

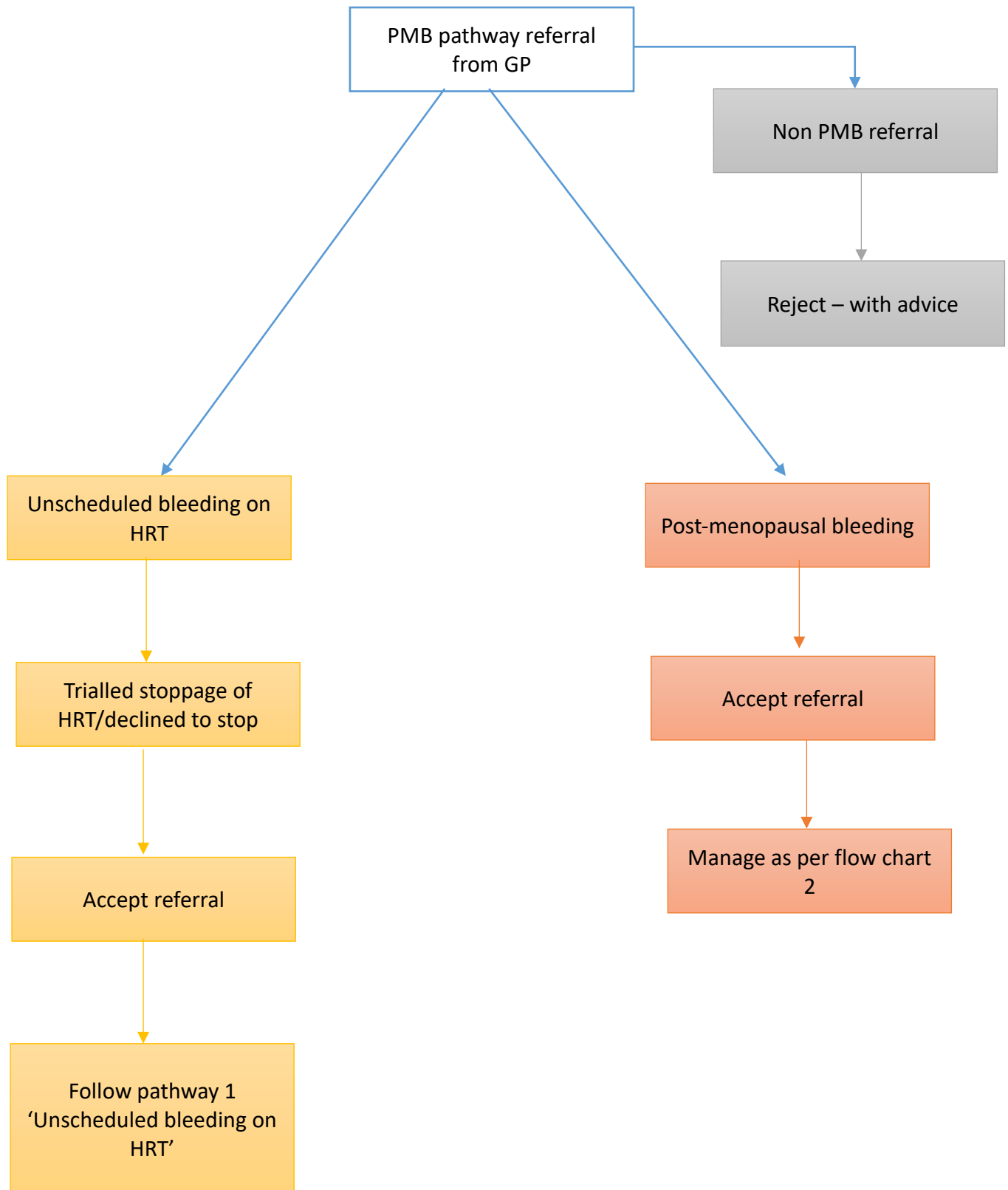
### PMB Referral Pathway

<b>Originator:</b>	Jonathan Chester
<b>Approved by:</b>	Gynaecology Directorate Meeting
<b>Date of approval:</b>	23 <sup>rd</sup> February 2024
<b>First Revision Due</b> <b>This is the most current document and should be used until a revised version is in place :</b>	23 <sup>RD</sup> February 2027
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust

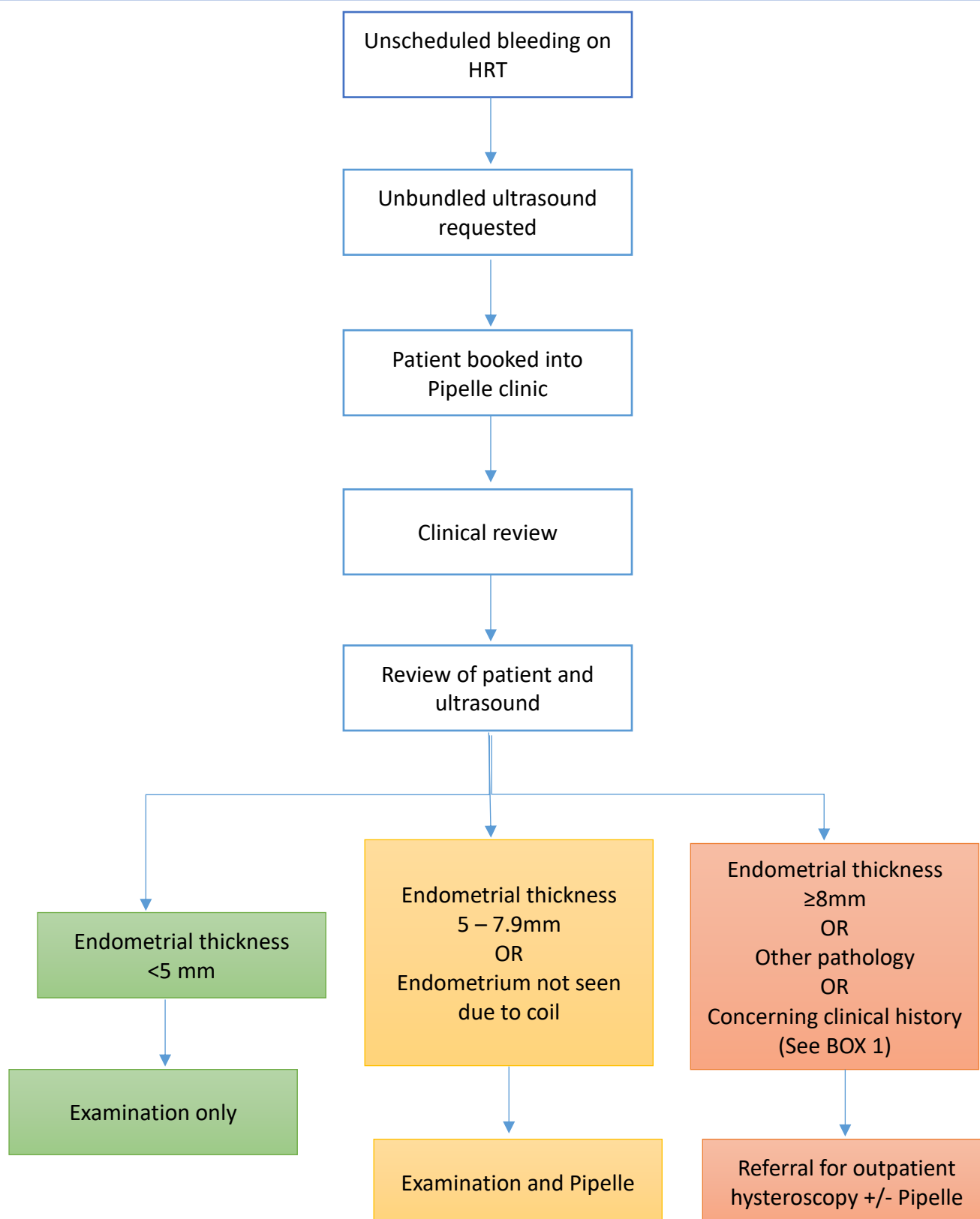
### Key Amendments

Date	Amendment	Approved by
23 <sup>rd</sup> Feb 24	New document to replace PMB pathway	Gynaecology Directorate Meeting

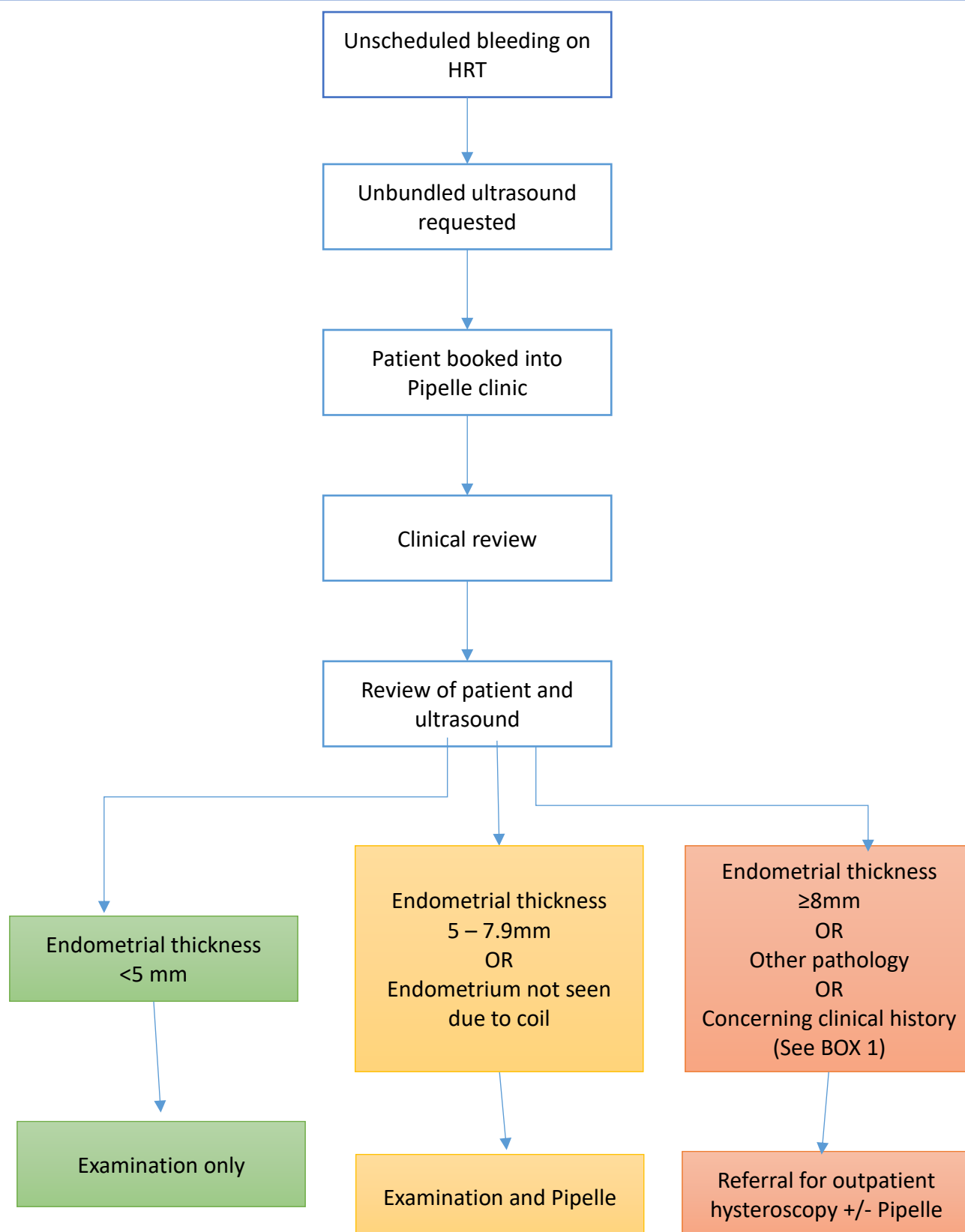
## PMB referral pathway



## Unscheduled bleeding on HRT (Flow chart 1)

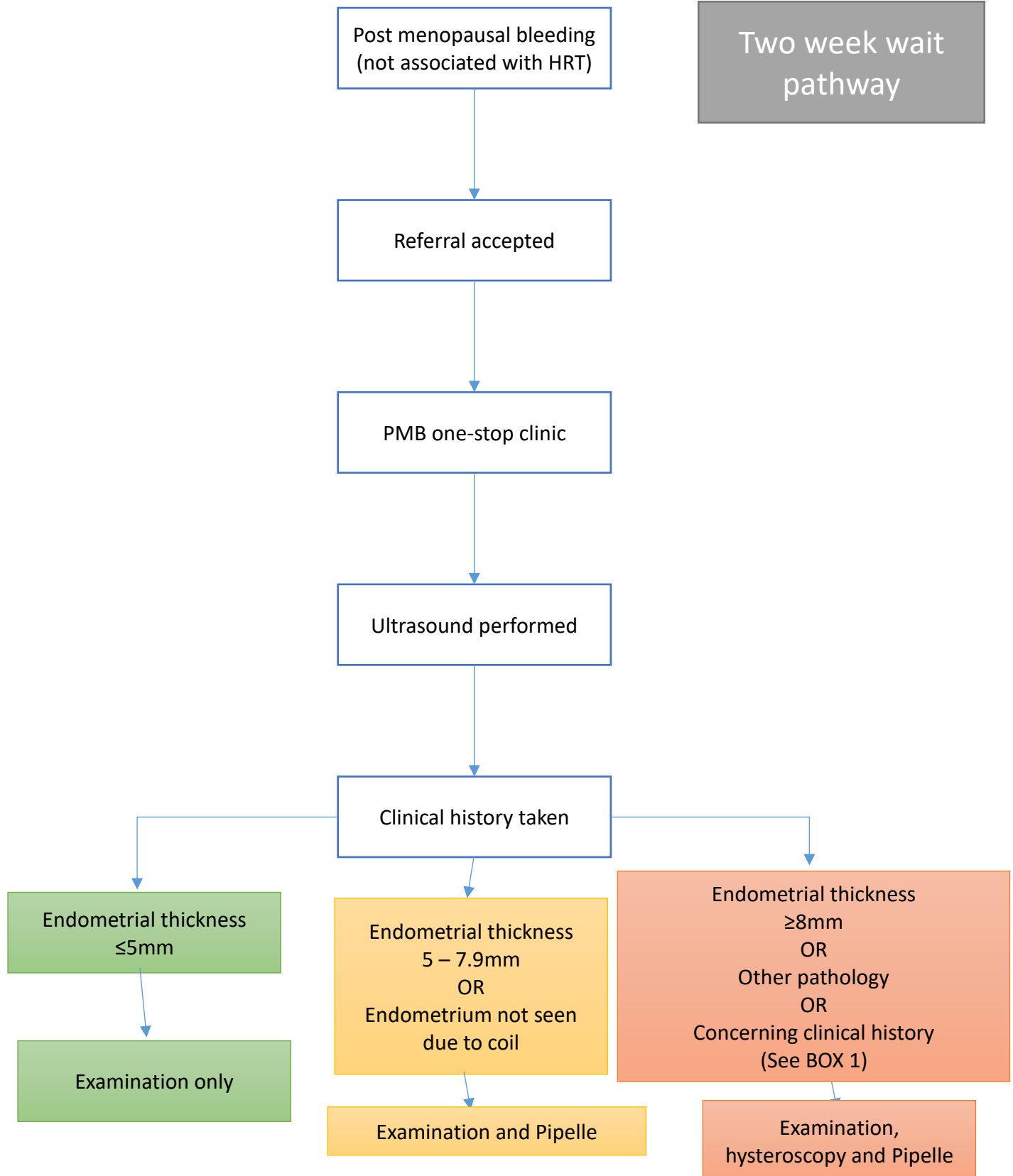


## Unscheduled bleeding on HRT (Flow chart 1)



## Post-menopausal bleeding (Flow chart 2)

Two week wait  
pathway



BOX 1

Concerning features include:

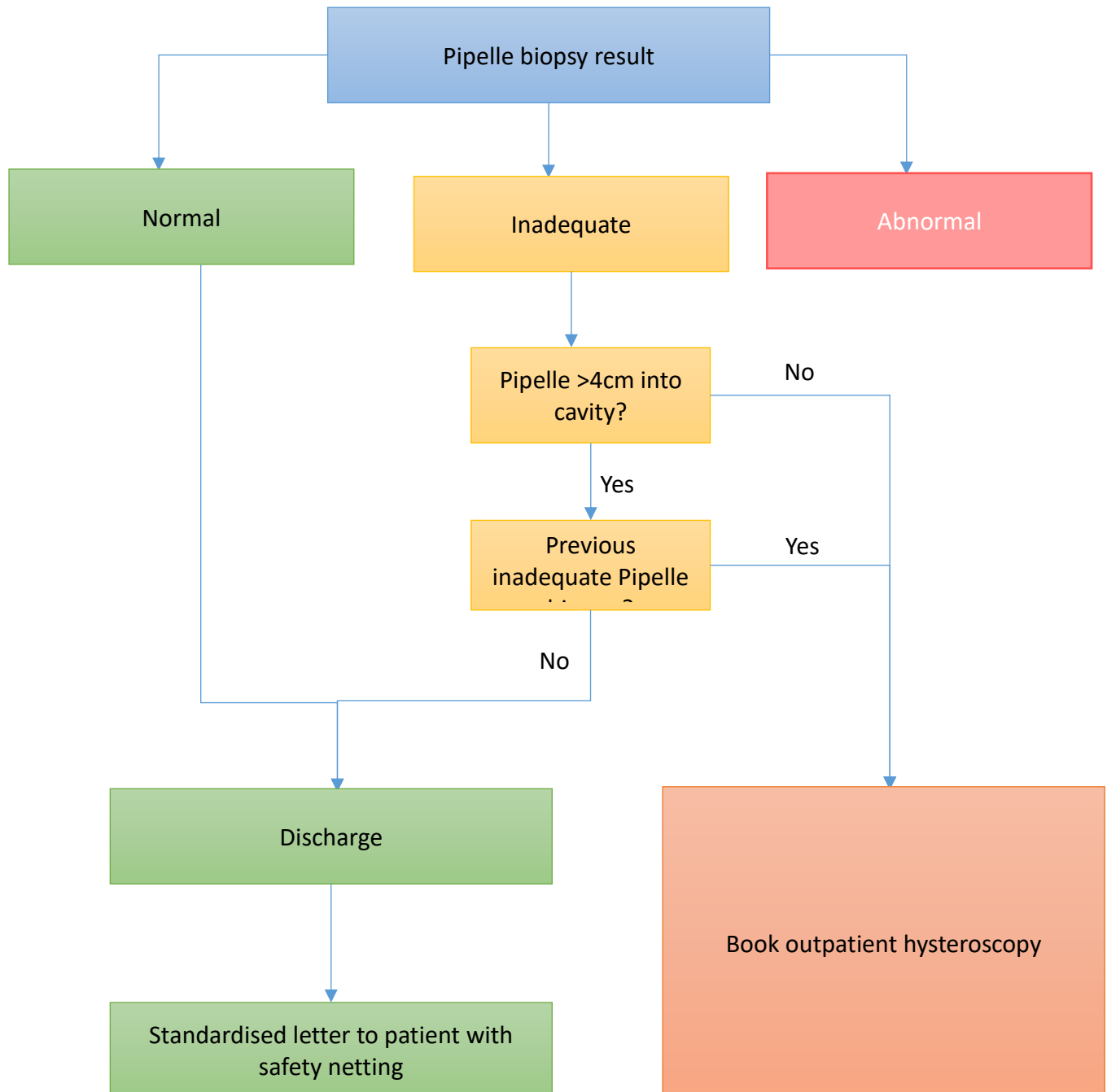
- Current/recent use of Tamoxifen;
- Previous endometrial hyperplasia;
- Recurrent bleeding;

BOX 2

**Indistinct endometrium on ultrasound**

- Clinical history needs to be the deciding factor where the endometrium is indistinct;
- Clinicians should bear in mind that they may want to investigate (with endometrial biopsy or hysteroscopy) at a lower threshold than normal if they do not have an endometrial thickness;
- Ultimately clinical judgement and patient wishes need to guide clinical decision making regarding investigation.

## Management of Pipelle Only Results



Clinic setup

Unscheduled bleeding on HRT

5 patients

Ultrasound scans happened  
prior to clinic  
'Unbundled'

Attends WHU

See registrar  
Clinical history  
Examination +/- biopsy as  
required

Post-menopausal bleeding

6 patients

Ultrasound scans 'within'  
clinic  
'One-stop'

Attends WHU

See consultant/clinical fellow  
Clinical history  
Examination +/- biopsy +/-  
hysteroscopy as required

Patients can be freely moved between sides based on ensuring  
hysteroscopy/biopsy is achieved the same day as far as possible.