Heavy Menstrual Bleeding: How to Treat and When to Refer

by Dr Sarah Tout

- Referrals/ grading/ priority
- Possibility of a standardised referral form(s)
- Electronic referrals of the future
- Management of HMB

- RMC direct referral
  - (Debbie Smith Tel: 630 9988, Fax: 6310728)
- Fertility (no funding)
  - Northern regional fertility services,
    PO Box 24 587 Royal Oak
- Tubal ligation (GPWSI project)

- P1 Admit (referral letter)
- P2 (2-4 weeks)
  - All PMB
  - Proven/ suspicious malignancy
  - HMB with anaemia to avoid transfusion
- P3 26 weeks (most)
  - Overload leads to rejecting P3s
  - Expect re-referral if seems inappropriate/ deterioration)

- P4 rejection (few)
- May request more information
  - Virtual clinic (advice)

- Urogynaecology (P3)
  - One stop clinics

Colposcopy

- P3 Low grade (C1N 1/ HPV) 26 weeks
- P2 CIN 2/ 3, Glandular abnormality, LS, PCB, abnormal appearing cervix
- P1 Invasive smear/ suspicious cervix.

HMB which is impacting on the woman's life, plus one or more of the following:

- Hb < 85g/L. (Also commence oral iron)
- Inter-menstrual bleeding (IMB).
- She is >= 45 years.
- She is >= 90 Kgs
- She is nulliparous/ has a history of infertility/ or a family history of endometrial cancer.

- A failed 3 month trial of medical treatment or contraindications to all options
- An abnormal pelvic ultrasound scan (USS) including:
  - **a**. Fibroids >3cm.
  - **b**. Abnormal endometrium
    - **i.** ET >= 12mm (pipelle sample not available or pathology confirmed)
    - **ii**. Polyps, features of hyperplasia or malignancy.
  - **c**. Other concerning USS findings.

If there is post coital bleeding (PCB) – refer to the colposcopy clinic

Trial of medical management

- **Tranexamic acid** (Cyclokapron®) 1-1.5g 3-4 times daily for 3-4 days (during heavy bleeding).
- **Non-steroidal anti-inflammatory drugs** (NSAIDs).
  Particularly useful if there is associated dysmenorrhoea and should be taken just prior to and during menstruation.
  - E.g. Mefanamic Acid (Ponstan®) 500mg 3 times daily.
- **Combined oral contraceptive pill** (30 ug).
- **Cyclical oral progesterone**
- (days 5-25 of the menstrual cycle)
  - Norethisterone (Primulot®) 5 mg 3 times daily
  - Provera 10mg od.

- **Depo-provera** 150mg IM.
- **Levonorgestrel intra-uterine system** (Mirena ® IUS). Recommend continuing for up to 6 months if some improvement at 3 months.
- Tranexamic acid and NSAID are the drugs of choice **if trying to conceive** and can also be used in combination with the COC, Norethisterone, Depo-provera or the Mirena IUCD.
- **Emergency suppression of a heavy prolonged menstrual bleed** can be achieved by norethisterone 15mg/ day or provera 30mgs/ day for 3 weeks. This can be combined with tranexamic acid and NSAID, as above in the short term.

STANDARD GP REFERRAL LETTER TO GYNAECOLOGY OUTPATIENT CLINIC (GOP) FOR WOMEN WITH HEAVY MENSTRUAL BLEEDING (HMB)

- **(Please complete and circle as appropriate)**
- **NAME**
- **NHI**
- **CONTACT DETAILS**
- **MENSTRUAL CYCLE:** Regular Irregular
- **Days of heavy bleeding** 1-3 4-6 >=7
- **Duration of problem** < 3/12 3-6/12 6-12/12 >12/12
- **IMB** Yes No
- **PCB** Yes No
- **CERVICAL SMEAR:** Date of last smear: / / No smears
- **Result:** Negative Abnormal ( )
- **CONTRACEPTION:** Nil Barrier OCP
- Depo-provera IUCD Tubal ligation/ Vasectomy
-
- **PARITY:** Nulliparous 1 2 3 4 >=5
- **Family complete:** Yes No Unsure

- **EXAMINATION:**
- **Weight:** <90kg >=90kg
- **Bimanual exam:** Normal Abnormal
- (describe)
- **INVESTIGATIONS:**
- **FBC (g/l)** >115 80-115 <80
- **Ferritin (ug/ l)** Normal (20-190) <20 >190
- **PELVIC USS**: Yes (attach report) No
- **TREATMENT TRIALLED:**
- OCP NSAI Tranexamic acid
- Norethisterone Provera Depo-provera
- LNG- IUS (Mirena®) Endometrial ablation
- Other:
- **OTHER IMPORTANT RELEVANT INFORMATION:**

Guideline for management of Women with HMB in GOP

- Pelvic USS
- **All women attending GOP will require endometrial sampling**
- **This guideline is for normal and benign histology only.**

Normal USS

- Outpatient endometrial pipelle sampling & Mirena IUS
  - If pipelle not possible: theatre waiting list (WL) for "Hysteroscopy, D&C & Mirena IUS".

  or
- Pipelle and WL for Endometrial Ablation

  (discuss contraception) +/- tubal ligation (TL).
  - If pipelle not possible: WL for "Hysteroscopy, D&C".
  - If normal histology is confirmed, WL for EA +/- TL.

Abnormal endometrium

- **Endometrial polyp**
  - W/L “Hysteroscopy, Polypectomy, D&C + /- Mirena IUCD”

Endometrium suggesting hyperplasia or malignancy

- W/L “Hysteroscopy, D&C +/- Mirena IUS”.

Uterine fibroids

- **<3 cm and cavity not distorted**:
  - Pipelle & Mirena IUS
  - Pipelle & WL for EA +/- TL
- **<3cm and cavity distorted:**
  - pipelle & WL for MEA +/- TL.
- **>3cm and desire to potentially retain uterus and fertility**:
  - Uterine Artery Embolisation (Radiology)
  - W/L Myomectomy
- **>3cm and no desire to retain uterus and fertility:**
  - W/L Hysterectomy (without routinely removing healthy ovaries).

Manage other abnormal findings as clinically indicated.

- Hysterectomy (without routinely removing normal ovaries)
  - when other treatments have failed or are contraindicated
  - or a fully informed woman requests it and there is no desire to retain fertility