HEAVY MENSTRUAL BLEEDING (HMB)

RC GP LEARNING

PRESENTATION

What is heavy menstrual bleeding?	Related symptoms	Other things to ask
• NICE: 'excessive menstrual blood loss which interferes with a woman's physical, social, emotional, and/or material quality of life, and which can occur alone or in combination with other symptoms'. • Ask about flooding, use of double protection, getting up at night to change protection.	• Intermenstrual bleeding (IMB). • Postcoital bleeding (PCB). • Dysmenorrhoea. • Pressure symptoms. • Pelvic pain. • Infrequent but very heavy bleeding. • Risk factors for endometrial pathology (obesity, DM, PCOS, tamoxifen).	• What is the effect on her job, education and home life? • What has been tried already and did it work? • Does she need contraception? • Iatrogenic causes - anticoagulants, antiplatelet, SSRIs, herbal supplements (ginseng, gingko and soya) and the copper intrauterine device. • Co-morbidities.

ASSESSMENT IN PRIMARY CARE

Examination	Initial investigation	Further investigation
• Examination only needed if there are related symptoms. • Abdominal examination to look for large fibroids/other masses. • Vaginal and speculum examination (unless never been sexually active) looking for signs of malignancy or fibroids/other masses.	• FBC for all women. • Pregnancy test if pattern of bleeding has changed. • Swabs for infection. • TFTs only if clinical features of hypothyroidism. • Clotting if HMB started at menarche, or PMH/FH of coagulation disorder.	• Ultrasound if history or examination suggests pelvic mass/palpable uterus or examination difficult due to BMI. • Transvaginal ultrasound if there is significant dysmenorrhoea or bulky tender uterus (looking for adenomyosis).

MANAGEMENT

Pharmacological	Contraceptive and manages HMB	Surgical

• If low risk of fibroids/uterine cavity abnormality/endometrial pathology/endometriosis then treat pharmacologically.
• Tranexamic acid or NSAID.
• Ulipristal acetate for fibroids only if started in secondary care and other options failed/declined/not suitable.
	• Levonorgestrel intrauterine device (LNG-IUD) is first-line management if there is no pathology, or fibroids <3cm not distorting cavity, or adenomyosis (suspected/diagnosed).
	• Combined/progestogen only contraception.
		• Endometrial ablation.
		• Fibroid management:
		  ○ Uterine artery embolisation.
		  ○ Hysteroscopic removal.
		  ○ Myomectomy.
		• Hysterectomy.

REFERRAL

Referral before investigation	Referral after investigation	Referral under other guidelines
• Straight to hysteroscopy if persistent IMB or risk factors for endometrial pathology. • NICE does not recommend a scan before such a referral, but some local pathways may mandate it.	• Consider referral if fibroids ≥3cm. • Refer if initial treatment is unsuccessful or declined or symptoms are very severe.	• Refer on target pathway if there are any symptoms from NICE suspected cancer guideline.

NICE NG 88 (2021), NICE CKS HMB (2023)