

All Gynaecological Referrals (except 2 week-wait referrals) will be processed by Gynaecology Collaborative

Heavy Menstrual Bleeding (HMB) Pathway

Red Flags:

Ascites/Pelvic mass not fibroid **Ovarian Cancer**

Post-Menopausal Bleeding
Endometrial Cancer

Cervix appearance consistent with cancer
Cervical Cancer

Unexplained palpable mass/at entrance of vagina **Vaginal Cancer**

Unexplained vulval lump, ulceration, bleeding **Vulval Cancer**

History:

Menstrual Cycle
Pain
Irregular Bleeding; PCB & IMB
Pressure Symptoms
Anaemia Symptoms
Current/Recent Contraception
Impact On Quality Of Life

Examination:

Abdominal-palpable uterus or mass
Bimanual PV

Investigations:

FBC & Ferritin
Consider coagulopathies if long term HMB or family history of coagulopathy
STD Screen (self-swab)
Cervical Cytology if due
USS if symptoms suggest ovarian cancer, enlarged or tender uterus

Primary Care Management

Normal Investigations,
Fibroids <3cm
Adenomyosis or not scanned

Trying to conceive

Not trying to conceive

Tranexamic Acid 1.5gs
TDS D1-4 for 3 cycles

If Dysmenorrhoea,
add Naproxen 500mgs
OD then 250mgs TDS

1. IUS/Mirena if available

2. COCP, Tranexamic Acid +/- NSAIDS

3. Depot Provera,
Norethisterone 5mgs
TDS or Provera 10mgs
TDS D5-25

Refer Gynaecology Collaborative:

Endometrial Polyp
Multiple or Large Fibroids
Ovarian Cyst
Significant Anaemia
Failed Medical Treatment
Patient declines Pharmacological Rx

Urgent Referral:

Perimenopausal >45 with new HMB/IMB
Obesity
Hx of PCOS, DM

Consider further primary care guidance prior to referral:

<https://pcwhf.co.uk/resources/guidance-for-the-management-of-abnormal-uterine-bleeding-during-covid-19/>