Pathway Guide – Bleeding: Heavy Menstrual

Saint Mary's Managed Clinical Service
Manchester University NHS Foundation Trust

Patient presents with Heavy Menstrual Bleeding
Initial assessment to include:

History:
- Length of cycle / Duration of bleeding / Description of heaviness of bleeding / Intermenstrual bleeding / Postcoital Bleeding / Duration of symptoms
- Dysmenorrhoea / Dyspareunia / Any other pain
- Contraception / Urinary symptoms / Bowel symptoms
- Co-morbidities and BMI

Examination:
- Abdominal and if possible bimanual examination of pelvis

Investigations:
- Cervical Smear test if due as part of NHS cervical screening program (>25)
- PID screen if IMB / PCB and consider licensed levonorgestrel intrauterine system (LNG-IUS)
- FBC (no need for routine TFT), and consider coagulation studies in adolescence or if clinical suspicion of coagulation disorder

<45years, no suspected abnormality on examination. Regular heavy periods

>45 years, Irregular bleeding, structural abnormality possible, e.g. suspected fibroids etc

Findings indicative of gynaecological cancer, e.g. abnormal uterine mass on clinical exam; very thickened, vascular, irregular entrometrium

2WW referral to gynaecology

Referral for pelvic ultrasound

Normal scan of fibroids <3cm

Abnormal endometrium /fibroids ≥3cm

First line management of heavy menstrual bleeding in Primary Care:
- LNG-IUS for at least 6 months unless intolerable side effects. Remove Cu IUD and consider LNG-IUS or
- Combined oral contraceptive pill or
- Long acting progestogens with warning of irregular bleeding.

Patient not seeking contraception or wants non hormonal treatment
- Tranexemic acid 1gm tds (or qds) (maximum dose 4g daily)
- Mefenamic acid 500mg tds

Referral to Secondary Care:

Routine gynaecology clinic if:
- Endometrial sampling required
- Abnormalities found on examination or scan

Outpatient hysteroscopy clinic if :
- Focal endometrial pathology e.g. polyps
- Patients requiring local anaesthetic for LNG-IUS insertion

Treatment ineffective

Review in 3 months, 6 months for levonorgestrel IUS

Treatment effective

Continue management in Primary Care

After failure of 3 lines of treatment

- Refer to ultrasound if not done previously
- Send clotting screen

Patient Information
NHS Website

Referral Proforma
2WW where appropriate

Local Guidance
N/a

National Guidance
NICE Heavy Menstrual Bleeding

Pathway Guide – Bleeding: Inter-menstrual

Patient presents with Intermenstrual Bleeding
Initial assessment to include:

History:

- Length of cycle / Duration of bleeding / Description of heaviness of bleeding / Intermenstrual bleeding / Postcoital Bleeding / Duration of symptoms
- Dysmenorrhoea / Dyspareunia / Any other pain
- Contraception and sexual history
- Risk factors with cervical cancer
- Past obstetric and medical history, co-morbidities and BMI
- Urinary symptoms / Bowel symptoms

Examination:

- Abdominal, speculum and bimanual examination of pelvis (with visualisation of cervix)
- Looking for ectopy / polyp / contact bleeding / discharge / ulceration / warts / tumour / foreign body

Investigations:

- Cervical smear if due as part of NHS cervical screening program(and >25)
- Screen and test for infection including chlamydia
- Urine pregnancy test if appropriate

First line management of intermenstrual bleeding in Primary Care:

- Treat infection if present
- NB Intermenstrual bleeding acceptable within first 3 months of hormonal treatment.
- Recent intermenstrual bleeding in patients taking hormonal contraception and Cu IUD follow FSRH Guidance on unscheduled bleeding.
- Consider alteration of hormonal contraception

Persisting symptoms / Not responding to treatment. Refer to Routine General Gynaecology clinic

Routine gynaecology clinic if:

- Cervical polyp
- Bleeding cervical ectropion

- **Direct referral to Hysteroscopy clinic if:**
- All patients >45
- Patients <45 with persistent (more than 3 consecutive months) symptoms and/or risk factors for endometrial cancer

Urgent (<4 weeks) referral to Colposcopy if:

- IMB in history of LLETZ or high grade CIN/CGIN

Urgent / 2WW referral if:

- Clinical suspicion of cervical cancer (irrespective of smear status)

Risk factors for cervical cancer:

- Smoking / immunosuppression
- Age at 1st sexual intercourse / early 1st pregnancy
- Number of partners
- History of sexually transmitted infection, especially chlamydia / herpes
- More than 3 full term pregnancies
- Low socio-economic background/poor diet

Patient Information
NHS Website

Referral Proforma
2WW if meets criteria

Local Guidance
N/a

National Guidance
NICE Heavy Menstrual Bleeding

Pathway Guide – Bleeding: Post Coital

Saint Mary's Managed Clinical Service
Manchester University NHS Foundation Trust

Patient presents with Post Coital Bleeding
Initial assessment to include:

History:

- Length of cycle / Duration of bleeding / Description of heaviness of bleeding / Nature of bleeding / Post coital bleeding / Duration of symptoms
- Dysmenorrhoea / Dyspareunia / Any other pain
- Contraception and sexual history
- Risk factors with cervical cancer
- Past obstetric and medical history, co-morbidities and BMI

Examination:

- Abdominal speculum and bimanual examination of pelvis (with visualisation of cervix)
- Looking for ectopy / polyp / contact bleeding / discharge / ulceration / warts / tumour / foreign body

Investigations:

- Cervical smear if due as part of NHS screening program (and >25)
- Screen and test for infection including chlamydia
- Urine pregnancy test if appropriate

First line management of post-coital bleeding in Primary Care:

- Treat infection if present
- If no risk factors for cervical cancer and examination normal observation is acceptable within first 3 months
- For recent unscheduled bleeding in patients taking hormonal contraception and copper IUCD follow FSRH Guidance on unscheduled bleeding
- Consider alteration of hormonal contraception

Persisting symptoms / Not responding to treatment. Refer to Routine General Gynaecology clinic

Routine Gynaecology clinic referral if:

- Cervical polyp
- Bleeding cervical ectropion
- All patients >45
- Patients <45 with persistent (more than 3 consecutive months) symptoms and/or risk factors for endometrial cancer

Urgent (<4 weeks) referral to Colposcopy if:

- PCB in history of LLETZ or high grade CIN/ CGIN (borderline or mild abnormality)

Urgent / 2WW referral to Colposcopy if:

- Clinical suspicion of cervical cancer (irrespective of smear status)

PMB / 2WW referral if:

- Post menopausal

Post Menopausal Bleeding:

Post Menopausal Bleeding is defined as bleeding after >12/12 since last period
(**NB** – Unscheduled bleeding on HRT > 3/12 per cyclical or > 6 months for continuous combined, after commencement of treatment is also treated as PMB)

Risk factors for cervical cancer:

- Smoking / immunosuppression
- Age at 1st sexual intercourse / early 1st pregnancy
- Number of partners
- History of sexually transmitted infection, especially chlamydia / herpes
- More than 3 full term pregnancies
- Low socio-economic background/poor diet

Patient Information	**Referral Proforma**	**Local Guidance**	**National Guidance**
NHS Website	2WW where required	N/a	NICE Heavy Menstrual Bleeding

Pathway Guide – Suspected Gynaecological Malignancy (inc. PMB)

Patient presents with Unscheduled Bleeding or symptoms of other suspected gynaecological malignancy. Initial assessment to include:

History:
- Presenting history
- Nature and duration of bleeding (see definition of PMB below)
- Abdominal symptoms
- Urinary symptoms / Bowel symptoms
- Other medical history, Co-morbidities and BMI

Examination:
- Abdominal and if possible bimanual / speculum examination of pelvis

Investigations:
- Cervical smear test if due (and >25)
- Swabs for infection if appropriate
- CA125
- USS TV/abdominal scan

2WW referral to Gynaecology

Post Menopausal Bleeding:

Post Menopausal Bleeding is defined as bleeding after >12/12 since last period

(**NB** – Unscheduled bleeding on HRT > 3/12 per cyclical or > 6 months for continuous combined, after commencement of treatment is also treated as PMB)

Risk factors for cervical cancer:
- Smoking / immunosuppression
- Age at 1st sexual intercourse / early 1st pregnancy
- Number of partners
- History of sexually transmitted infection, especially chlamydia / herpes
- More than 3 full term pregnancies
- Low socio-economic background/poor diet

Patient Information
NHS Website xx

Referral Proforma
2WW

Local Guidance
N/a

National Guidance
NICE Gynaecological Cancers