

2. Heavy and painful menstrual bleeding

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Patient's history:

Age: >45 with change in bleeding / new onset HMB

Early menarche increases risk of endometrial hyperplasia.

Any treatment trialled:

- Tricycling or continuous COC
- POP
- IUS
- Previous USS – result
- Dysmenorrhoea &/or dyspareunia

Risk factors for endometrial hyperplasia

- Obesity
- Diabetes Mellitus
- PCOS
- Tamoxifen
- Unopposed oestrogen with intact uterus
- Nulliparity
- Lynch Syndrome or family history of uterine, ovarian, or colorectal cancer

Intermenstrual bleeding IMB: ?cervical pathology, endometrial pathology including polyps

*If other features or irregular periods **examine**:*

Speculum & bi-manual examination

Consider:

1. Pregnancy
2. Infection – do swabs – chlamydia/MC&S - consider Sexual Health Clinic
3. Pain: ?fibroids/endometriosis/adenomyosis

Indications for scan:

- Age >45
- or lasted >3 cycles
- or not responded to treatment
- or risk factors for endometrial hyperplasia

Treatment:

If HMB with no other features and regular cycles and <45:

- Physical examination not required
- Pharmacological treatment can be started
- FBC

LNG-IUS is first line treatment if no identified pathology, fibroids are under 3cm or there is suspected adenomyosis (off label use).

If LNG-IUS is declined, consider:

- Non hormonal:

Tranexamic acid

NSAIDS (off label)

- Hormonal

COCP (off label for some – Qlaira is licensed)

Cyclical oral progestogens

If rapid management required

- Norethisterone 5mg tds for 10 days (withdrawal bleed 2-4 days after stopping)
- If exceptionally heavy (flooding) can use 10mg tds (but increased risk of VTE). Once bleeding eased reduce to 5mg tds for 1 week.

Referral to secondary care

- Severe symptoms e.g. large fibroid with urinary symptoms.
- Fibroids over 3cm, polyps or endometrial pathology.
- Risk factors for endometrial pathology.
- Persistent iron deficiency anaemia
- Declines pharmacological treatment.
- Failed medical management

Urgent referral

- Suspicious vulval, vaginal or cervical masses
- Abdominal ascites

Links to reference documents, further reading and patient resources

<https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1598&checksum=197bdb2f8fc92eb298f90216f9c2a1c5&document=22&field=3> (post coital bleeding)

<https://rightdecisions.scot.nhs.uk/ggc-clinical-guidelines/gynaecology/gynaecology-guidelines/postcoital-bleeding-893/>

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]