Pathway Guide – Bleeding: Heavy Menstrual

Initial investigations in Primary Care:

History:

- Length of cycle / Duration of bleeding / Description of heaviness of bleeding / Inter-menstrual bleeding / Postcoital Bleeding / Duration of symptoms
- Dysmenorrhoea / Dyspareunia / Any other pain
- Contraception and sexual history (adherence to the contraceptive method)
- · Risk factors with cervical cancer
- Past obstetric, medical and surgical history, present co-

morbidities and BMI

• Urinary symptoms/ Bowel symptoms

Examination:

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

Investigations:

Cervical Smear

- Screen and test 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

Findings for heavy menstrual bleeding – (Menorrhagia is heavy menstrual bleeding occurring at regular intervals)

Please check!

- ✓ Patient <45yrs</p>
- ✓ Low risk for endometrial abnormality (DM? BMI less than 30?)
- ✓ Regular menstrual periods
- √ No suspected abnormality or physical examination
- ✓ USS does <u>not</u> report endometrial abnormality (thickened considering the cycle, not homogenous), polyp, submucosal, or large (over 3cm) fibroid

Management in Primary Care

- Patient not seeking contraception or wants 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 – carry out pelvic examination prior to insertion
- Long acting progestogens with warning of irregular bleeding.
- Combined oral contraceptive pill
- Review patient in 3 months (6 months if levonorgestrel IUS)
- Continue treatment in Primary Care in management is successful

Referral to Secondary care:

- · Treatment is not successful
- Arrange pelvic USS if not done previously
- Persistent inter-menstrual bleeding (see below)
- High risk for endometrial abnormality (DM / BMI> / PCOS)
- Suspected abnormality of examination (needs USS)
- USS does report endometrial abnormality (see above) or large (>3cm) fibroid
- Patient >45 years old

Patient Information

NHS Website

Referral Proforma

2WW where appropriate

Local Guidance

N/a

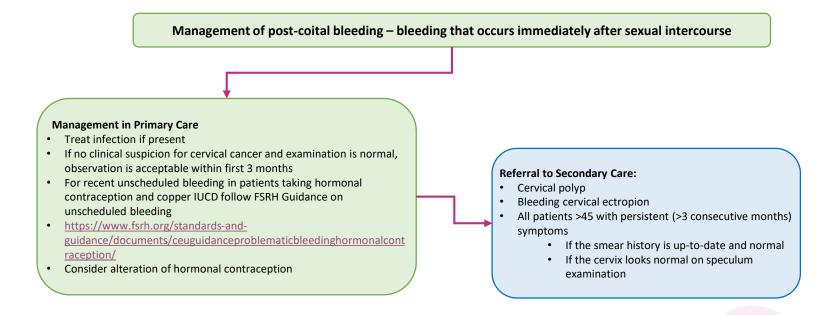
National Guidance

NICE Heavy Menstrual
Bleeding

Management of inter-menstrual – (Vaginal bleeding with irregular intervals and not post-coital bleeding) **Management in Primary Care:** Low threshold for examination and investigation Treat infection if present · Inter-menstrual bleeding acceptable within first 3 months of hormonal treatment (6 months if IUS). Recent inter-menstrual bleeding when patients taking hormonal contraception and Cu IUD follow FSRH Guidance on unscheduled bleeding. https://www.fsrh.org/standards-**Referral to Secondary Care** and-Primary Care treatment is not successful guidance/documents/ceuguidanceproblematicbleedinghorm Arrange pelvic USS if not done previously onalcontraception/ High risk for endometrial abnormality (DM, BMI, more than 30, PCO sy) Consider alteration of hormonal contraception Suspected abnormality on physical examination (needs USS) ✓ History of missed spells USS does not suggest endometrial abnormality, submucosal or large (over 3cm) ✓ Unscheduled bleeding on progesterone only fibroid methods Patient is over >45yrs ✓ Breakthrough bleeding (consider increasing oe.) Women on Tamoxifen Component of COCP) ✓ Continue treatment if Primary Care is successful

Patient Information NHS Website

Referral Proforma 2WW if meets criteria Local Guidance N/a National Guidance
NICE Heavy Menstrual
Bleeding



Suspected Gynaecological Cancers

- https://cks.nice.org.uk/gynaecological-cancers-recognition-and-referral#!topicsummary
- https://www.macmillan.org.uk/_images/rapid-referral-toolkit-desktop-2019_tcm9-354239.pdf?_ga=2.220655516.5626722335.1595503812-1812333511.1594225237

National Guidance

NICE Gynaecological
Cancers

Patient Information NHS Website

Referral Proforma 2WW where required Local Guidance N/a National Guidance
NICE Heavy Menstrual
Bleeding