

Investigations

- Pelvic scan:

Indications for pelvic ultrasound in abnormal uterine bleeding

Counties Manukau Health – Any of the following:

- Age ≥ 30
- BMI ≥ 30
- > 3 months of intermenstrual bleeding
- > 3 months of failed medical treatment
- Suspected pelvic mass on clinical examination
- Haemoglobin < 80g/dL

The Counties Manukau Health population has a high incidence of atypical hyperplasia and endometrial cancer, often in very young women. The criteria have therefore been modified to fit with the risk in the CMH population.

- Endometrial thickness $\geq 12\text{mm}$ premeno, $\geq 5\text{mm}$ for postmeno
- Echogenic focus – polyp/ submucosal fibroid
- Vascularity
- Cystic endometrium

REFER REGARDLESS OF PIPELLE RESULT



Abnormal scan



Pipelle
..Pipelle...Pipelle

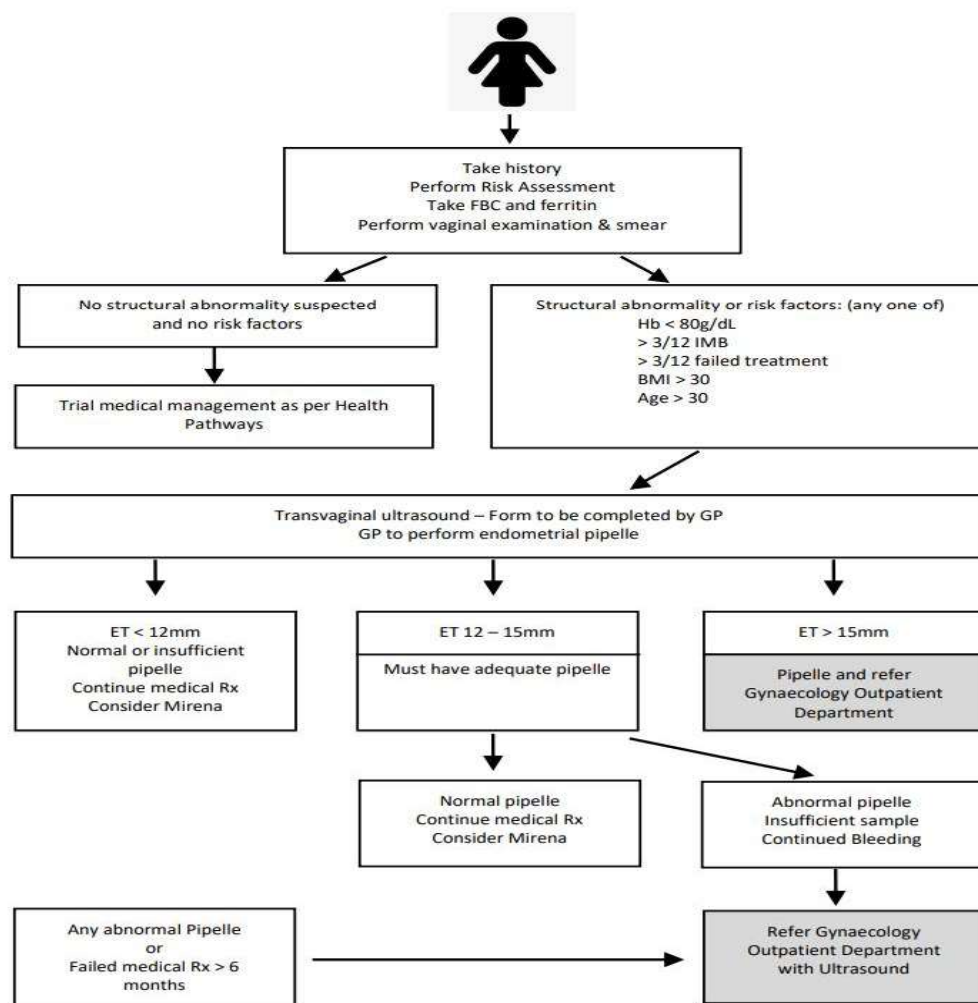
Heavy menstrual bleeding

Hb drop, iron deficiency

BMI >30

Age >30

Not responded to treatment



**If high index of suspicion based on risk factors or symptoms alone, perform ultrasound and pipelle and consider referral to GOPD for advice. December 2013.*

Management


- Acute bleeding
 - Hospital admission if symptomatic anaemia
 - Needing blood transfusion/iron infusion
 - Manage in community if haemodynamically stable
 - Tranexamic Acid 1G every 6 hours for 3-5 days until bleeding light
 - Provera 10mg TDS until bleeding light then BD then OD over 3-5 days.
- Non acute bleeding
 - Manage in community.
 - Treatment depends on pelvic scan based on endometrial thickness
 - Non hormonal – TXA and NSAID
 - Hormonal – Provera, COP, Depo, Mirena
 - Treat Fe deficiency with Fe tab or iron infusion (see POAC pathway CMDHB)



ET <12mm

- ADHB/ WDHB – medical management +/- Mirena
- CMDHB – Pipelle + medical management +/- Mirena
 - Pipelle for >30 years old, BMI >30, failed 3 months treatment, abnormal blood tests
- Medical management
 - Young <40yrs – COP +/- tricycling (assess risk factors for COP)
 - Older >40 yrs old – progesterone 3:1 weeks
 - Depo
 - Mirena
 - Add NSAIDs if symptoms of dysmenorrhea







ET >12-15mm

- ADHB/ WDHB


- start treatment
- Refer to Gynae (Pipelle if possible)

- CMDHB

- Pipelle
 - must be adequate and apply medical management
 - if inadequate or failed sampling – refer Gynae
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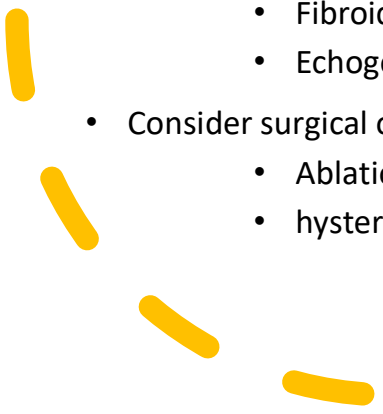


ET >15mm

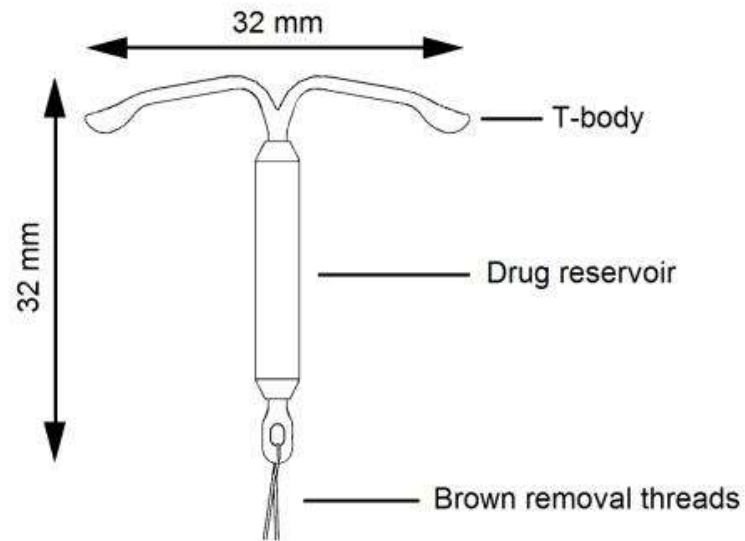
- ADHB/ WDHB - refer
 - CMDHB – Pipelle + refer
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Refer Gynae

- Failed medical management >3 months + Pelvic scan + Smear +/- Pipelle
 - Abnormal scan
 - 12-15mm
 - CMDHB - if failed pipelle or inadequate sample or abnormal sample
 - ADHB/WDHB – refer
 - >15mm
 - Vascular endometrium
 - Cystic endometrium
 - Fibroids particular submucosal
 - Echogenic lesion/ polyps
 - Consider surgical options
 - Ablation
 - hysterectomy
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Mirena IUCD



- Contains 52mg Levonorgestrel
- Releases 20 microgram/ 24 hours
- Due for removal at 5 years
- Irregular bleeding is common in first 6 months
- Still has heavy bleeding in initial 3 months, therefore likely to need continue with TXA
- Avoid contact risks within 3 days of insertion
- Reduce menstrual flow 85-90% after 1 year
- 2/3 – oligomenorrhea
- 1/3 - amenorrhea

Mirena and Jaydess

- Mirena: 52mg Levonorgestrel releasing system at 20mcg/day
 - Duration: 5 years
- Jaydess: 13.5mg levonorgestrel releasing system at 14 mcg/day
 - Duration: 3 years
- Action:
 - Thins out endometrium
 - Prevents fertilisation
 - Thickens cervical mucous
 - Does not fully suppress ovulation

