

## Abnormal uterine bleeding

### RFQs

- What is your bleeding pattern like? Do you bleed between periods? Do you bleed after intercourse?
- When was your last period?
- Do you have pain during intercourse?
- Is your bleeding distressing or interfering with your life?

### Provide

- Women with a low probability of pathology may be treated without examination or investigation.
- Arrange a FBC in all heavily bleeding women.
- Arrange an ultrasound only if the patient experiences pelvic pain or dyspareunia, or if examination reveals a pelvic mass or enlarged or tender uterus.
- We should refer ALL women with persistent intermenstrual or persistent irregular bleeding, and ALL women with infrequent heavy bleeding and risk factors for endometrial pathology (including obesity), DIRECTLY for outpatient hysteroscopy.
- The levonorgestrel IUS is an effective first-line treatment for abnormal uterine bleeding.
- Other hormonal options are combined hormonal method, cyclical oral progestogens or other progestogenic contraception.
- Tranexamic acid and mefenamic acid are effective non-hormonal treatments.
- Uterine ablation does not provide contraceptive cover, and intrauterine contraception should be avoided due to cavity distortion.

### Safety net:

Please let me know if you are bleeding between periods, or after sex.

After menopause (no periods for longer than 12 months): Let me know if you have vaginal bleeding again if you have had no bleeding for at least 12 months.

If your bleeding is distressing or interfering with your life we ought to be hearing from you.