Irregular Vaginal Bleeding Pathway

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.

NHS Camden Clinical Commissioning Group

History:

- Date of last period
- Regular/irregular cycle
- Heavy periods
- Bleeding after intercourse or in-between period
- Pelvic pain
- Any chance of pregnancy?
- · Cervical screening history
- Sexual health history
- Medication: HRT (cyclical or continuous combined), tamoxifen, oral contraception – combined pill or progestogen only pill

Examination:

- Abdominal palpation check if uterus is palpable
- Speculum examination and assess cervix
- ?? Erosion, cervical abnormality or polyp
- Bimanual examination check for pelvic mass

If a cervical polyp is found – if asymptomatic, no need to remove, however if symptomatic twist and remove in surgery (if clinically competent) and send for histology

RED FLAGS:

cervical cancer

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

Vaginal: Unexplained palpable mass in or at entrance to vagina

Vulval: Unexplained vulval lump, ulceration or bleeding

IMPORTANT CHANGE FROM 2016 WITH NEW 2 WEEK RULE FORMS:

GPs to refer all post menopausal bleeding and women with abnormal bleeding on HRT on 2 week rule Secondary care will perform ultrasound scan and hysteroscopy if endometrial thickness greater than 4mm

2 week referral

Intermenstrual Bleeding
Vaginal bleeding at any time during the menstrual cycle other than
during normal menstruation

Investigations:

- FBC
- Pregnancy test
- Cervical screening if due
- Chlamydia test for at risk patients vulvovaginal self collection
- Consider ultrasound scan: to check endometrium, look for endometrium polyp

Patient <40 years or has no persistent symptoms

Patient >40 years or has persistent symptoms

Ultrasound Scan

To regulate cycle combined pill or norethisterone 5mg tds day 5-25

Follow medication advise to regulate cycle, combined pill or norethisterone 5mg tds day 5-25

Normal

Abnormal

Postcoital Bleeding

Non menstrual bleeding that occurs immediately after intercourse

Investigations:

- FBC
- Pregnancy test
- Cervical screening if due
- Chlamydia test for at risk patients vulvovaginal self collection

If normal examination, observe if occurs only once

Referral to Gynaecology or abnormal cervical screening

Recurrent symptoms

Referral to Colposcopy

Pathway created by NCL led by Camden CCG Clinical Cabinet + GB July 2016 Clinical Contact for this pathway for queries: Dr Elizabeth Bradley

Elizabeth.Bradley@camdenccg.nhs.uk

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