

Sheffield Primary Care Management of Abnormal Uterine Bleeding

Aim

The aim of this algorithm is to extend and support the safe diagnosis and management of women with uncomplicated AUB in Primary Care. We hope this will reduce the need for referrals to Gynaecology for women with this condition for whom an endometrial sample is indicated (see below). Continue to manage as usual women with AUB who do not require endometrial biopsy or refer directly to Secondary Care.

Definition of AUB to be managed in Primary Care

Heavy menstrual bleeding (menorrhagia)
Irregular bleeding
Change in bleeding pattern

Initial assessment

History to include bladder and bowel symptoms
Abdominal examination
Bimanual and speculum examination
Cervical swabs if indicated
FBC
Check status of cervical cytology
Weight & height; calculate BMI

Exclusion criteria for Primary Care Management

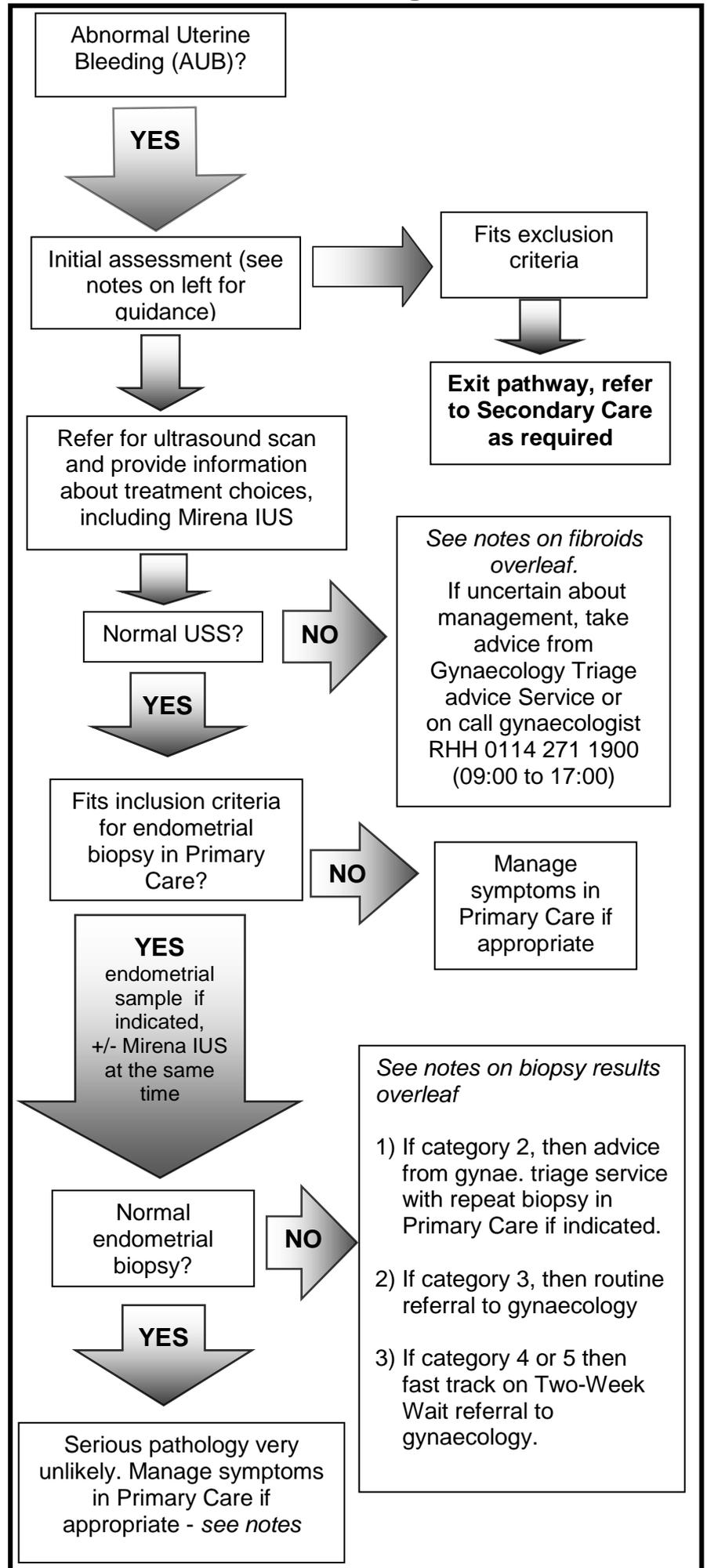
Postmenopausal bleeding }
Persistent postcoital bleeding }
Persistent intermenstrual bleeding }
PMB after Tamoxifen }
Refer as per Fast Track 2WW guidelines
Active vaginal, cervical or pelvic infection including STI
Pregnancy

Inclusion criteria for endometrial biopsy in Primary Care

AUB as defined above with
Age >/- 45 (or <45 with PCOS, obese, DM or persistent problems)

Risk factors for endometrial cancer

Obesity PCOS Diabetes Mellitus
Tamoxifen use HNPCC



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Exclusion of STIs with swabs

Necessary for women of risk, that is under 25 years of age, recent change of partner or 2 or more partners in one year.

Exclusion of pregnancy

During the menstrual cycle prior to biopsy patient should abstain from intercourse or use reliable contraception, which includes condoms.

Managing Fibroids

Uterine fibroids are a common USS finding. Small fibroids, <3 cm, are not usually clinically significant, unless impinging on the uterine cavity (submucosal). Submucosal fibroids can make periods heavier, longer and give rise to intermenstrual loss. Large intramural and serosal fibroids can also make periods longer and heavier, but tend not to cause intermenstrual bleeding. Indications for referral for fibroids are: those that are palpable abdominally, are causing pressure symptoms because of their size, including urinary symptoms, and where the uterine length is large, >12 cm.

Fibroids are not usually a contraindication to endometrial sampling except where the cavity is significantly enlarged or distorted. In these cases Primary Care endometrial sampling is inappropriate and hysteroscopy may be required and the patient should be referred. Cavity distortion can also compromise contraceptive efficacy of the Mirena IUS.

Endometrial Biopsy Results

- 1) Secretory changes, consistent/inconsistent with time of cycle
Proliferative changes, consistent/inconsistent with time of cycle
Inactive endometrium
- 2) Inadequate as no endometrial tissue in the sample
- 3) Simple hyperplasia
- 4) Complex hyperplasia without atypia
Complex hyperplasia with atypia/Endometrial intraepithelial neoplasia
- 5) Endometrioid endometrial adenocarcinoma

Management of AUB in Primary Care

The management will depend on the results of the USS and the nature of the symptoms. If the clinical problem is HMB then see the Sheffield HMB protocol or NICE guidance. Otherwise, treat appropriately or consider taking advice from the Gynaecology Triage Service or the on call gynaecologist at RHH, 0114 271 1900 (09:00 to 17:00)

References NICE HMB Guidance/Sheffield HMB Guidelines/ SIGN Guidelines

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