

IRREGULAR MENSTRUAL BLEEDINGKT

Kernow Health RMS

01/09/2011

IRREGULAR MENSTRUAL BLEEDING– CRITERIA FOR REFERRAL TO RCHT

Definition:

Between three & five episodes with fewer than 3 bleeding-free intervals of length 14 days or more.

- If over 45 yrs old consider early referral *if symptoms are persistent and not responsive to treatment*

Information to include in referral letter

- Describe problem and effect on QOL
- Current contraception
- Smear history (including last smear & result) *the patient will still be seen without this but if you can retrieve it automatically it speeds up the consultation*
- Treatment options *please include which tried and whether effective*
 - Mirena – at least 6/12 use
 - COCP (30-35mcg E2 more effective than 20mcg) – at least 3/12 use
 - Cyclical Norithisterone/Provera
 - Depo Provera
- Relevant past medical / surgical history *if not on proforma*
- Current regular medication *if not on proforma*

Investigations prior to referral

- Chlamydia screening
- Pelvic USS
- FBC, TFTs

Desirable Information

- Indication of parity
- Expectations of referral
 - Exclusions of pathology & reassurance
 - Endometrial Ablation / TCRE
 - Hysterectomy

Red Flag Symptoms

Postmenopausal Bleeding (PMB) i.e. bleeding >12 months after last period

Persistent Intermenstrual bleeding (IMB)

Reference

NICE Guideline Jan 2007 Heavy Menstrual Bleeding

Faculty of Sexual and Reproductive Healthcare (FSRH). Management of Unscheduled

This information is intended as guidance. If using your clinical judgement to refer contrary to this guideline please state your reasoning clearly and explain what you want from the consultation.

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Bleeding in Women Using Hormonal Contraception. London: Royal College of Obstetricians and Gynaecologists (RCOG); 2009.

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