



## **Primary Care Management of Post-Menopausal Bleeding**

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Lead Clinician(s)

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Gynaecology

Approved by Gynaecology Governance Meeting 14th December 2020

on:

Review Date: 20<sup>th</sup> February 2025

This is the most current document and should be used until a revised version is in place

## Key amendments to this guideline

Date	Amendment	Approved by:
29 <sup>th</sup>	Document extended for 6 months whilst under	Alex Blackwell
December 2023	review	
20 <sup>th</sup> August	Document extended for 6 months whilst under	Alex Blackwell
2024	review	

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## WAHT-TP-027

Worcestershire
Acute Hospitals
NHS Trust

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

GP examines patient to exclude lower genital tract Ca before referral. (PMB carries a 1% risk of vulva/vaginal/cervical Ca) Smear test if due according to national guidelines GP refers patient on referral form for 'Possible Gynae Cancer & PMB/Pelvic mass' as per instructions on form NB: GP gives patient 'patient information sheet' PMB/Pelvic Mass Pathway 2WW pathway U/S department make appointment NB: U/S clerk informs seen in Gynae clinic on day when Gynae clinic walk-in appts of patients scan within 2 weeks appts are available Patient receives NB: Procedure info letter/phone call with given (by x-ray dept) appt date and time Patient attends U/S dept for scan Abnormal scan Normal endometrial NB: finding including thickness PMB - risk of endometrial endometrium >4mm =/<4mmcancer Patient seen in -Not on HRT (5.7-11.5%) -Patient sent home, copy of Gynae clinic the post-menopausal bleeding report to GP - consultation same day >12 months after last period with GP if patient wishes -Cyclical Sequential HRT (1-1.5%) Another postmenopausal bleed unscheduled bleeding or with 6/12 of the last U/S = prolonged bleeding >6 months 2WW referral on referral form after starting HRT for 'Possible Gynae Cancer & PMB/Pelvic mass' as per -Continuous Combined instructions on form (urgent HRT(10%) hysteroscopy will be Bleeding >6 months after arranged) commencing HRT

## N.B:

- -<u>Incidental</u> finding on ultrasound scan of endometrial thickness </=8mm does not necessarily need referral/investigation unless clinically indicated
- -for 2WW Referral tick 'Endometrial' on right hand side of form for:
- · Bleeding on Tamoxifen,
- suspicious examination findings,
- abnormal pipelle biopsy result

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