Key

"Must do" actions for GPs (Triaged by Community Referral Service)

Recommendations for Primary Care

Red flag / urgent referral

Routine referral

Public health intervention

Audio-visual aids for patients and GP

Click icon for clinical evidence

NHS
Oxfordshire
Clinical Commissioning Group

Heavy Menstrual Bleeding

Patient presents with Heavy Menstrual bleeding
- Consider Hx -> Age, Nature of bleeding, related symptoms, quality of life, co-morbidities (NICE 2018)

Is there Intermenstrual or Post Coital Bleeding?

YES → Follow PCB/IMB guidelines

NO

Order relevant lab tests for ALL women with HMB
Do not automatically carry out hormone tests or TFTs

Offer abdominal and pelvic examination
Consider cervical smear if due
Is the examination normal?

NO → **Arrange urgent USS if not done and refer:**
- **Urgently** if ascites and/or a pelvic or abdominal mass (not obviously due to fibroids)
- **via 2ww** if a pelvic mass associated with any other features of cancer (e.g. unexplained bleeding or weight loss).

See OCCG 2ww form for guidance

YES

Consider starting pharmacological treatment
If history and/or examination suggests low risk of fibroids

Arrange pelvic ultrasound scan.

Does USS exclude any suspicious abnormality?
Be aware of USS limitations for intrauterine pathology

NO → Refer women who are at high risk of endometrial pathology i.e.
- with persistent intermenstrual or persistent irregular bleeding,
- infrequent heavy bleeding who are obese
- have polycystic ovary syndrome
- taking tamoxifen
- for whom treatment for HMB has been unsuccessful

(Hysteroscopy should be used as a diagnostic tool when ultrasound results are inconclusive NICE2018 P7)

YES

See CKS management of fibroids

Women with fibroids can still be treated medically first but consider referring women with fibroids of **>3 cm** or more See link

For women with no identified pathology, fibroids **<3cm**, or suspected or diagnosed **adenomyosis** offer treatment in surgery

Pharmacological:

non-hormonal:
- tranexamic acid
- NSAIDs

hormonal:
- ulipristal acetate
- LNG-IUS

Review and consider 2nd line options if no improvement after 3 cycles.

NO IMPROVEMENT → Refer to Gynecology triage service for assessment and/or treatment

Key points for Heavy Menstrual Bleeding:

See NICE https://cks.nice.org.uk/menorrhagia#!scenario

- Treatment for **uncomplicated** HMB should be started in primary care. Physical examination is not always required but advisable in women over 40 where pathology is more likely.
- All women with HMB should have an FBC but other tests such as ferritin, thyroid function and a hormone profile are **not** routinely indicated. Consider clotting issues.
- Ultrasound is the first line diagnostic tool and indicated where there is a **palpable mass** or **failed** treatment.
- Hysteroscopy should be used as a diagnostic tool **only** when ultrasound results are inconclusive, for example, to determine the exact location of a fibroid or the exact nature of the abnormality.

Notes:

1. Heavy Menstrual Bleeding = excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life and which can occur alone or in combination with other symptoms.

2. A history of intermenstrual or postcoital bleeding, pelvic pain and/or pressure symptoms needs explaining.

Consider, **but do not assume**, breakthrough bleeding or ectropion for younger women on the pill.

3. A physical examination, ultrasound and/or referral for older women are often needed. See IMB/PCB guidelines.

4. If the history suggests HMB without structural or histological abnormality, pharmaceutical treatment can be started without carrying out a physical examination or other investigations.

5. NICE guidance suggests that treatments should be considered in the following order:
   - Mirena IUS provided >12months use is anticipated (NB **examine the patient first**)
   - Tranexamic acid (500mg – 1gm tds for up to 4 days) OR Mefenamic acid [500mg tds from day 1] OR combined oral contraceptives.
   - Norethisterone 5mg tds from days 5 to 26 of the menstrual cycle
   - Injectable long-acting progestogens - Off license use of Implanon or, for <2 years' use, Depo-Provera.

6. Refer for an endometrial biopsy in women aged >45 if treatment is ineffective or persistent IMB.