

Dysmenorrhoea Pathway

Clinical Presentation

- Uterine pain/cramps a few days prior to or during menstruation

Primary dysmenorrhoea

- Within 6-12 months of menarche
- Chronic, recurring condition that affects most young women
- Pain is usually 8-72 hours: (cramping, lower abdominal, may radiate to the back and inner thigh, can be associated with nausea, vomiting, diarrhoea, fatigue and headache. other gynaecological symptoms are not usually present.

Secondary dysmenorrhoea

- Later onset >25 years, often, often preceded by years of pain-free menstruation
- Pain is not consistently related to menstruation alone
- Accompanying features suggestive of underlying pelvic disease: irregular bleeding pattern, heavy periods, vaginal discharge, dyspareunia

History

- Gynaecological history
- Obstetric history
- Social history
- Medical /medication history

Examination

- Abdominal examination
- Pelvic examination – BUT inappropriate in a young girl not yet sexually active

Red flag- Urgent referral

- see 2ww gynae referral criteria
- Abnormal cervix on examination
 - Persistent intermenstrual bleeding-
 - Palpable pelvic mass

Investigations

Primary dysmenorrhoea suspected:

- Investigations usually not required.
- If patient is sexual active:
 - STI screen
 - Pregnancy test

Lifestyle advice

(Alcohol, exercise, stress, smoking)

Primary dysmenorrhoea pharmacological therapy

- **First line pain relief:**
NSAIDs (Paracetamol if NSAIDs contraindicated)
- **Consider ovulation inhibition:**
Combined hormonal Contraceptives, Levonorgestrel IUCD (Mirena coil), Depo-Provera
- **Combination treatment:**
NSAIDs plus CHC, codeine plus paracetamol or an NSAID

Review

Pelvic Ultra sound if symptoms persist

Only refer if patient is not responsive to treatment

Investigations

Secondary dysmenorrhoea suspected:

- STI screen
- Pregnancy test
- FBC
- Transvaginal US

Suspected Secondary dysmenorrhoea

- Fibroids
- adenomyosis,
- endometriosis
- PID
- congenital abnormalities
- cervical stenosis
- Asherman's syndrome

Advise pain relief :

- NSAIDs, paracetamol with/without codeine

Refer to gynaecology for further investigations