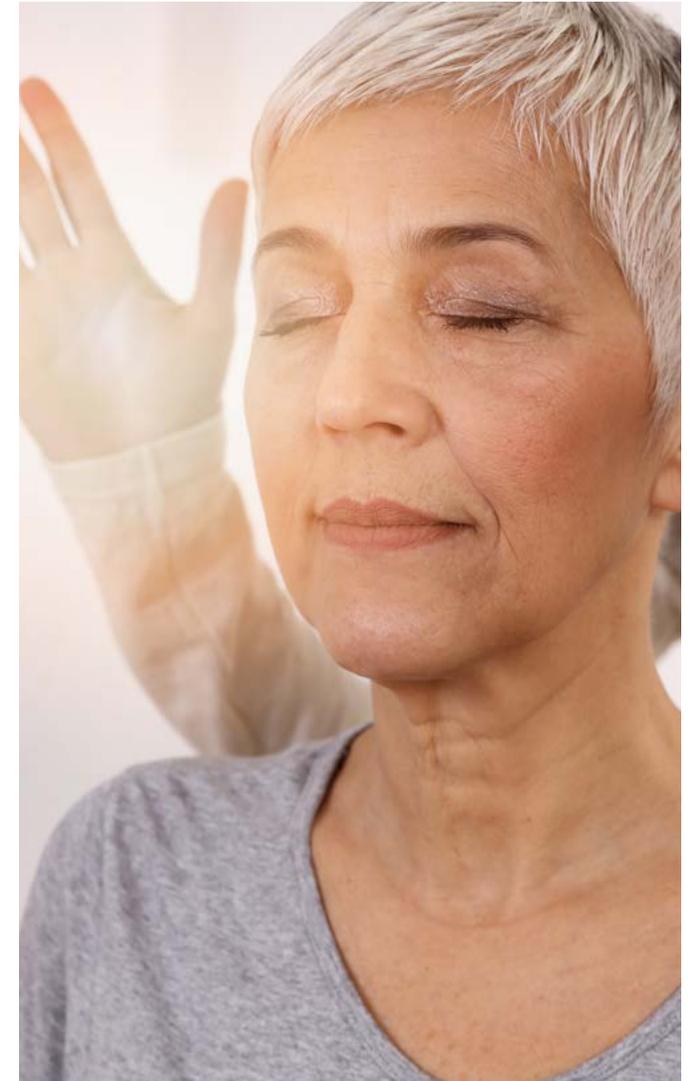
**Pain Consultant and Trustee of The Vulval Pain Society, Dr Winston De Mello**

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This approach is supported by respondents to our survey, which shows that women with gynaecological conditions often suffer from associated conditions.

42% of respondents with a gynaecological condition suspect they have or have been diagnosed with allergies. 41% of respondents with a gynaecological condition have also been diagnosed with IBS.



# Women's Health Matters: a holistic approach to gynaecology

Overall, 88% of respondents suspect they have or have been diagnosed with a chronic or long-term condition such as IBS, fibromyalgia, chronic fatigue syndrome and chronic migraines.

One respondent said: "I experience IBS from time to time which means I can barely leave the bathroom. The pain is terrible and it interferes with my everyday life. I feel depressed because of my pain and that affects my relationship with my husband."

28% of respondents suffer from thyroid dysfunction and close to a quarter suspect they have or have been diagnosed with another condition. These include generalised anxiety disorder (GAD), asthma and irritable bowel disease (IBD).

## Why might a person need holistic treatment?

Often, gynaecological conditions produce overlapping symptoms. They can be interconnected and affect each person's body differently.

Dr Winston De Mellow, Pain Consultant and Trustee of The Vulval Pain Society, comments: "Each person has unique factors that determine their bio-psychosocial profile, including: their psychological predisposition (history, personality, pain tolerance) which contributes to a person's psychological profile (depression, anxiety, loss of self-esteem, or even psychiatric illness) social disruption (occupational, financial, social, family, partner) and sexual dysfunction (libido, arousal and orgasm)."

A holistic approach to gynaecological conditions depends on the input of a multidisciplinary team, with each member approaching an assessment from a biological, psychological and social perspective (considering the factors mentioned above), before producing an individualised treatment plan with expected outcomes.

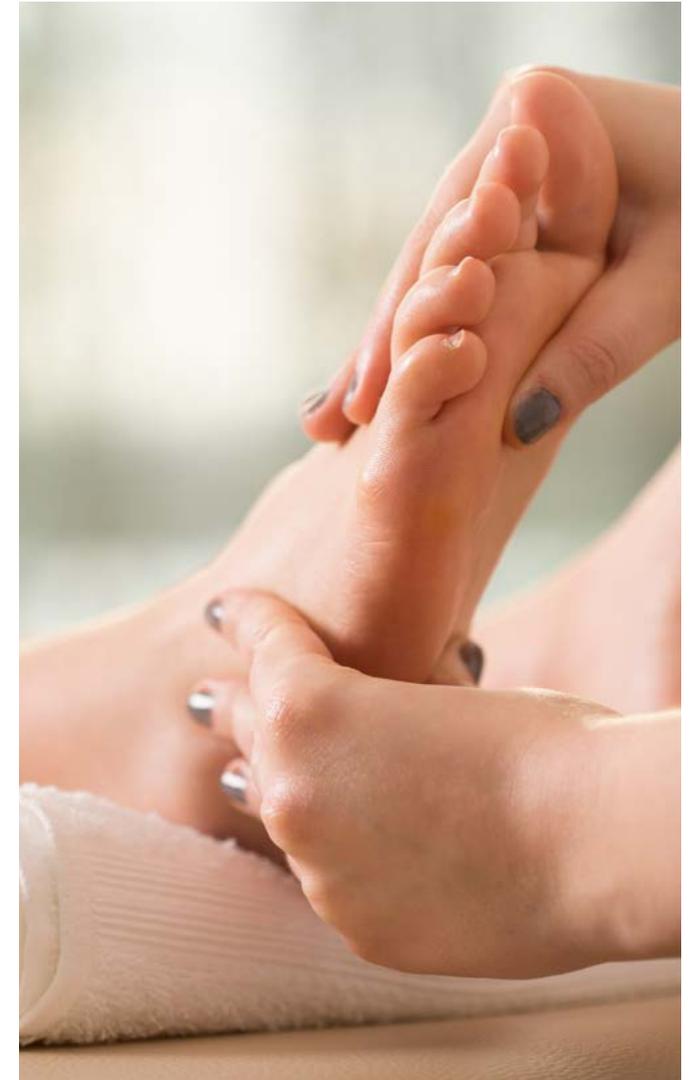
## What are the benefits of holistic treatment?

Holistic treatment can significantly improve a person's physical and emotional wellbeing.

Holistic medicine treats the body as a whole and appreciates the interconnectedness of every part of it. This means that a holistic approach to gynaecology can be an effective treatment route that enhances people's wellbeing by managing several related issues together.

Treatments are multidisciplinary and take a bi-psycho-social approach, since everyone experiences gynaecological issues differently. Other factors such as lifestyle and family history are also taken into consideration.

BMI Consultant Gynaecologist Dr Lucky Saraswat says: "Gynaecological input is not always sufficient for pain-related conditions. A patient may need to see a Pain Consultant or a Psychologist. Sometimes, complementary therapies such as cognitive behavioural therapy (CBT) or mindfulness can help improve a patient's quality of life."



# Women's Health Matters: a holistic approach to gynaecology

1,601 respondents said they have used complementary therapies such as cognitive behavioural therapy (CBT), yoga, acupuncture and reflexology to manage their condition.

There are many benefits of holistic treatment, which offers a personalised pain management plan to reduce their individual symptoms. This plan includes trying therapies such as mindfulness and meditation. Our survey findings reflect the benefits of these.

The women we spoke to said that mindfulness and meditation have calmed panic attacks and allowed them to relax. Women also said their holistic treatment plan provided short-term relief from their condition and allowed them to “cope better with their condition rather than alleviating them”.

A respondent said: “Mindfulness and meditation have been fantastic. But when I am overwhelmed by my condition, I am not able to get the same results.”

“It is always important to treat patients individually and holistically, as everyone is different - what works well for one woman may not improve symptoms at all for another,” explains Miss Gaity Ahmad, Consultant Gynaecologist.

“There is good evidence that simple lifestyle interventions such as diet and exercise can significantly improve gynaecological conditions such as pelvic pain and heavy menstrual bleeding,” she continues. “Practicing mindfulness, meditation and yoga have also been shown to help patients with chronic conditions.”

Some respondents report an improvement to their symptoms through lifestyle changes, while others say they have had little success.

A respondent explained: “I have changed my eating habits which in the past four years has made a huge difference. Before, I had few or no periods at all for several months at

a time. But changing to a low glycaemic index (GI) diet has changed my life. I now have a regular cycle.”

Dr Lucky Saraswat comments: “Healthcare professionals should be viewing conditions holistically at all times. A holistic approach has always been advocated in medicine and by this, I mean for any healthcare problem.”



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## Support network glossary

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# Support Network: glossary



A support network provides a safe place for people suffering similar struggles to make connections and share experiences and coping strategies.

Many respondents commented that support networks make them feel less alone. Support networks can be organised groups that meet in-person or online. They can also be made up of circles of loved ones who support a person's emotional or physical requirements.

Organised gynaecological health support networks are vitally important, offering women the opportunity to be seen and heard.

Please find a glossary of women's health support networks.

## General

### Wellbeing of Women

<https://www.wellbeingofwomen.org.uk>

Email: [hello@wellbeingofwomen.org.uk](mailto:hello@wellbeingofwomen.org.uk)

Phone: 020 3697 7000

### Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/en/patients/other-sources-of-help>

Phone: +44 20 7772 6200

Out of hours telephone (5pm – 8am): +44 20 7772 6260

### The British Society for the Study of Vulval Disease

<https://bssvd.org/patient-information>

Email: [admin@bssvd.org](mailto:admin@bssvd.org)

## Vulvodynia

### Vulval Pain Society

<http://vulvalpainsociety.org/vps>

Email: [info@vulvalpainsociety.org](mailto:info@vulvalpainsociety.org)

### London Vulval Pain Support Group

<https://sites.google.com/site/londonvpsg/home>

Email: [londonvps@yahoo.co.uk](mailto:londonvps@yahoo.co.uk)

Phone: 07960 926288

### Pelvic Pain Support Network

<https://www.pelvicpain.org.uk/>

Email: [info@pelvicpain.org.uk](mailto:info@pelvicpain.org.uk)

Contact form: <https://www.pelvicpain.org.uk/contact-us>

### Vulvodynia Support

<https://en-gb.facebook.com/groups/2229472941>

### The Vulvodynia Support Group

<https://en-gb.facebook.com/groups/228845697160436>

Vaginismus, Vulvodynia, and Vulvar Vestibulitis Support Group

<https://www.facebook.com/groups/872970066100928>

# Acknowledgements



This report could not have happened without the help of women's health charity, Wellbeing of Women, which provided commentary for our reports, advocating for greater awareness of gynaecological and reproductive health, particularly around symptoms and conditions, and to tackle social stigma and empower women to advocate for themselves.

We would also like to thank Pain Consultant and trustee of the Vulval Pain Society, Dr Winston de Mello, for sharing commentary on the necessity of a holistic approach when treating gynaecological conditions. This greatly helped inform the holistic treatment section of our survey and report.

A number of specialist Consultants also helped shape the context of this report through their specialist insight and commentary. A massive thank you goes to Dr Gaiyya Ahmad, Mr Elias Kovoor, Mr Gnanachandran and Dr Lucky Saraswat. Their discussion of treatment options, the significant impact of these conditions on daily life, the importance of support networks and education, and much more, is invaluable.

**We would also like to thank each of the incredible women who took the time to complete our Women's Health Matters survey.**

