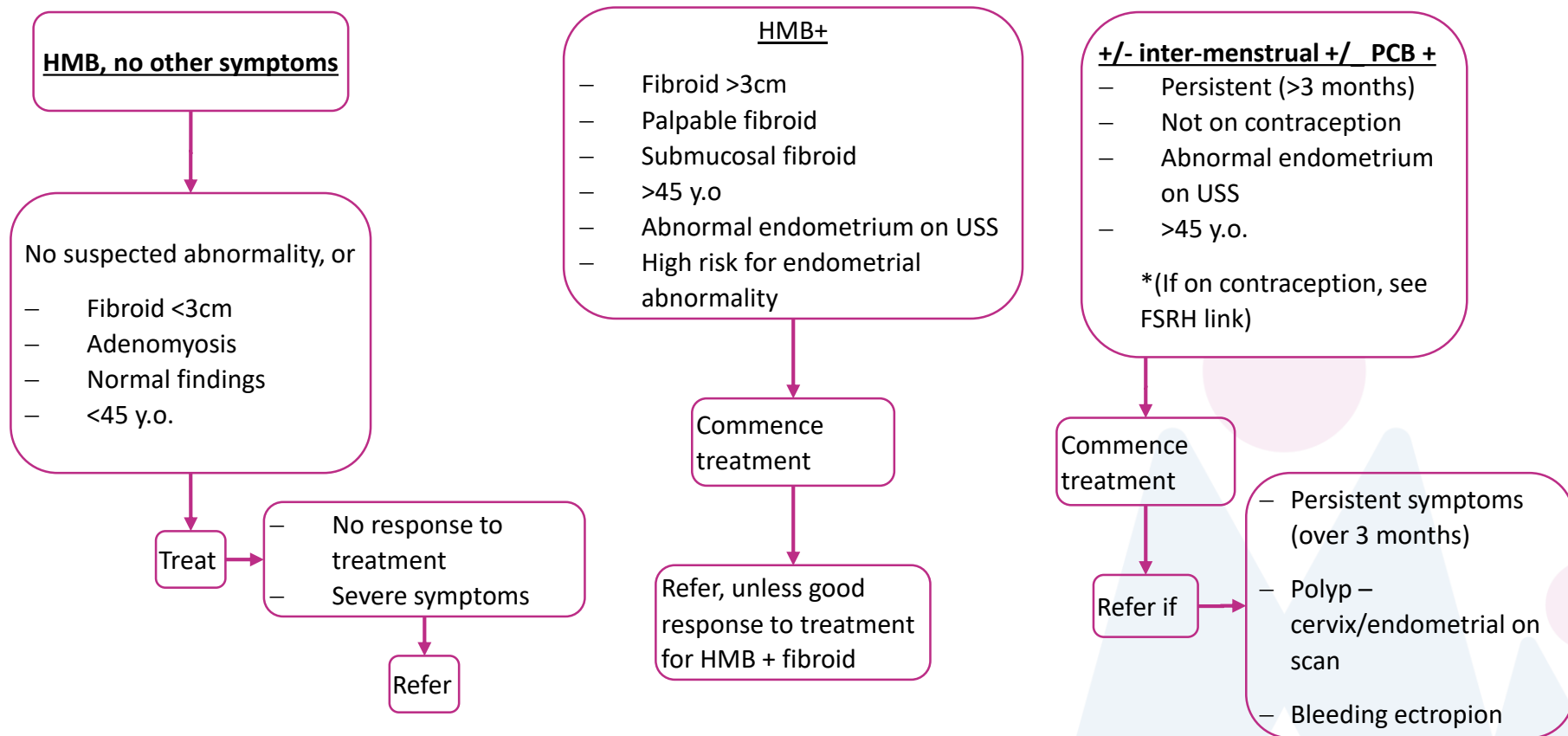


History

- Length of cycle/duration of bleeding and symptoms (heaviness usually 8 pads per day and/or sec anaemia)
- Dysmenorrhoea/Dyspareunia/other pain
- Contraception
- Sexual/obstetric/medical history (including previous surgery)/comorbidities and BMI
- Urinary/bowel symptoms

Investigations

- Smear if due as part of NHS cervical screening programme
- Vaginal swabs for infection including chlamydia/gonorrhoea etc
- Urine pregnancy test if appropriate
- FBC
- Consider platelet/coagulation profile if HMB since menarche or family history of coagulation disorder



National Guidance:

<https://www.nice.org.uk/guidance/ng88>

Management in Primary Care

- Patient does not seek contraception or want non-hormonal treatment
- Tranexemic acid 1gm tds (or qds) (maximum dose 4g daily) or Mefenamic acid 500tds
- LNG-IUS for at least 6 months unless intolerable side effects. Remove Cu IUD and consider LNG-IUS
- Long-acting progestogens with warning of irregular bleeding.
- Combined oral contraceptive pill
- Review patient in 3 months (6 months if levonorgestrel IUS)

Patients with increased risk for endometrial abnormality

- Patient over 45yrs
- Associated conditions (DM, BMI over 30, PCOsy, women on Tamoxifen)
- IMB+/- PCB or HMB alone over 45 over
- USS does report endometrial abnormality (thickened considering the cycle, not homogenous), large polyp, submucosal, or large fibroid

Useful links

- [UKMEC April 2016 Summary Sheet \(Amended September 2019\) - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](#)
- <https://www.nice.org.uk/guidance/ng88>
- <https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceproblematicbleedinghormonalcontraction/>

If cancer is suspected

- <https://cks.nice.org.uk/gynaecological-cancers-recognition-and-referral#!topicsummary>



History:

- Length of cycle / Duration of bleeding / Duration of symptoms
 - Heaviness (usually over 8 pads/day or sec. anaemia)
- Dysmenorrhoea / Dyspareunia / Any other pain
- Contraception and sexual history (adherence to the contraceptive method)
- Past obstetric, medical and surgical history, relevant co-morbidities and BMI
- Urinary symptoms / Bowel symptoms

Examination:

- Abdominal, speculum and bimanual examination of pelvis

Investigations:

- Cervical smear if due as part of NHS cervical screening program
- Vaginal swabs for infection including chlamydia, gonorrhoea
- Urine pregnancy test if appropriate
- FBC in case of HMB or clinical sign of anaemia (no need for routine TFT, unless has symptoms). Consider platelet count/coagulation profile if HMB since menarche or family history of coagulation disorder
- USS
 - Patient over 40 years old
 - Pelvic pathology suspected on examination
 - Patients at any age with history of non-regular bleeding pattern
 - Physical/Pelvic examination is not informative due to high BMI
 - For women with dysmenorrhoea

