NCL CCG is aware this pathway needs a review. When the expiry date passes, please use with discretion until an update is available.

Heavy Menstrual Bleeding Pathway

NHS Camden Clinical Commissioning Group

This pathway has been developed from published guidance, in collaboration with local gynaecologists.

This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

Patient presents with heavy regular menstrual bleeding with no history of intermenstrual or postcoital bleeding. Definition: Regular excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life (QoL). Perceptions of blood loss vary

History:

- Menstrual cycle and LMP
- Degree of blood loss (pads used, clots, flooding)
- Irregular bleeding – IMB, PCB
- Pain - abdominal or pelvic
- Pressure symptoms
- Symptoms of anaemia (SOB, palps, lethargy)
- Impact on life
- Current/ recent contraception

Examination:

- Abdominal palpation – check if uterus palpable
- Bimanual examination – if palpable uterus

Investigations:

- FBC, Thyroid function test
- Cervical screening if appropriate (refer to guidance), Chlamydia test (at risk patients) - vulvovaginal self collection

Red flags:
Ovarian: Ascites or pelvic/ abdominal mass not obviously fibroids
Endometrial: Post menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
Cervical: Appearance of cervix consistent with cervical cancer
Vaginal: Unexplained palpable mass in or at entrance to vagina
Vulval: Unexplained vulval lump, ulceration or bleeding

→ 2 week referral

Symptoms suggestive of ovarian cancer: Unexplained weight loss, fatigue or changes in bowel habit or persistently or frequently (more than 12 times per month): abdominal distension/ bloating, Feeling full or loss of appetite, pelvic or abdominal pain or increased urinary urgency and/or frequency

→ Ca 125 and pelvic ultrasound scan

→ Ovarian or Endometrial: Scan suggestive of ovarian or endometrial cancer or Ca 125 ≥35IU/ml

→ 2 week referral

Signs of infection, pelvic pain, discharge or fever

→ Triple Swabs

Treat if infection found

Uterus enlarged/ pelvic mass

→ Pelvic Scan

Normal → Pelvic scan normal

Abnormal → Pelvic scan abnormal. Ovarian cyst/mass, multiple/ large fibroids. Uterine polyp

Anaemia with symptoms Hb<10g/L

→ Gynaecology referral

Patient trying to conceive:
1st line: Tranexamic Acid 1g tds from day 1 of cycle for 4 days
2nd line NSAIDs (may be preferred if dysmenorrhoea present):
Mefenamic acid 500mg tds OR naproxen 500mg on day 1, then 250mg 6 – 8 hrly whilst bleeding heavily.
Try for 3 menstrual cycles- continue if symptoms well controlled
Poor response – try 2nd line treatment for 3 cycles as appropriate

Patient NOT trying to conceive:
1st line : Levonorgestrel IUD trial for at least 6 months
2nd line: COC, tranexamic acid, mefenamic acid
3rd line: injectable long acting progestogen OR oral norethisterone 5mg tds day 5 – 26 of cycle
Try for 3 menstrual cycles- continue if symptoms well controlled
Poor response – try 2nd/ 3rd line treatment for 3 cycles as appropriate

→ Failed treatment
Refer to Gynaecology

Pathway created by NCL led by Camden CCG Clinical Cabinet + GB July 2016
Clinical Contact for this pathway for queries: Dr Elizabeth Bradley
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Comments & enquiries relating to medication: CCCG Medicines Management Team
mmt.camdenccg@nhs.net
Refer to current BNF or SPC for full medicines information

Review due – March 2020

Links:

Nice Heavy Menstrual Bleeding Guidance CG44 Jan 2007

NHS Choices Heavy Periods, Menorrhagia