

health

Why I decided to treat myself to a private gynaecologist

Grace Ackroyd had always wondered what American women got from their annual gynae check-up. Faced with unexplained symptoms, she paid to find out

Something I have noticed about the wealthy is that they take ownership of people who provide them with a service by talking about them as "my". It might be "my gardener" or "my personal trainer". They will recommend these people to their nearest and dearest with a nod that suggests, "Just remember, I discovered them first."

As a single mother of three who lives on the unfashionable side of Brixton, in south London, I'm neither bold nor rich enough to prefix anybody but "neighbour", "children" or "ex-husband" with "my". However, after a visit to Tania Adib, friends in need of a recommendation may soon hear me say: "Let me give you the number of my gynaecologist."

I can't claim to have discovered Adib. She's extremely well respected in her field, diagnosing and treating gynaecological issues, and consulting at Queen's NHS hospital, the Lister and the Medical Chambers Kensington. As I walked up to the stucco-fronted Kensington clinic last month, I imagined most of Adib's patients have a villa in Cap Ferrat and a Celine account. I don't care though. From the moment I met her, I wanted to call Adib mine.

I had been bleeding after sex (I now know the correct term is post-coital bleeding, which sounds like the stage beyond post-coital smoking — ie, far more romantic). When I first noticed the sunset-pink stain on my sheets, I thought: "Oh, it's nothing." There's no history of gynaecological issues in my family. I was up to date with my smear. So I pushed any worries aside until one morning my boyfriend said, "That doesn't seem normal."

At the doctor's surgery the first appointment was three weeks away. A modest tax rebate landed in my account and, rather than watch the few hundred quid disappear on this and that, I looked online for a private gynaecologist.

Apart from not wishing to wait nearly a month to see a doctor while googling my symptoms and making assumptions about what the bleeding could be, I was curious to know what the many European and American

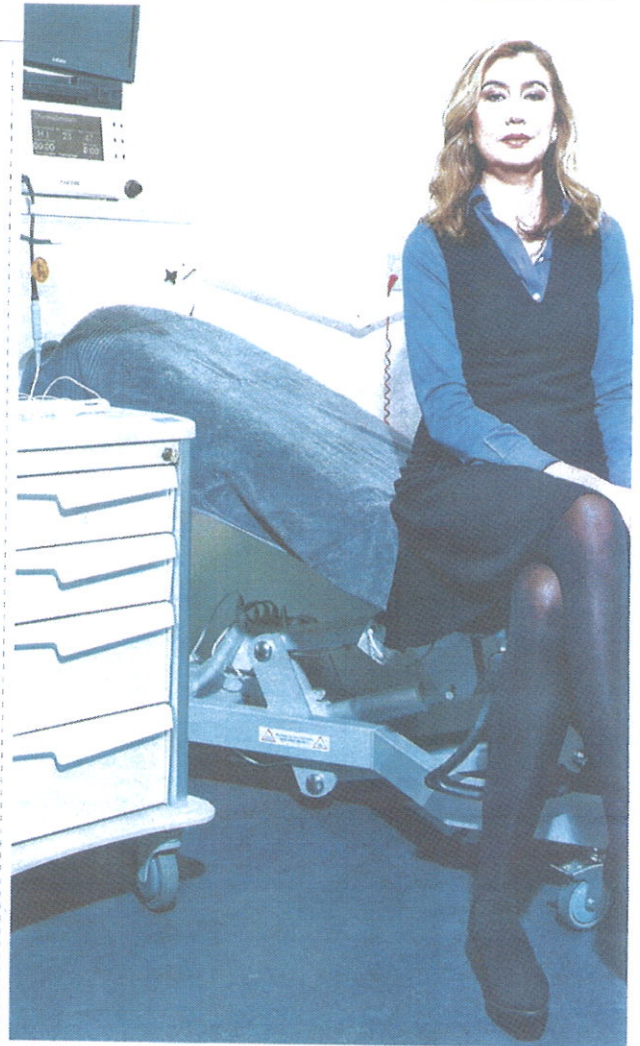
women who had annual gynaecology check-ups were getting that I was not.

Having regarded my vagina as decidedly high street, taking it to see Adib felt like sneaking it on to a rail in a designer boutique. I was full of anxieties. Adib looked me in the eye as she ran through her questions, taking notes. My vagina is going to be in very good hands, was all I could think.

"How long have you been having bleeding after sex?" A few weeks. "Last smear?" Two years ago. "Painful sex?" Depends on the position. "Endometriosis, polycystic ovaries or fibroids?" Not that I know of.

Adib said that I should have a smear because of the bleeding and a colposcopy so she could take a closer look at my cervix to check there weren't any pre-cancerous cells. She suggested I return for a 3D ultrasound to check if my Mirena coil was adequately thinning the lining of the womb because otherwise it could shed a little.

I took off my knickers and lay back on one of those scary-looking stirrup chairs that are hidden in the corner of labour wards, legs up and apart. I needn't have worried. Adib explained what she was going to do before she did it and worked like a magician, taking things from the nurse before



putting them inside my vagina with deft precision so I didn't feel a thing. Some fragile cells on my cervix bled on taking the smear (these are glandular and produce mucus to keep the vagina healthy and it's not unusual for them to bleed), so Adib asked my permission to paint on silver nitrate to make the cells more robust and less likely to bleed. "It might give you a bit

of period pain for two or three minutes. You might also get a watery discharge for a couple of days," she said. I got neither.

She told me she had no concerns about my cervix, so she expected the smear to be negative. She took swabs for infections and predicted that these would return negative too.

Pants on and dignity intact, I joined Adib in the consulting room where she reassured me that everything looked fine. The test results would reach me within a week and she would send a letter to my doctor's surgery to explain what she had done.

"Many women don't put themselves first, so they might have years of spectacularly heavy bleeding and they don't mention it to anyone. And by the time they go to see a doctor about it their problem is much harder to address. In Europe and the US women see their gynaecologist once a year and, during these appointments, they can bring up any issues they have and any problems can be picked up early, rather than left until they become much harder to treat," Adib says.

I had heard gynaecological horror stories from friends — what was worrying was that most had found out how their bodies worked the hard way. Perhaps this is because, other than triennial smears, there are few punctuation marks where the NHS

Food fight

Which one should you choose?



Watercress v rocket



Watercress is much higher in vitamin K than rocket. Vitamin K ensures blood can clot so wounds heal properly.

- Watercress is full of glucosinolates, which help to reduce inflammation in the body.
- It is packed with vitamin C, which boosts the immune system.
- It contains the antioxidants carotene, lutein and zeaxanthin, which support good eyesight.



The oxalates in it can lead to the formation of kidney stones, so don't eat too much.



Rocket has more vitamin B9 than watercress. Vitamin B9 helps the body to form red blood cells.

- Rocket is a source of vitamin A, which is important for healthy skin.
- It is very rich in alpha-lipoic acid, which has been shown to lower blood sugar levels.
- It contains phosphorus, which is necessary for cell and tissue repair.



Rocket leaves contains sulforaphane, which can cause bloating.



A BREAKDOWN OF COSTS

- An initial consultation with Tania Adib **£250**
- A consultation, smear and HPV screening **£380**
- A consultation with colposcopy **£500** if biopsy is needed, total **£770**
- Swab tests for infections etc **£55** (This is just the lab cost, on top of the consultation)
- A 3D pelvic scan **£250**



vital for her to be closely monitored during pregnancy because the shortened cervix could lead to premature birth or miscarriage. (The fix? A stitch, usually in the first trimester.) Knowing this, she was able to ask to be referred to a specialist NHS clinic where her cervix was checked from early in her pregnancy. As another friend says: "What's distressing is the pace of referral when you feel in the dark and unsure of what's happening in your own body. I had a terrible experience which ended in an ambulance to A&E. I was given no answers. I had to rely on my own research. GPs just don't have the time."

I am sent reminders for car MoTs, dental check-ups and children's vaccinations. Even my hairdresser texts me in case I've forgotten about my split ends. But what of the relationship that could empower women to know their bodies better, to build a trusting bond that allows them to talk candidly about anything they are experiencing and to feel they're getting the support they need? I'm on Adib's hit list now, and I'm looking forward to my reminder next year.

So is a yearly gynaecology appointment the answer? Janice

sends check-up invitations. So what do we do with the little niggles that can turn into much bigger problems?

My friend Emma was "gushing blood" and could barely walk up stairs because she was so exhausted. After three visits to different GPs (the first suggested that she had had a miscarriage) she got a referral to a gynaecologist who in 15 minutes fitted a coil, which ended "months of misery".

Another friend, Hannah, had her cervix shortened in her thirties because of two treatments for pre-cancerous cells after an abnormal smear test. She asked the NHS gynaecologist whether it could affect pregnancy or childbirth. Her question was waved away with a "you can still have children" and no further discussion, but when her gut told her to get a second opinion from a private gynaecologist, he said that it was



Grace Ackroyd and, above, Dr Tania Adib

Rymer, a vice-president of the Royal College of Obstetricians and Gynaecologists (RCOG), tells me that "there is no evidence to suggest [such] a check-up is necessary or improves health outcomes for women. In the first instance, most women will see their GP and, if needed, will be referred for gynaecological-related concerns or problems. More important than an annual check is for women to be aware of symptoms that may be indicative of gynaecological disease."

While this is all perfectly sensible advice, it seems the onus is on women to notice when something deviates from "our normal", and be assertive enough to talk about that with a doctor. Which isn't always easy if we don't know who we're going to see or have to wait ages for an appointment.

Rymer answers my questions on managing common gynaecological problems such as stress urinary incontinence and heavy bleeding, and what's available on the NHS. She directs me to the National Institute for Health and Care Excellence (Nice) website and the Clinical Knowledge Summaries, where there's a category dedicated to women's health. "The RCOG believes that women's health services could be improved," Rymer says. "Ideally women should have all their sexual and reproductive health needs, such as cervical screening, family planning, contraception and STI testing, met in a single place. But under-funding and fragmentation make it difficult... The RCOG will be publishing the country's first women's health strategy that will ask for this, as well as supplying information to empower women to live the healthiest life possible."

My first private consultation has given me the confidence to ask better questions and to take issues such as post-coital bleeding seriously, even if, after investigation, it's nothing serious.

I go to my GP appointment and am greeted by a friendly doctor I have not met before. I tell her that I've already investigated my problem, but ask what she would have done if I had come to her first. She would have examined me, then referred me for a colposcopy if anything looked suspicious.

She explains that resources are the problem in the NHS, and acknowledges my referral could have taken weeks. She is thorough, empathetic and has the answers to all my questions. As I'm about to leave, she tells me that she has specialist gynaecological training.

It feels as if I've hit the jackpot. One simple piece of information that makes the idea of me making an appointment again feel a little bit more optimistic. And although this doctor is not strictly "mine" she will be my daughter's GP and countless other women's go-to for little gynaecological niggles. Which is lucky for all of us.

Now that I know how to access better gynaecological care from the NHS, was it worth paying to see Adib? Most certainly, yes. I'm not into expensive handbags and the older I get the more I value my health. I like sex. I like to feel good. I don't want certain parts of my body, and the way they work, to be mysteries. The ease with which I made my appointment, Adib's expertise and the speed with which my results arrived confirmed my belief that sometimes it pays to pay. Having your own gynaecologist isn't cheap and I know I'm privileged. Once you've gone to Adib, it's hard to imagine going anywhere else. Some names have been changed