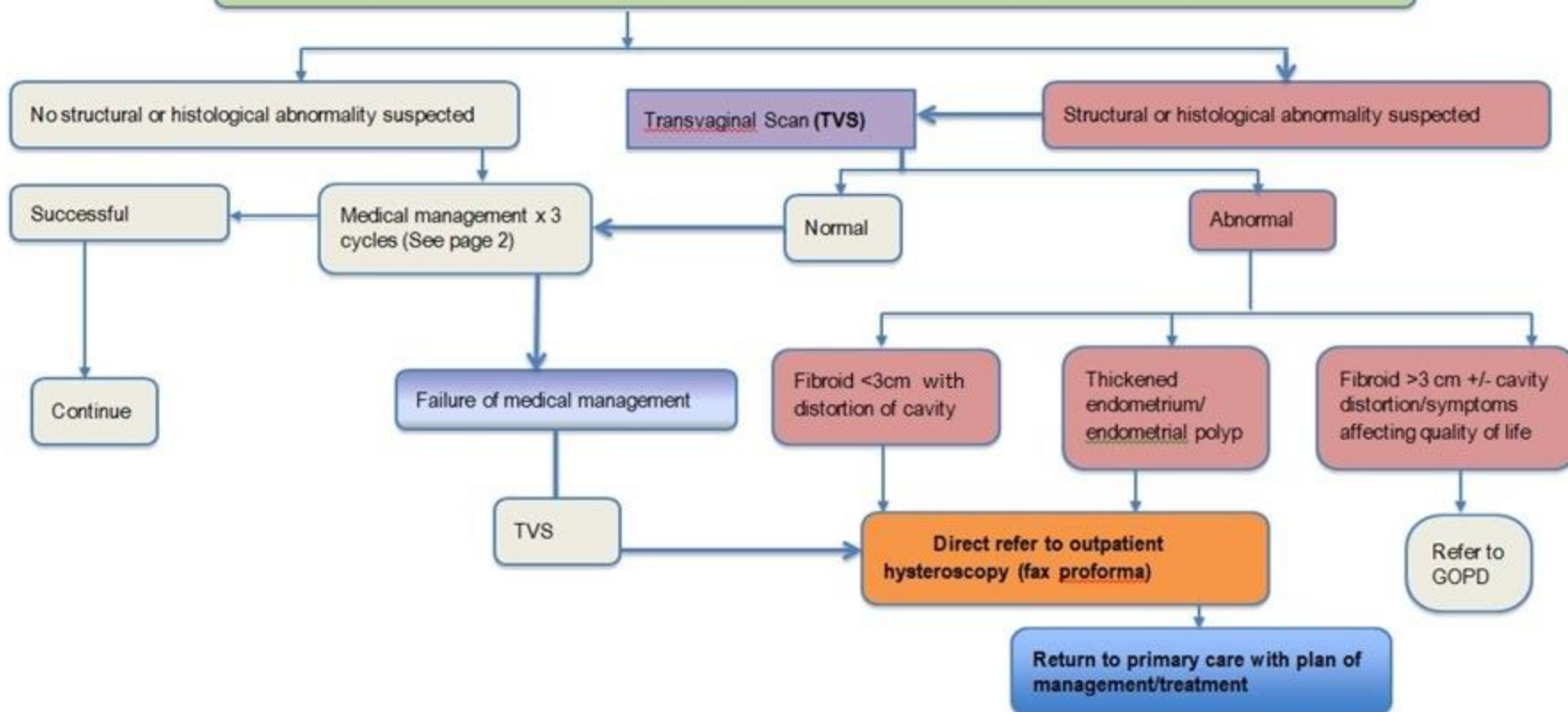


## PATHWAY FOR DIRECT REFERRAL TO ONE STOP MENSTRUAL BLEEDING DISORDER CLINIC

Patients presenting with abnormal vaginal bleeding (menorrhagia/ intermenstrual bleeding/post coital bleeding) **NOT** Postmenopausal bleeding

History and full clinical examination +/- Smear (if due); triple swabs; Full blood count (+/- serum ferritin) +/- pipelle if >45 years



### History

Nature of bleeding in relation to the woman's cycle

Impact of HMB on the woman's physical, social and emotional quality of life

**Symptoms suggestive of structural or histological abnormality are:**

Intermenstrual bleeding  
Post Coital bleeding  
Sudden change in blood loss  
Pelvic pain  
Dyspareunia  
Pelvic pressure

**Increased risk of endometrial cancer**

Tamoxifen  
Polycystic ovaries (<4 periods in one year)  
Obesity  
Unopposed oestrogen treatment

### Physical Examination for

- LNG-IUS fittings
- investigations for structural abnormalities
- investigations for histological abnormalities.

### Investigations

A full blood count test should be carried out on all women with HMB.

Testing for coagulation disorders (for example, von Willebrand disease) IF woman has HMB since menarche and has personal or family history suggesting a coagulation disorder.

Thyroid testing ONLY IF other signs and symptoms of thyroid disease

If >45 years old and failure of medical treatment or irregular bleeding, should have endometrial biopsy in the form of pipelle sample

### MEDICAL MANAGEMENT (in order)

1. Levonorgestral releasing Intrauterine system (Mirena LNG-IUS)
2. Tranexemic Acid (Two tablets orally, 3-4 times a day from day 1 to day 4 of the cycle) AND/OR Anti-inflammatory drugs (NSAIDS orally from day 1 until heavy loss stops) OR Combined oral contraceptive (COC, one pill daily for 21 days, followed by a 7 day break)
3. Norethisterone (5 mgs three times daily) from days 5 to 25 of menstrual cycle OR Depro Provera (IM every 12 weeks) OR Implant (for 3 years)
4. When HMB coexists with dysmenorrhoea, NSAIDS should be preferred to tranexemic acid

Ongoing use of NSAIDS and/or tranexemic acid can continue as long as found beneficial by the woman

Try for at least 3 cycles before declaring of no benefit

When a first medical treatment proves ineffective, consider a second line medical management before referral to surgery