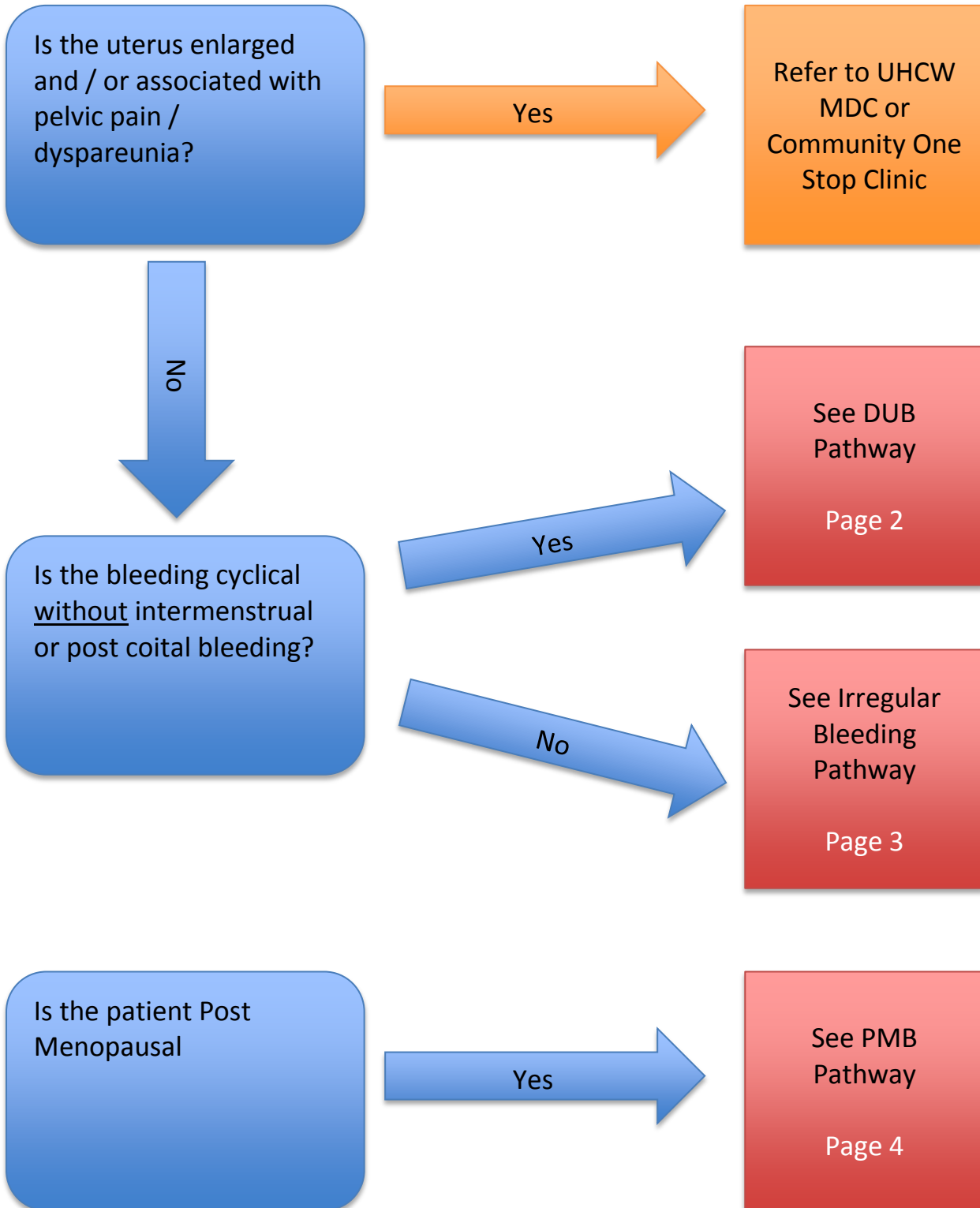


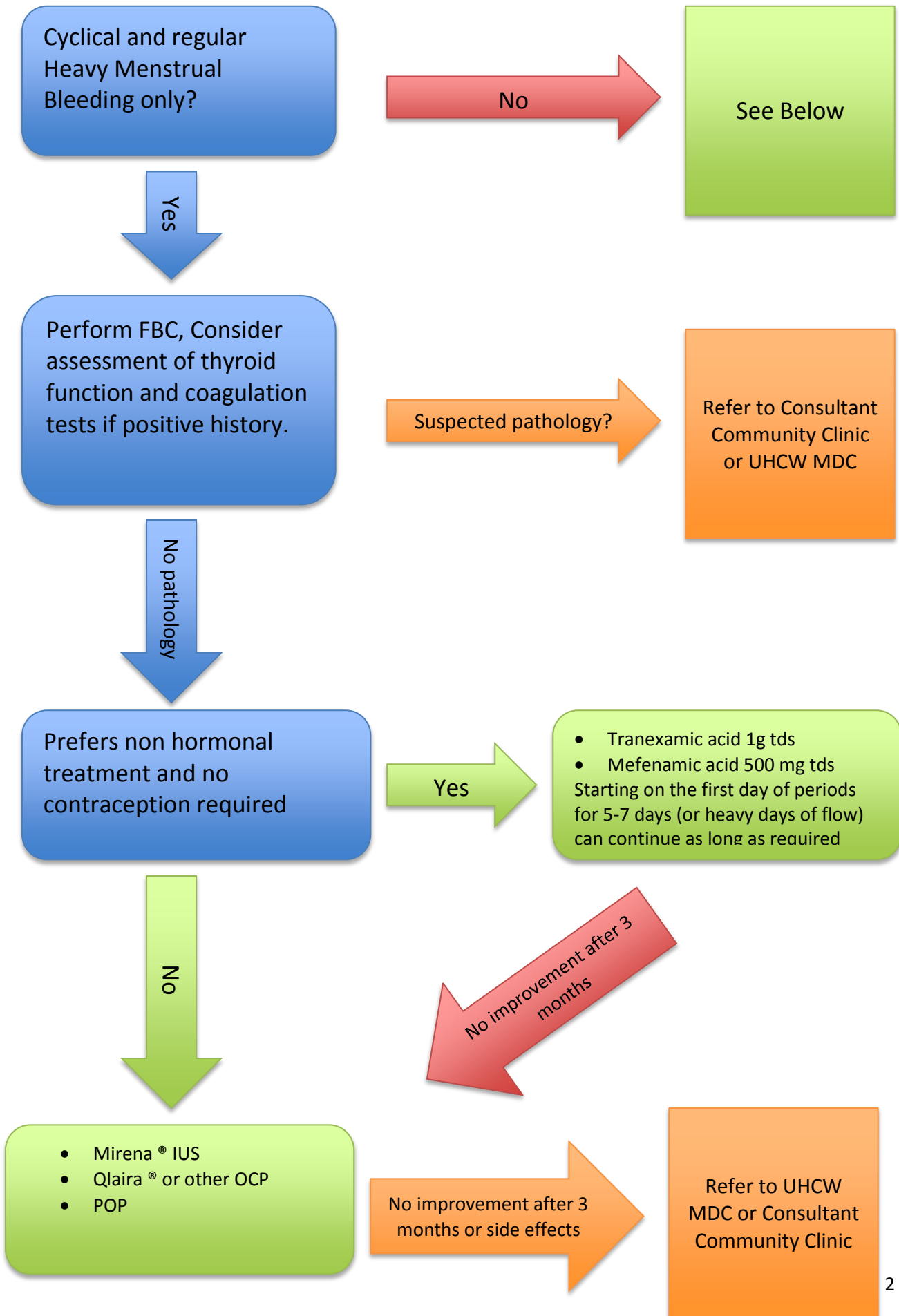
Heavy and Abnormal Uterine Bleeding

Management & Referral Pathway

Key message

A pathway to help the decision-making when managing and referring women presenting with abnormal uterine bleeding in the primary care setting.





Heavy Irregular periods,
Inter-menstrual Bleeding or
Post Coital Bleeding *

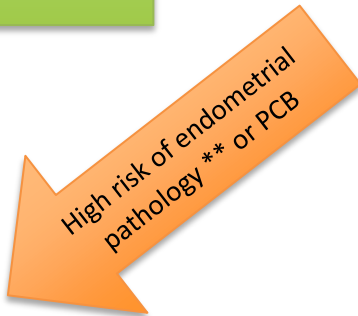


Examination,
swabs HVS
and
Chlamydia,
Smear (only
if due),

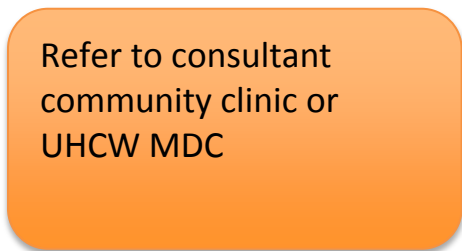
Treat any
infection or ref
to GUM



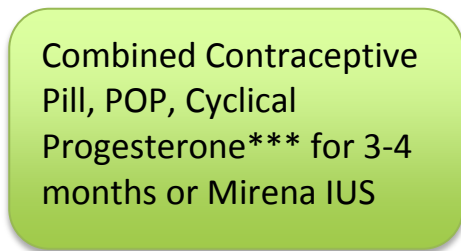
High risk of endometrial
pathology ** or PCB



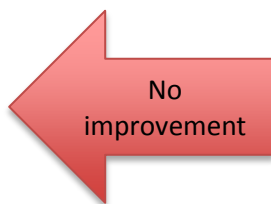
Refer to consultant
community clinic or
UHCW MDC



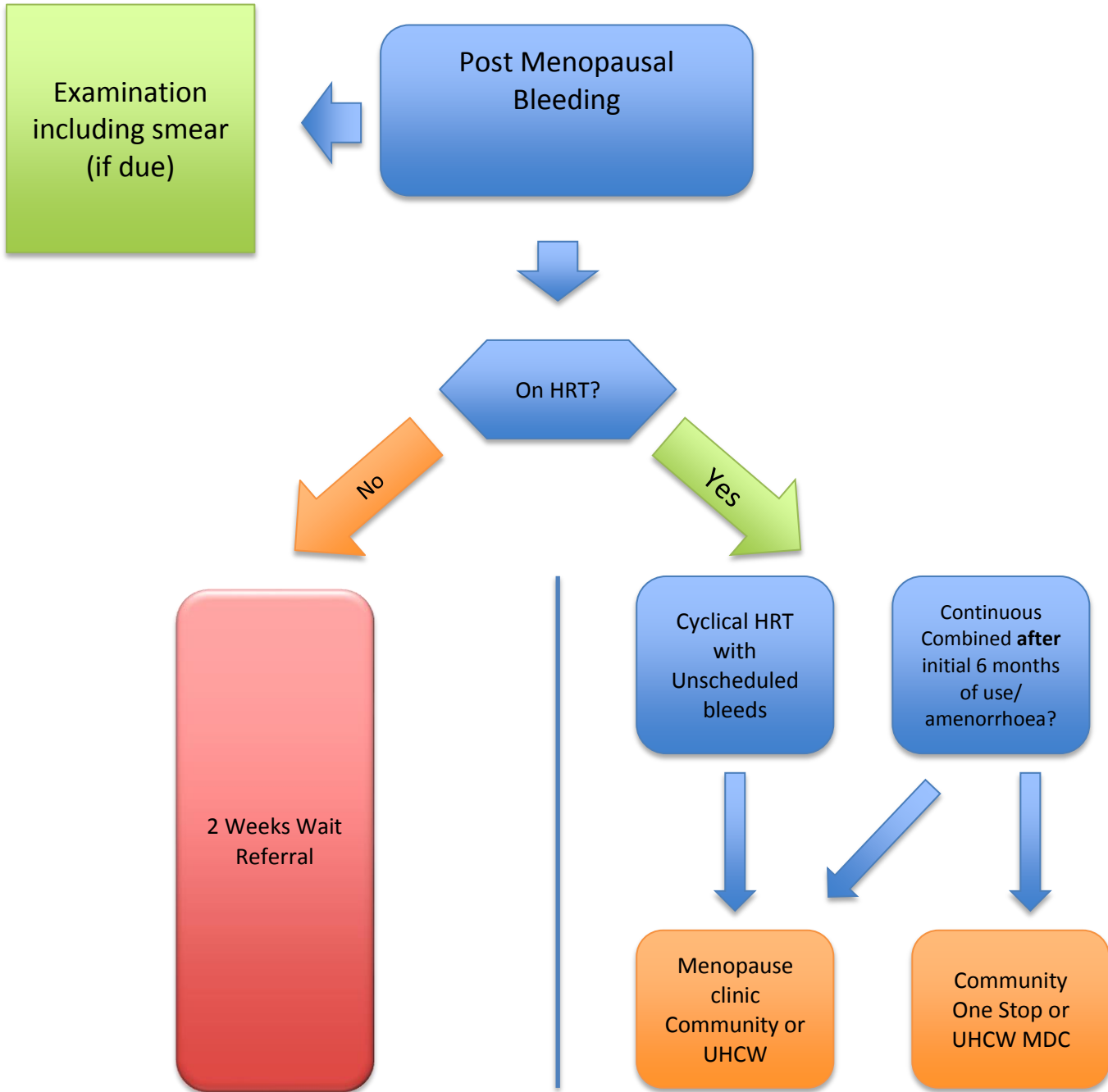
Combined Contraceptive
Pill, POP, Cyclical
Progesterone*** for 3-4
months or Mirena IUS



No
improvement



- *** PCB needs a 2WW referral only if the cervix is abnormal on examination (do not refer directly to colposcopy)**
- ****** Examples of high risk for endometrial pathology:
 - Women with persistent intermenstrual or persistent irregular bleeding, and women with infrequent heavy bleeding who are obese or have polycystic ovary syndrome
 - Women taking Tamoxifen
 - Women for whom treatment for HMB has been unsuccessful.
- ******* Cyclical progesterone should commence on D5 for 21 days.
- A TVS will be performed in the Community Clinic / MDC, therefore a separate Ultrasound prior to referral should not be arranged.



- PMB is defined as an episode of bleeding 12 months or more after the last period.
- PMB in women using Tamoxifen will need a 2WW referral for a hysteroscopy and biopsy (Ultrasound is of little value in these cases)

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UHCW/CAS

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References

1. Heavy Menstrual Bleeding, NICE clinical guideline 88, 2018
2. Investigation of Post Menopausal Bleeding, A national clinical guideline, SIGN, 2002