

5. Findings on ultrasound: Endometrium

Dear [Dr _____],

Advice and guidance response pertaining to [Patient name].

Increased endometrial thickness in post-menopausal women with abnormal vaginal bleeding:

- Endometrial biopsy is required if the endometrium appears abnormal i.e. cystic and/or thickness is >4mm or more in women not on HRT or using continuous combined HRT (ccHRT) 8mm or more in women using sequential combined HRT (sHRT).

Increased endometrial thickness in asymptomatic post-menopausal women:

- Endometrial biopsy is only required if the endometrium thickness is 11mm or more OR 8mm or more in women taking tamoxifen or other significant risk factors.

Increased endometrial thickness in pre-menopausal women:

- There is no agreed upper limit of endometrial thickness in premenopausal women. Measurement of endometrial thickness is not helpful in the management of heavy menstrual bleeding although women with PCOS and oligo- or amenorrhoea with an endometrial thickness of 10mm should be referred non-urgently for endometrial biopsy.

Pelvic examination to be completed in primary care

USS findings requiring referral to secondary care:

Refer for urgent suspicion of cancer pathway:

- Asymptomatic endometrial thickening 11mm or over in post-menopausal women
- Women taking sHRT with unscheduled bleeding with an ET of >7mm
- Women taking ccHRT with unscheduled bleeding with ET of >4mm
- Women over 40 with non-menstrual bleeding with abnormal appearance of endometrium OR endometrial thickness over 10mm
- Women over 45 with failed conservative management of heavy menstrual bleeding and abnormal appearance of endometrium or ET over 10mm

Routine referral:

- Symptomatic polyps in pre-menopausal women
- Asymptomatic polyps do not require removal unless causing anxiety or in high-risk patients e.g. on tamoxifen
- Women with PCOS and oligo- or amenorrhoea with an endometrial thickness of 10mm should be referred for endometrial biopsy

Relevant guidance:

[https://www.jogc.com/article/S1701-2163\(24\)00414-6/abstract](https://www.jogc.com/article/S1701-2163(24)00414-6/abstract) (Asymptomatic endometrial thickening in postmenopausal women)

<https://cks.nice.org.uk/topics/polycystic-ovary-syndrome/>

<https://thebms.org.uk/publications/bms-joint-guidelines/management-of-unscheduled-bleeding-on-hormone-replacement-therapy-hrt/>

Endometrial polyps are usually benign in all age groups.

USS is not recommended as part of the initial management of HMB. It should be reserved for women with pain, a palpable mass or symptoms suggestive of fibroids.

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]