

# Aspull Surgery Patient Participation Group Newsletter

## Issue 17 - November 2018

Welcome to edition 17 of the Patient Participation Group Newsletter.

The group would like to update you on the latest news happening in the surgery and in our locality within the NHS. If you require any further information on any topics covered feel free to ask at reception.



## In this issue...

- Message from staff
- Cervical screening
- PSA testing

Did you know that Wigan Borough has a 'Community Book' that residents can access to find out about local groups, volunteering opportunities and events? Find out what's available at

**[www.communitybook.org](http://www.communitybook.org)**

## Message From Staff

Sadly, Dr Katherine Wildon will be leaving the practice on 30th November 2018 for pastures new. All the practice team wish her every success for the future.

Please be assured that the practice team will continue to provide a seamless service. Where Locum GP cover is required we will aim to use regular GPs to ensure continuity of care. Thank you for your co-operation through this time of change.

## **Focus on Women's Health...Cervical Screening (Smears)**

### **Why does the NHS offer cervical screening?**

NHS cervical screening helps prevent cervical cancer. It saves as many as 5,000 lives from cervical cancer each year in the UK. The NHS offers cervical screening to all women aged 25 to 49 every 3 years and to all women aged 50 to 64 every 5 years. This is because most cervical cancers develop in women aged 25 to 64.

### **What is cervical cancer?**

Cervical cancer happens when cells in the cervix grow in an uncontrolled way and build up to form a lump (also called a tumour). As the tumour grows, cells can eventually spread to other parts of the body and become life-threatening. Your cervix is the lowest part of your uterus (or womb), and it is found at the top of your vagina.

### **What is cervical screening?**

Cervical screening (which used to be called the 'smear test') involves taking a small sample of cells from the surface of your cervix. The sample is sent to a laboratory and checked under a microscope to see if there are any abnormal cells. Abnormal cells are not cancer, but they could develop into cancer if they are left untreated. Depending on the result of your test, your sample may be tested for the types of human papillomavirus (HPV) that can cause cervical cancer. As a next step you may be offered another test (called a colposcopy) to look at your cervix more closely. If the person carrying out the colposcopy finds abnormal cells, they will suggest that you have the cells removed, usually during another colposcopy. This is how screening can prevent cervical cancer.

### **Cervical Screening Result**

You should receive a letter telling you your results within approximately 2 weeks of your test. Out of 100 women who have cervical screening, about 94 will have a normal result. If you have a normal result, you have a very low risk of developing cervical cancer before your next screening test.

### **Booking An Appointment**

You can have your cervical screening done in any of these venues:

- The GP practice with a Nurse
- One of the GP Alliance Hubs with a Nurse who offer appointments from 6.30 -10pm Mon-Fri and 10am-4pm Sat, Sun and Bank Holidays.

We recommend all patients who receive an invite attend for cervical screening.

**Further information is available by downloading the leaflet:**

**[http://www.aspullsurgery.co.uk/website/P92015/files/  
Cervical screening helping you decide.pdf](http://www.aspullsurgery.co.uk/website/P92015/files/Cervical%20screening%20helping%20you%20decide.pdf)**

**This is also available to view on the practice website.**

## **Focus on Men's Health...Prostate Specific Antigen (PSA) Testing**

The prostate specific antigen (PSA) test may help find out if you are more likely to have prostate cancer. It is not perfect and will not find all prostate cancers. Having a PSA test has potential harms and potential benefits. This information should help you decide if you want to have the test or not. It is your decision. Before making your decision you may want to talk to your GP, practice nurse and your partner, family member or a friend.

### **Prostate cancer**

The prostate gland lies just below your bladder. It helps produce healthy sperm. Problems with the

prostate gland can affect how you urinate and your sexual function. Prostate cancer is caused when some cells in the prostate start to grow out of control. Slow-growing cancers are common. They may not cause any symptoms or shorten your life. Prostate cancer is the second most common cause of cancer deaths in UK men. Each year about 47,000 men are diagnosed with prostate cancer and about 11,000 die from the disease. Prostate cancer is rare in men under 50. The most common age of diagnosis is between 65 and 69.

### **Symptoms**

Most early prostate cancers do not have any symptoms. If there are symptoms, many are the same as those caused by an enlarged prostate that is not cancerous. Symptoms can include problems urinating, pain when ejaculating, pain or stiffness in the lower body, extreme tiredness and loss of appetite.

### **Risk**

You are at higher risk of prostate cancer if you:

- have a family history of prostate cancer
- are of black ethnic origin – the lifetime risk is 1 in 4 compared to 1 in 8 for white men
- are overweight or obese

There is no clear evidence to recommend PSA testing more for high risk men than low risk men.

### **PSA test**

The PSA blood test measures the level of PSA in your blood. A raised PSA level can mean you have prostate cancer. But it can also mean you have a condition that is not cancer, such as enlargement of the prostate or a urinary infection.

### **Test results and follow-up**

If you have a raised PSA level you might need further tests, including a biopsy. This involves taking small samples of your prostate through your back passage and checking them for cancer. If you have prostate cancer, your specialist will discuss options. Men with slow-growing cancers may be offered active surveillance. This involves repeat PSA tests to monitor the cancer, with treatment offered if the cancer starts to progress. Possible treatments include surgery, radiotherapy and hormone therapy. Side effects of treatment can include problems with erections, loss of fertility and incontinence.

**Find out more at [www.nhs.uk/psa](http://www.nhs.uk/psa) or view the full leaflet 'PSA Testing and Prostate Cancer: advice for well men aged 50' or over on the practice website.**