

A large background image showing three women laughing and talking outdoors. The woman on the left is seen from the side, wearing a teal top. 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.

# Women's Health Matters 2021

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

**BMI** Healthcare  
- Part of Circle Health Group -



Women's  
Health Matters:  
ovarian cysts

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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, appearing to read "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 woman'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.

**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.

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

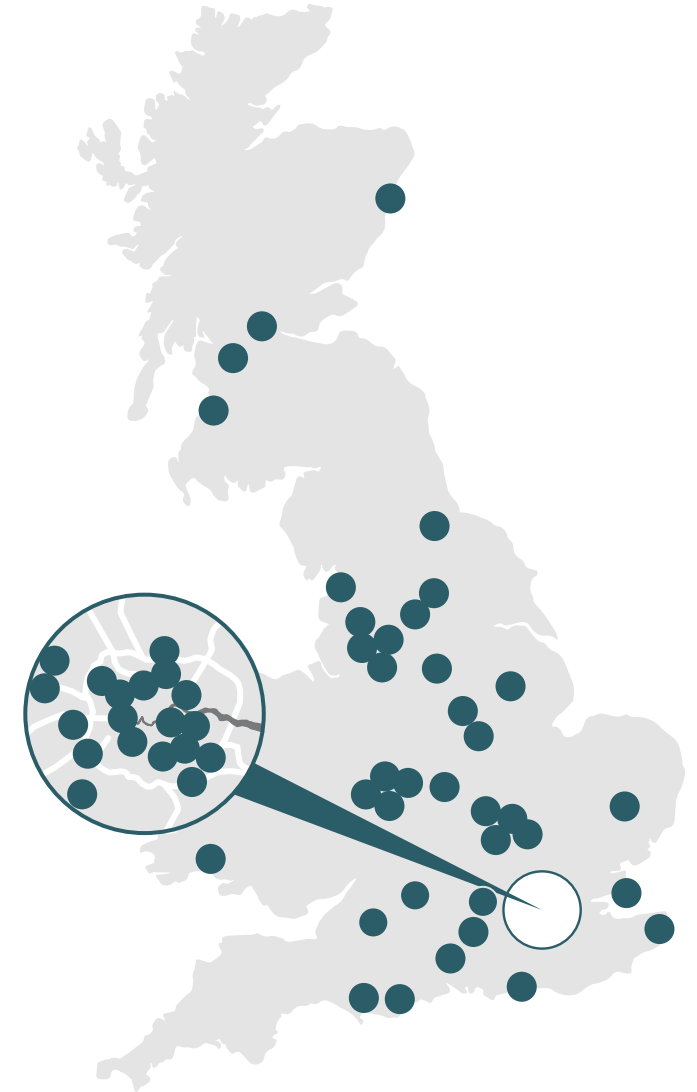
Having a private consultation with a specialist can help an individual reach a diagnosis and access appropriate care.

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



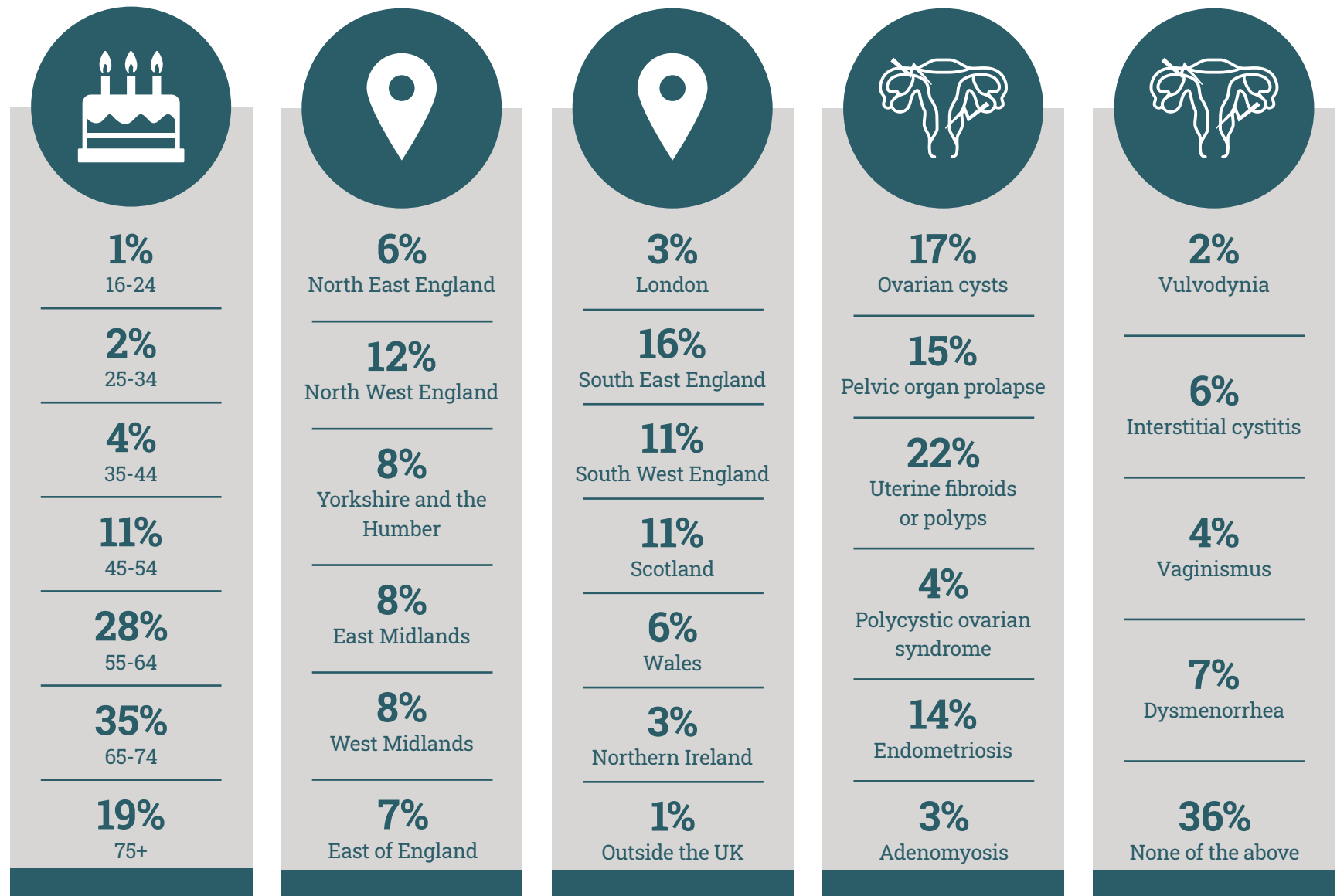
# Executive summary

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

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

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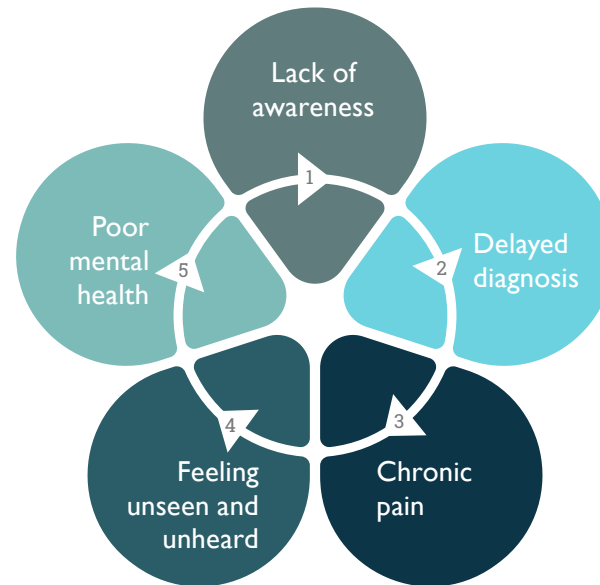
The voice of one respondent to our survey resonates widely with the endemic problem faced by millions of women – the need for better understanding and diagnosis of gynaecological conditions.

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.



A young woman with voluminous, curly brown hair is smiling broadly, looking off to the side. She is wearing a light blue t-shirt. The background is a soft-focus outdoor setting with green foliage and a person's arm visible on the left. The text 'Ovarian cysts' is overlaid on the left side of the image.

## Ovarian cysts



# Women's Health Matters: ovarian cysts



Ovarian cysts are fluid-filled sacs that develop on or in the ovaries. According to the Royal College of Obstetricians and Gynaecologists, up to one in 10 women may need surgery for an ovarian cyst at some point in their lives



**17%** of all respondents have been diagnosed with or suspect they have ovarian cysts



**73%** of these respondents have been diagnosed with depression



**One in 10** people in the UK have ovarian cysts



**34%** of these respondents said pain from ovarian cysts stops them sleeping every night



**59%** of these respondents said that ovarian cysts affects their ability to function

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**Ovarian cysts affect hundreds of thousands of women in the UK. They often occur alongside other gynaecological conditions, and can cause extreme pelvic pain and other distressing symptoms.**

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This section of the report looks at the responses of the 1,169 people who said they have been diagnosed with or suspect they have ovarian cysts. We examine the impact on their lives, their healthcare experience and how they cope with the condition.

Ovarian cysts can affect all women and girls of a childbearing age, regardless of race, ethnicity, or a person's gender at birth. There are two kinds of ovarian cysts. Functional ovarian cysts are usually harmless and develop during the menstrual cycle then disappear by themselves. Pathological ovarian cysts appear when cells grow abnormally and can cause several issues.

Ovarian cysts often go undiagnosed and are only discovered when they have grown large or ruptured. This is reflected in our survey findings. While most cases (51%) of ovarian cysts among our respondents were diagnosed within a year, 19% reported that it took more than five years to get a diagnosis.

Ovarian cysts can cause several medical issues. They can burst or grow to such a size that they block blood flow within the body. In a small number of cases, ovarian cysts are cancerous.

Despite their prevalence, the exact cause of ovarian cysts is not known. Theories suggest it could be due to:

- Endometriosis. This is a chronic condition where the tissues that usually line the womb grow in other parts of the body. 26% of respondents with ovarian cysts also said they had endometriosis.
- Hormonal imbalances. Changes to hormone levels can disrupt gynaecological health.

## The impact of ovarian cysts

The pain and discomfort caused by ovarian cysts can have a huge impact on everyday life. They can cause chronic pain, which may cause disturbed sleep, depression, relationship issues, infertility and difficulty at work. 67% of respondents said that ovarian cysts have affected their self-esteem, and 59% said their ability to function was impaired.

The combination of pain and sometimes slow diagnosis has an impact on mental health. 73% of respondents have been diagnosed with depression and 61% with anxiety.

One respondent remarked: "I think about how limited my life is now where everything revolves around my symptoms. There's the constant feeling of being a failure as in the last few months I've had to give up a job, and I'm unable to get into a relationship."

Many women we spoke to discussed finding it difficult to leave the house, feeling anxious about taking time off work and feeling exhausted. 36% of respondents said that they always feel embarrassed talking about their condition,



# Women's Health Matters: ovarian cysts

with 20% saying they sometimes find it difficult to discuss. Wellbeing of Women Senior Philanthropy Manager Caroline Christensen explains: "The kind of symptoms that accompany an ovarian cyst are often perceived as embarrassing or taboo subjects, meaning some women find it more difficult to talk about their symptoms and seek help when they need it."

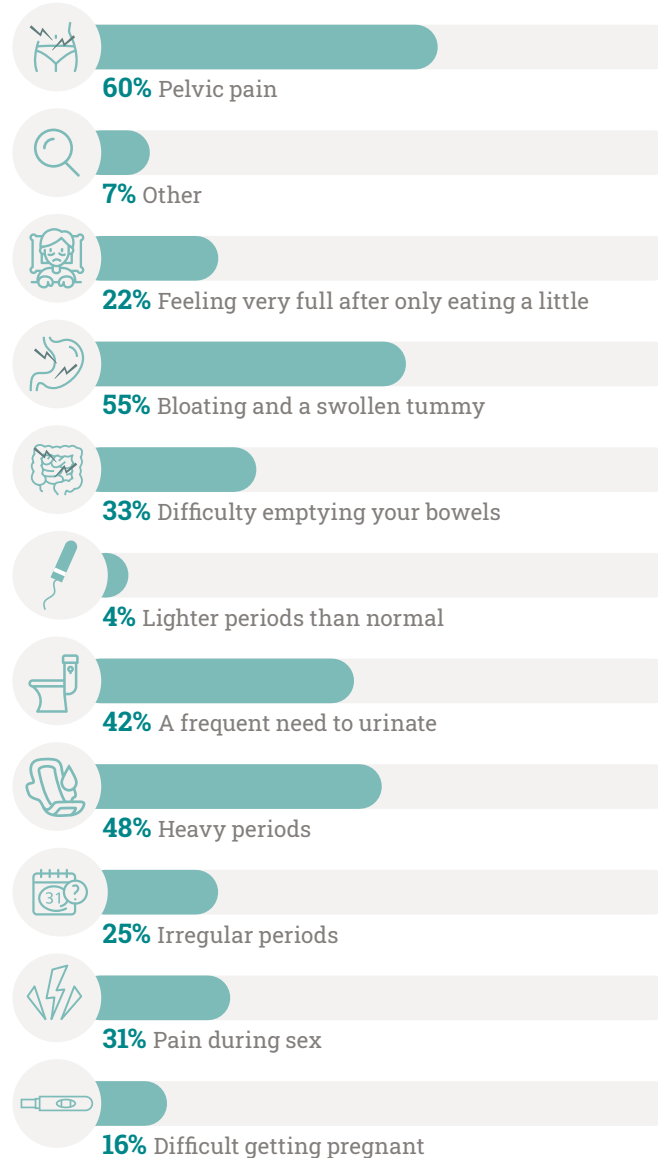
67% of respondents said that their condition affected their romantic relationships, and 18% said it had 'a little' effect on them. 66% said they had missed work as a result of their condition and 24% believed this had affected their career progression. Pain from ovarian cysts also impacts social lives. 56% said they had missed social events as a result of their pain, and a further 15% said they had 'sometimes' missed social occasions. 34% of respondents said that pain from ovarian cysts prevented them from sleeping. Of these, 11% said it affected them every night, 23% said most nights and 37% said sometimes.

“

*The pain from the cysts has been unbearable, and I have hated my appearance as my stomach was always so bloated.*

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## Symptom overview



Ovarian cysts are very common. While these cysts are not often noticeable, symptoms can include heavy or irregular periods, pain during sex or difficulty emptying your bowels. These are often perceived as embarrassing issues, leading to some women finding it more difficult to talk about their symptoms and seek help when they need it.

Cysts usually disappear in weeks or months, without the need for treatment. If the cyst does not go away, treatments can include medicine for pain and contraceptive pills to prevent new cysts from developing. Large cysts may need to be surgically removed.

Ovarian cysts can be treated, but we need to break down the stigmas surrounding the warning signs so that women can speak about it and access the vital care they need.



**WELLBEING  
OF WOMEN**

Janet Lindsay  
Chief Executive  
Wellbeing of Women

# Ovarian cysts: numbers you should know

How often are you in pain?



9% all of the time



22% most of the time



33% rarely



36% sometimes

79%



has affected their  
mental health

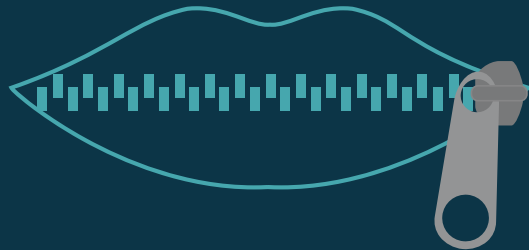
Most common symptom reported

60%



pelvic pain

27%



unable to speak to  
friends and family



67%

affected their  
romantic relationships

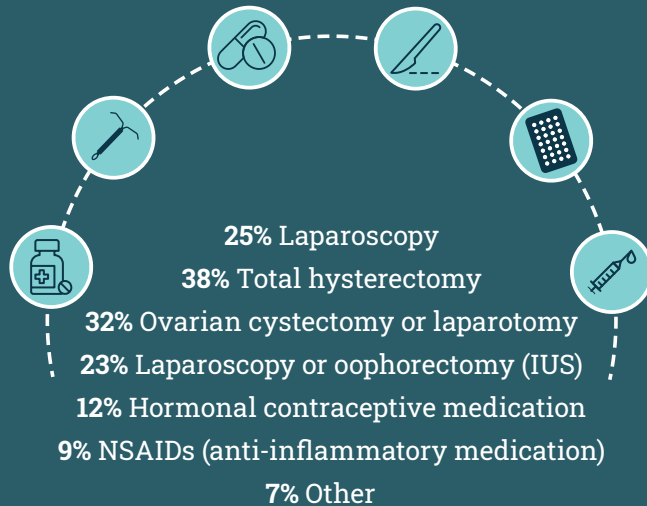
66%



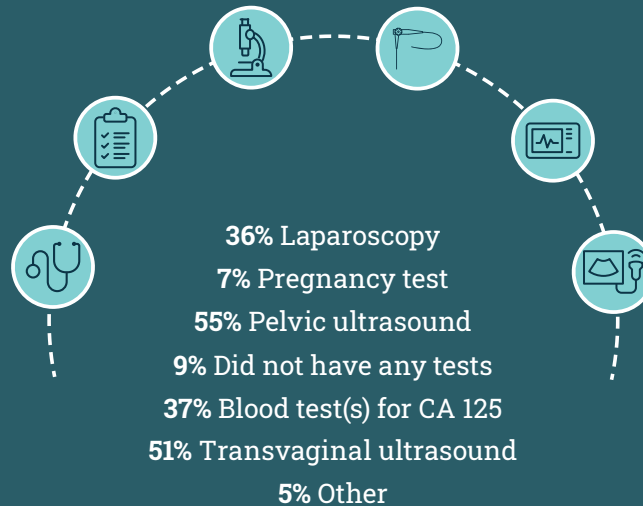
made them miss work

# Ovarian cysts: diagnosis journey

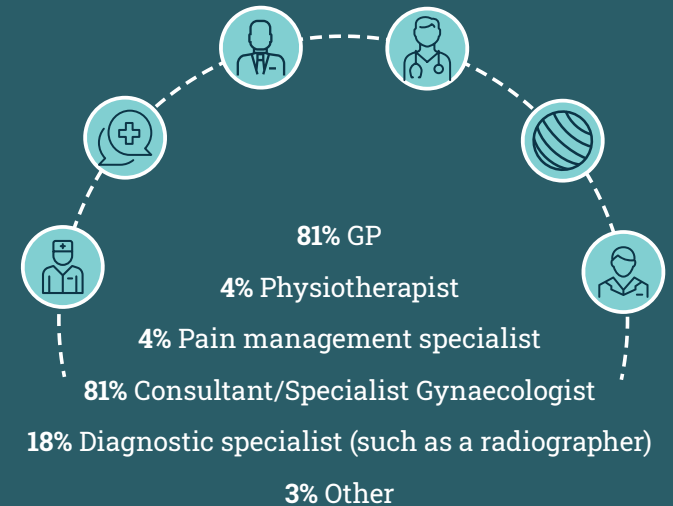
## Treatment overview



## Diagnostic testing overview



## Healthcare professionals overview



59%

of people with suspected or diagnosed ovarian cysts feel dismissed throughout their diagnosis journey

## How people rated their experience





# Women's Health Matters: ovarian cysts

## Diagnosis journey

Diagnosing ovarian cysts sometimes take years because they share symptoms with other gynaecological conditions. In addition, ovarian cysts can be caused by other conditions, such as endometriosis. Of respondents with ovarian cysts, 26% have endometriosis, 24% suffer from uterine fibroids, 10% dysmenorrhea and 9% polycystic ovarian syndrome.

"There is still a great deal to be learnt about how these conditions come about, and the best investigations to test for them," says Consultant Gynaecologist Miss Gaity Ahmad. "Studies have shown that women suffering with common gynaecological conditions wait for many years before a diagnosis is established."

“

*The most important thing is to raise awareness of common gynaecological conditions so that women recognise that symptoms they are experiencing may warrant further investigation and treatment and begin to seek help. This can be done using social media and patient support groups, charities, and through healthcare providers, of which there are many available.*

Miss Gaity Ahmad, Consultant Gynaecologist, BMI Highfield Hospital

”

"Perhaps this is because chronic gynaecological conditions are usually not life-threatening or life-limiting, so once serious causes of symptoms are ruled out, efforts to make a diagnosis are reduced and the symptoms are normalised. This should not be accepted though, as suffering with these conditions can have a serious and detrimental impact on a woman's quality of life."

On a more positive note, awareness of women's health has increased significantly over the last few years. This is for a number of reasons, including more GP training to identify women's health issues.

Dr Adam Simon, GP at BMI The Alexandra Hospital, says: "There are now many online courses enabling GPs to update their knowledge. These all include women's in-depth health sections to ensure GPs remain proficient in the diagnosis and management of women's health issues."

Of the respondents with ovarian cysts, 59% said they felt dismissed throughout their diagnosis or treatment journey, 42% felt ignored, 46% felt not believed and 42% felt patronised.

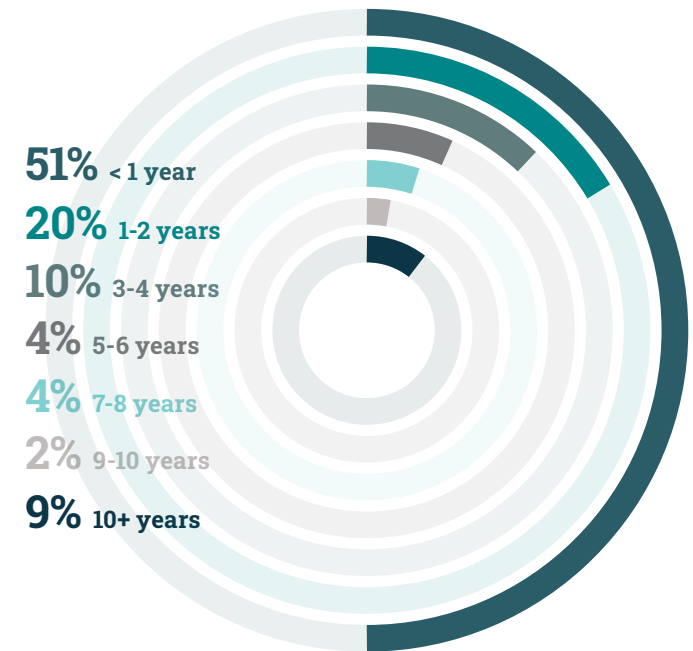
One respondent remarked: "My diagnosis took numerous visits to GPs and not being taken seriously, including eventually being referred to a Consultant who also didn't seem to fully understand my condition. It took 12 years from my first hospital admission to finally get a diagnosis and treatment."

## Diagnosis waiting times

While the average diagnosis time for ovarian cysts is less than two years, 19% of our respondents said it took longer than five years. Organisations such as Wellbeing of Women

and Endometriosis UK argue that there is a systemic issue at work here. Jeremy Barratt, Head of Research for Wellbeing of Women said "Greater education and awareness is needed to get conditions such as ovarian cysts diagnosed and treated early."

## Diagnosis times:



The average wait for a diagnosis was

**1-2 years**

# Ovarian cysts: alternative therapies

We asked survey respondents with ovarian cysts whether they have tried alternative therapies and lifestyle changes to alleviate their symptoms.

Nearly a third have used mindfulness techniques to manage their symptoms and more than 38% have tried yoga to strengthen their body and combat their discomfort.

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 and is used by 20% of respondents. Exercise, weight loss and diet changes were tried by many to feel better.

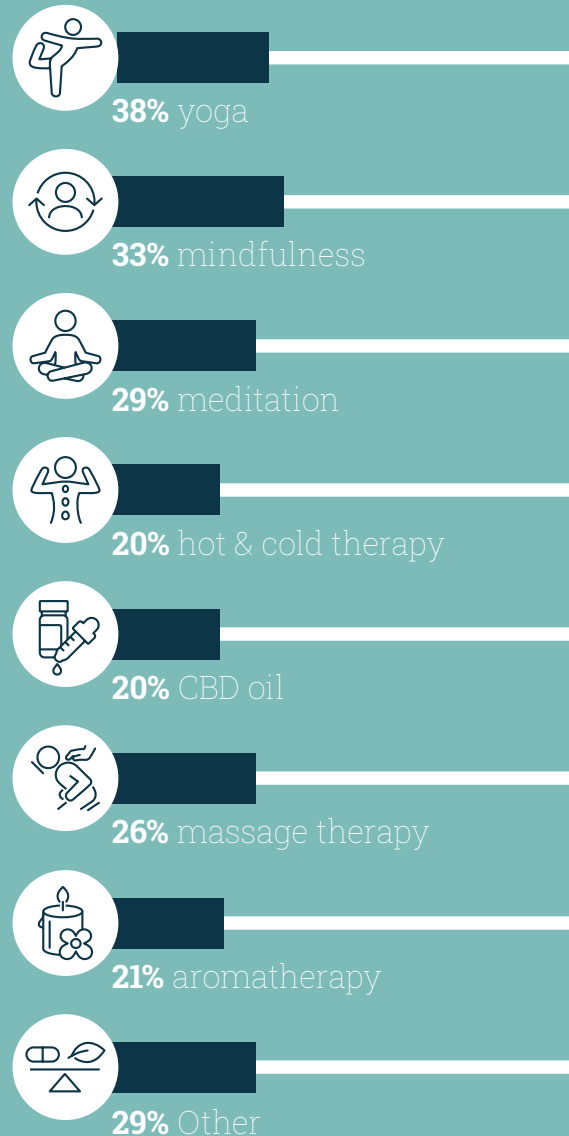
Overall average effectiveness of alternative therapies, as rated by respondents



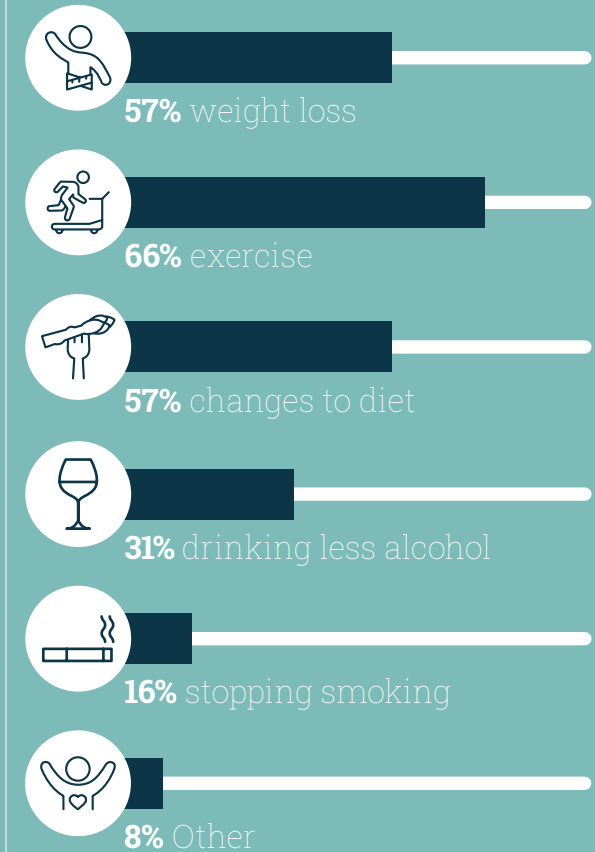
Overall average effectiveness of lifestyle changes, as rated by respondents



## Alternative therapies



## Lifestyle changes



# Ovarian cysts: My ovarian cyst and endometriosis story

Jade, 28, from the Highlands of Scotland



My periods are usually very painful and heavy. I have frequently bled through tampons and pads, leaking through to clothes and bedding. I had been going to my GP since around the age of 13 with all the symptoms. It was embarrassing to speak to a male doctor about it and I also felt I wasn't being heard. I was told it was normal.

After my diagnosis in May last year my mental health was really affected. The conditions were only discovered at a private fertility check. I have had two laparoscopies, the first to remove large endometriomas and the second to remove my fallopian tubes.

I have done yoga and although relaxing I didn't find it helped with the pain. Exercise exacerbates my symptoms. I have also had abdominal massages.

I think menstruation in general is seen as taboo, as are fertility issues. If what was normal was discussed more in school, with family or even within a GP surgery, the outcome for many girls would be different. We need to reduce the stigma and enable young girls to have a voice and be heard.

Often gynaecological issues have a big impact on fertility which is sometimes discovered too late. Women and girls should not be suffering in silence, they need treatment to improve their quality of life. They also should be well informed and cared for in terms of fertility – menstrual health is so important.

I think because there is so little known by GPs it's not always referred onwards to the right people. Any woman presenting

with gynaecological concerns should be seen by a specialist to rule things out. There's not much funding available and I think with gynaecological pain there is a 'just get on with it' approach – but not every cycle is the same.

To make sure women's voices are heard, I think we need menstrual health campaigns, better information within the education system and more training for GPs and nurses along with parliamentary campaigns. Perhaps information on sanitary products and in public toilets, too.

Personally, I have found a wealth of support and information amongst the community on Instagram, and I also facilitate a support group with Innovation Fertility, a community built to support women at every stage of their fertility journey.

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*To make sure women's voices are heard, I think we need menstrual health campaigns, better information within the education system and more training for GPs and nurses.*

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# 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 tied in a bun is captured mid-splash in a body of water. She is wearing a grey long-sleeved shirt. The water is splashing around her, creating a dynamic and energetic scene. The background is a deep teal color, suggesting a clear body of water.

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.*

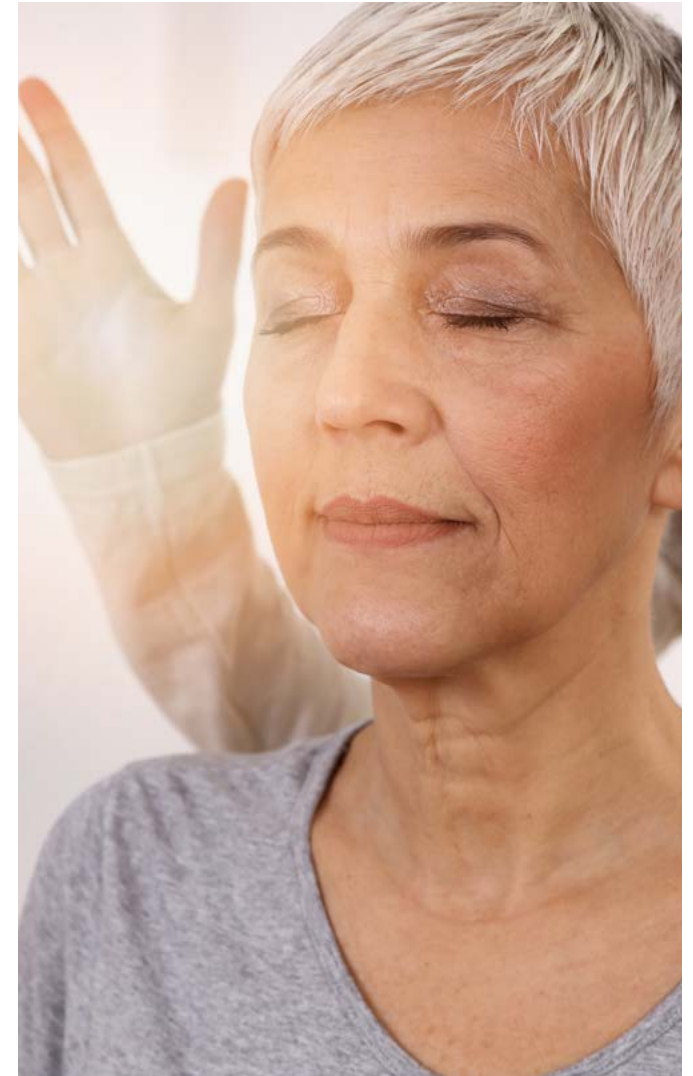
**Pain Consultant and Trustee of The Vulval Pain Society, Dr Winston De Mello**

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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.

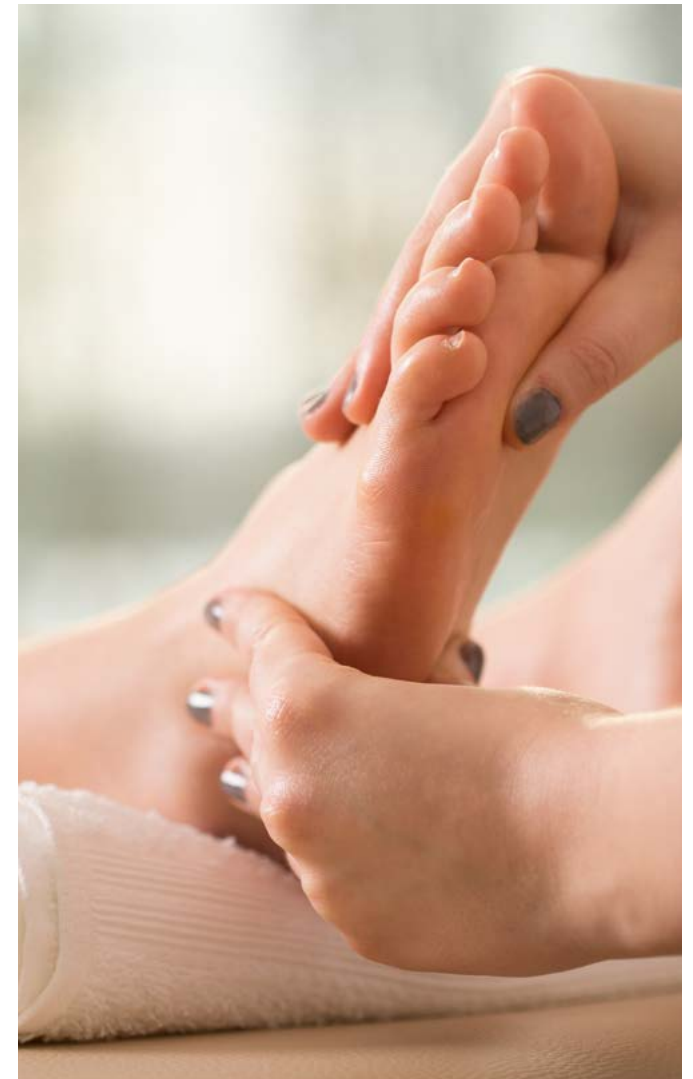
## What are the benefits of holistic treatment?

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 Gaiyya 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.”



A photograph of three young Black women smiling and taking a selfie outdoors at night. The woman in the foreground is wearing a yellow floral shirt and a brown headwrap. The woman in the middle is wearing a red top and has blue and white braids. The woman in the background is wearing a dark blue shirt and has red braids. They are all smiling and looking at a smartphone held by the woman in the background. The background is blurred, showing a wooden fence and some foliage.

## Support network glossary



# 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)

## Ovarian cysts

### Ovarian Cysts Support Group

<https://www.facebook.com/groups/195215774542658>

### Ovarian Cancer Action

<https://ovarian.org.uk>

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

Phone: 020 7380 1730

### Ovacome

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

Email: [support@ovacome.org.uk](mailto:support@ovacome.org.uk)

Support line: 0800 008 7054

General enquiries: 0207 299 6654

### Target Ovarian Cancer

<https://targetovariancancer.org.uk>

Email: [support@targetovariancancer.org.uk](mailto:support@targetovariancancer.org.uk)

Phone number: 020 7923 5475

General enquiries: 020 7923 5470

### Women with ovarian cysts, adenomyosis, fibroids or endometriosis

<https://www.facebook.com/groups/224293501380083>

### Ovarian Cysts

<https://www.facebook.com/groups/61185563330>

# 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 Gaity 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.**



