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

Abnormal Uterine Bleeding (AUB)?

YES
Initial assessment (see notes on left for guidance)

Fits exclusion criteria
Exit pathway, refer to Secondary Care as required

NO
Refer for ultrasound scan and provide information about treatment choices, including Mirena IUS

Fits inclusion criteria for endometrial biopsy in Primary Care?

YES
NO

Normal USS?

YES

Fits inclusion criteria for endometrial biopsy if indicated, +/- Mirena IUS at the same time

NO
Manage symptoms in Primary Care if appropriate

Normal endometrial biopsy?

YES

NO

Serious pathology very unlikely. Manage symptoms in Primary Care if appropriate - see notes

See notes on fibroids overleaf.
If uncertain about management, take advice from Gynaecology Triage advice Service or on call gynaecologist RHH 0114 271 1900 (09:00 to 17:00)

See notes on biopsy results overleaf

1) If category 2, then advice from gynae. triage service with repeat biopsy in Primary Care if indicated.
2) If category 3, then routine referral to gynaecology
3) If category 4 or 5 then fast track on Two-Week Wait referral to gynaecology.

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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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