Heavy Menstrual Bleeding Guidelines

History
- Gynae
- Contraceptive
- Anaemia symptoms
- Clotting disorders

Examination
- Pelvic examination if appropriate – checking for pelvic mass / bulky uterus secondary to fibrosis

Short term medical treatment only
- Norethisterone 5mg tds for 10 days to stop bleeding in menorrhagia

Investigations
- **Bloods**
  - Check FBC, and manage anaemia appropriately
  - TFT and clotting screen – only if appropriate
- **Request Ultrasound Pelvis** to excluded structural abnormality if:
  - Additional symptoms to menorrhagia
  - Inadequate pelvic exam
  - Possible pelvic mass palpable
  - Consider fibroids, Adenomyosis, endometrial polyps
  - Additional risk factors present which increase risk of endometrial cancer
    - >45 yrs old
    - Obese and nulliparous
    - Polycystic ovarian syndrome
    - Diabetic
    - Tamoxifen use

Refer for Hysteroscopy
- US pelvis result abnormal or inconclusive
- Fibroids less then 3 cm do not need referral
- Fibroids >3 cm only need referral if symptomatic
- No improvement after 6 months of medical treatment
- Inter-menstrual bleeding over age of 40

See SYB Commissioning for Outcome Policy Below

Menorrhagia pharmacological therapy (if <40 yrs old with no risk factors)

First line

If regular cycle then 3 – 6 months of :
- **Tranexamic acid** 1g qds for up to 4 days one bleeding commences
- AND/OR **Mefenamic acid** 500g tds

If irregular cycle then **combined oral contraceptive pill / patch / ring**

Second line
- Intra Uterine System – **Mirena Coil**
- If patient agreeable consider Mirena coil first line

Third line
- Other progesterone treatment
- **Progesterone only pill**
- **Implanon**
- **Depo injection**

Refer to gynaecologist

See SYB commissioning for outcomes policy below for Hysteroscopy / Hysterectomy for heavy bleeding

Updated October 2019 Dr S.Atcha