

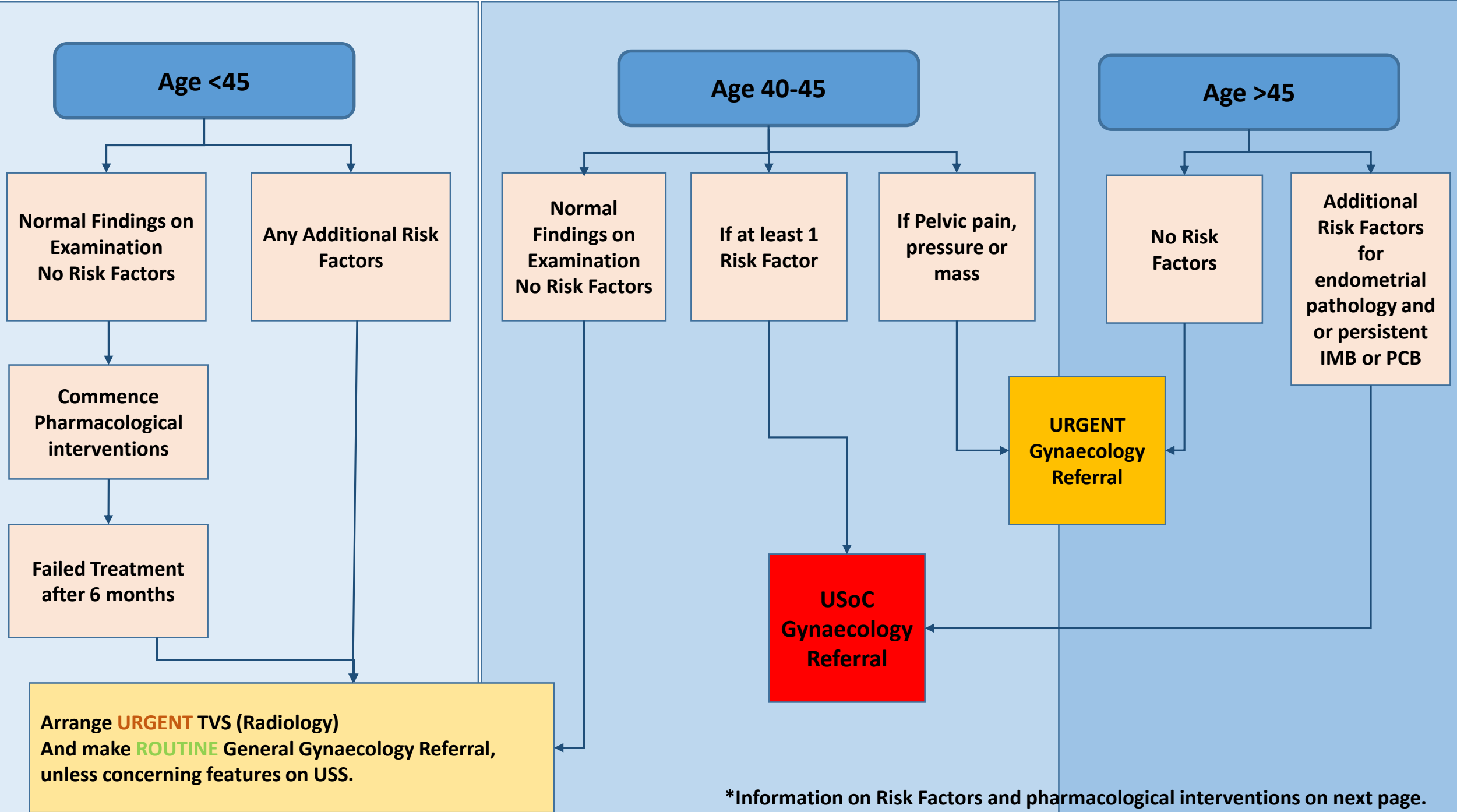
## Management and Referral: Heavy Menstrual Bleeding (HMB)

### The following investigations are important prior to referral:

- History with abdominal/ speculum/ VE/ (to rule out serious pelvic pathology) +/- FBC
- BMI; cervical smear (if due), +/- STI screen (recommended)
- TVUSS - useful alongside referral if symptoms suggest fibroids, pelvic endometriosis or adenomyosis

### Refer urgently to one stop USOC clinic if:

- Abnormal abdominal/pelvic ultrasound suggestive of ovarian cancer (take Ca125).
- Physical examination identifies ascites and/or a pelvic/abdominal mass, which is not obviously uterine fibroids.
- Abnormal abdominal/pelvic ultrasound suggestive of endometrial cancer



\*Information on Risk Factors and pharmacological interventions on next page.

**The following Pharmacological Interventions are recommended if normal examination findings and no risk factors identified:**

- Tranexamic acid (1g qds 3-5d),
- NSAIDS
- COCP or POP
- LNG IUS if GP practice can insert

**Risk factors for endometrial pathology:**

- BMI  $\geq 30$
- On Tamoxifen
- PCOS
- Pharmacological treatment for HMB has been unsuccessful
- Family history of breast, colon, endometrial cancer

**References:**

[NHS GGC Heavy menstrual bleeding guideline](https://www.nice.org.uk/guidance/ng88/chapter/Recommendations#management-of-hmb)

<https://www.nice.org.uk/guidance/ng88/chapter/Recommendations#management-of-hmb>

[Heavy periods \(heavy menstrual bleeding\) \(nhsinform.scot\)](https://www.nhs.uk/conditions/heavy-menstrual-bleeding/)