

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

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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.

