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

Polycystic Ovarian Syndrome Pathway

Consider Adrenal tumour, Cushing's Syndrome & Late Onset Congenital Adrenal Hyperplasia:

Signs of virilization (deep voice, reduced breasts size, increased muscle bulk, clitoral hypertrophy)
Rapidly progressing hirsutism
Testosterone>5 or 2x upper limit of normal



Refer Endocrinology

Primary Care Management

Long Term Management:

Diabetes risk Annual HBA1C Screening
CVD risk QRISK2 if appropriate
Obesity Weight Management & Healthy Lifestyle
Obstructive Sleep Apnoea Epworth Score Link
Pregnancy Gestational Diabetes Screening
Emotional Wellbeing Negative Body Image,
Psychosexual, Eating Disorders
Support Group Verity-PCOS

Diagnosis: 2/3 criteria

Infrequent or No Ovulation (Infrequent or No periods)
Clinical and/or Biochemical Hyperandrogenism
PCO on USS (>12 follicles 2-9mm size, single or both
ovaries and/or increased ovarian volume>10cm³

Gynaecology Collaborative

Testosterone: normal or raised

SHBG: normal to low (surrogate marker of insulin

resistance)

FAI: normal or raised **Prolactin:** Mildly raised

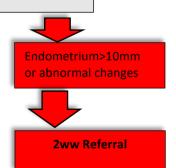
Check LH, FSH, TFTs for other causes of amenorrhoea

Amenorrhoea (<4 periods/yr), abnormal vaginal bleeding or BMI++

Provera® (medroxyprogesterone) 10mgs od 14 days to induce withdrawal bleed *then* USS to assess endometrium



Endometrium normal, aim to prevent endometrial hyperplasia Provera[®] (medroxyprogesterone) 10mgs od 14 days every 3 months COCP/POP/IUS



Hirsutism



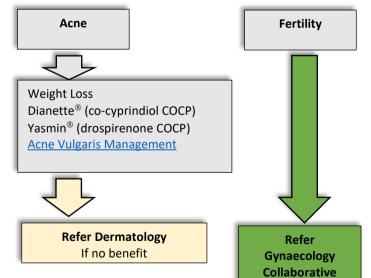
Weight Loss

Dianette[®] (co-cyprindiol COCP)
Yasmin[®] (drospirenone COCP)
Vaniqa[®] (6-8wks for benefit, loss of benefit on cessation) 4 months trial
Hair removal methods



Refer Endocrinology

If no benefit



Please consider further guidance at https://cks.nice.org.uk/polycystic-ovary-syndrome