

**PRESENCE OF HEAVY CYCLICAL LOSS OVER 3 OR MORE CONSECUTIVE CYCLES
PROVIDE INFORMATION TO WOMEN (NICE'S INFORMATION FOR THE PUBLIC)
AND DISCUSS TREATMENT OPTIONS**

Low risk: Younger age/ No IMB/PCB/
No uterine abnormality/Fibroids
<3cm/ Longer duration

High risk: Older age/ BMI >25 / Type 2
DM/ IMB or PCB/ PCOS/Tamoxifen
use/ Pelvic pain or pressure
symptoms/ Late menopause/ Fibroids
>3cm/ FHx breast, colon or
endometrial ca

Patient reports heavy menstrual
bleeding

History
Physical examination (abdomen and
pelvis)
Discuss contraceptive needs
FBP, COAG +/- TFTs if indicated
Smear if due & BMI

YES

Red flags or alarm symptoms

NO

Refer to secondary care for further
advice.

Red flag symptoms warranting onward
referral e.g. IMB/ PCB/Pelvic pain,
Pressure , Mass – Please refer using Red
flag Gynae CCG protocol. GP elective
Care services are unable to accept red
flag referrals

ALARM SYMPTOMS

Persistent interim menstrual bleeding with
normal pelvic examination
Post coital bleeding
Pelvic pain or pressure symptoms
Lesions suspicious of cervical or vaginal
cancer
Unexplained vulval lump or vulval
ulceration due to bleeding
Further information re [RED FLAG referrals](#)

Discuss and agree treatment options taking into account
patient preference and risk factors

1st line treatment

Levonorgestrel releasing IUS - available at Gynae GPECs
service
Providing long-term use is anticipated (at least 12m)

2nd line treatment

(unless contraindications present) or whilst awaiting
appointment for IUS insertion
Tranexamic acid - 1g tds for up to 4 days starting with
menstruation* A plasminogen- activator inhibitor, it inhibits
dissolution of thrombosis that leads to menstrual flow.
Decreases menstrual flow by up to 50%
**NSAID ibuprofen (400mg tds) / Naproxen(250-500mg
bd)***inhibits prostaglandin synthesis, reduces menstrual
loss by approx. 25% in 75% of patients
COCP suppresses production of gonadotrophins and is
thought to reduce menstrual blood loss by up to 50%
Review after 3 cycles and stop if no improvement

3rd line treatment

Norethisterone 5mg tds day 5 to 26 or
**Injected Medroxyprogesterone – Depo – Provera (150mg
within 1st 5 days of cycle every 12 weeks)**
Review after 6 months and refer secondary care if no
improvement

GPEC GYNAECOLOGY INFORMATION FOR HMB REFERRALS

Essential information:

- Age of patient? (<45years or > 45years)
- Duration of symptoms (if ongoing for prolonged time vs new onset and advancing age)
- How debilitating the HMB is?
- BMI
- Red flag symptoms warranting onward referral – IMB/PCB/pelvic pain, pressure or mass – Please refer using Red flag Gynae CCG protocol. Gp elective Care services are unable to accept red flag referrals

High risk factors:

- High BMI - a study - American cancer society- in comparison with women who stay at healthy weight, endometrial cancers twice as common in overweight women- BMI 25-29, and more than 3 times in obese women BMI>30. [Endometrial Cancer Risk Factors](#)
- Age >45
- IMB or PCB
- Type 2 dm
- Fibroids >3cm
- Pelvic pain or pelvic pressure symptoms
- Pelvic mass
- PCOS
- Tamoxifen use
- Late menopause
- FHx breast, colon, endometrial ca

Examination

- A ho HMB without other related symptoms (IMB, PCB, pelvic pain or pressure, histological abnormality, adenomyosis or fibroids) do not require a pelvic exam but can be offered conservative management first
- A ho HMB with other related symptoms should have a pelvic exam before referral
- A pelvic exam will obviously be undertaken prior to IUS insertion

Hysteroscopy

- Refer women to local hospital gynae service if history suggests submucosal fibroids, polyps or endometrial pathology (ie they have persistent IMB or risk factors for endometrial pathology)

USS

Refer to local hospital gynae service / radiology (where available)for USS if

- Uterus palpable abdominally
- Examination suggests a pelvic mass
- Examination is inconclusive or difficult (if patient is obese)0
- Transvaginal USS (gynae referral) is more suitable if uterus is bulky and tender or history of significant dysmenorrhea(suspect adenomyosis)