# PATHWAY FOR DIRECT REFERRAL TO ONE STOP MENSTRUAL BLEEDING DISORDER CLINIC trained (ASS) 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 No structural or histological abnormality suspected Structural or histological abnormality suspected Transvaginal Scan (TVS) Successful Medical management x 3 Abnormal Normal cycles (See page 2) Fibroid >3 cm +/- cavity Fibroid <3cm with Thickened Failure of medical management distortion/symptoms endometrium/ distortion of cavity Continue affecting quality of life endometrial polyp TVS Direct refer to outpatient Refer to hysteroscopy (fax proforma) GOPD

Reference: NICE CG (Q547) Heavy menstrual bleeding; http://publications.nice.org.uk/heavy-menstrual-bleeding-qs47 Compiled by Dr 5 Chachan

Return to primary care with plan of

management/treatment



### 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)

- 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
- Norethisterone (5 mgs three times daily) from days 5 to 25 of menstrual cycle OR Depo Provera (IM every 12 weeks) OR Implant (for 3 years)
- 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