Pathway Guide – Bleeding: Heavy Menstrual

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

Initial investigations in Primary Care:

History:
- Length of cycle / Duration of bleeding / Description of heaviness of bleeding / Inter-menstrual bleeding / Post-coital 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
- ✓ Low risk for endometrial abnormality (DM? BMI less than 30?)
- ✓ Regular menstrual periods
- ✓ No suspected abnormality or physical examination
- ✓ USS does *not* 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

Pathway Guide – Bleeding: Inter-menstrual

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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-and-guidance/documents/ceuguidanceproblematicbleedinghormonalcontraception/
- Consider alteration of hormonal contraception
  - ✓ History of missed spells
  - ✓ Unscheduled bleeding on progesterone only methods
  - ✓ Breakthrough bleeding (consider increasing oe. Component of COCP)
  - ✓ Continue treatment if Primary Care is successful

Referral to Secondary Care

- Primary Care treatment is not successful
- Arrange pelvic USS if not done previously
- High risk for endometrial abnormality (DM, BMI, more than 30, PCO sy)
- Suspected abnormality on physical examination (needs USS)
- USS does not suggest endometrial abnormality, submucosal or large (over 3cm) fibroid
- Patient is over >45yrs
- Women on Tamoxifen

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

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Management of post-coital bleeding – bleeding that occurs immediately after sexual intercourse

Management in Primary Care

- Treat infection if present
- If no clinical suspicion for cervical cancer and examination is 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
- https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceproblematicbleedinghormonalcontraception/
- Consider alteration of hormonal contraception

Referral to Secondary Care:

- Cervical polyp
- Bleeding cervical ectropion
- All patients >45 with persistent (>3 consecutive months) symptoms
    - If the smear history is up-to-date and normal
    - If the cervix looks normal on speculum examination

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