

1. Non-menstrual bleeding in pre-menopausal women

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Suggested actions:

History Taking:

- Change in Menstruation
- Contraception
- Pelvic pain/pressure
- Risk factors for coagulopathy
- Examinations findings
- Recent swabs
- Last smear and results
- Last STI screen
- Pregnancy test
- BMI calculated
- Other associated symptoms

Investigations (if clinically indicated and appropriate):

- STI screening
- Pelvic examination
- Smear
- Request for pelvic ultrasound if:
 - Large fibroids suspected:
 - Uterus is palpable abdominally
 - Pelvic mass indicated on history or examination
 - Inconclusive or difficult examination
 - Or suspected adenomyosis:
 - Dysmenorrhoea
 - Bulky tender uterus on examination

Management:

1. Consider starting tranexamic acid and NSAIDS whilst investigation awaited
2. If no identified pathology, or fibroids less than 3cm or suspected or diagnosed adenomyosis
 - a) First line:
 - LNG-IUS if no uterine cavity distortion
 - Counsel – expect changes in bleeding pattern over first 6 months, wait 6 cycles to see benefits
 - b) Second line: (if LNG-IUS not suitable/planning pregnancy)
 - Tranexamic acid
 - NSAIDS (if associated dysmenorrhoea)
 - Hormonal contraceptives
 - Non-contraceptives: cyclical oral progestogens NET 5mg TDS day 5-25 of cycle or Medroxyprogesterone acetate 5-10mg OD from day 16-21 of cycle

Refer to gynaecology if:

- 1st and 2nd lines above unsuccessful after 3-6 months

- Fibroids larger than 3cm
- Suspected submucosal fibroids, polyps or endometrial pathology:
 - Persistent IMB
 - Over 45 years old
 - Risk factors for endometrial cancer e.g. Pcos, diabetes, tamoxifen, obesity

Also consider social prescribing:

- Social/economic/psychological impact as a result of abnormal menstrual bleeding
- Weight management concerns
- Behavioural changes required to support management
- Health coaching

Patient resources:

[What is abnormal uterine bleeding and when should you worry? \(patient.info\)](#)

[Menstruation Disorders \(Causes, Symptoms, and Treatment\) \(patient.info\)](#)

Relevant guidance:

[Intermenstrual bleeding – GPnotebook](#)

[Menorrhagia \(heavy menstrual bleeding\) | Health topics A to Z | CKS | NICE](#)

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]