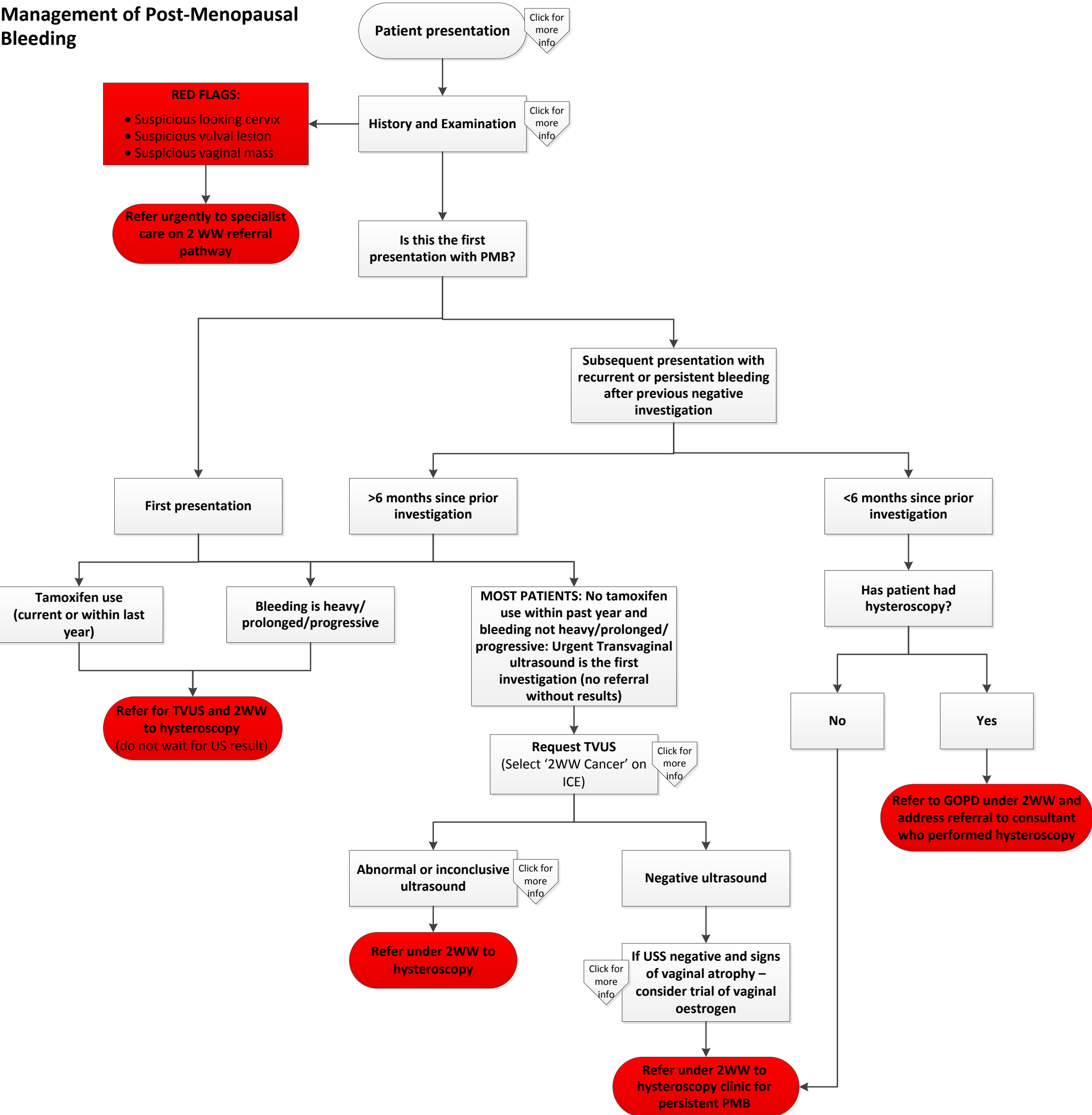


Management of Post-Menopausal Bleeding



## Patient presentation

Postmenopausal bleeding (PMB) is defined as any vaginal bleeding occurring after twelve months of amenorrhoea, in a woman of the age where the menopause can be expected.

Causes:

- Endometrial and/or vaginal atrophy. The most common cause of PMB
- Use of HRT
- Endometrial polyps or cervical polyps.
- Endometrial hyperplasia; simple, complex, and atypical.
- Endometrial cancer. The probability of a woman presenting with PMB having endometrial cancer is 10%. However, 90% of women with endometrial cancer present with PMB.
- Cervical cancer; remember to repeat the smear if it is not up-to-date and examine the cervix in all cases.
- Uterine sarcoma (rare).
- Vaginal cancer (very uncommon)
- Rarely Ovarian cancer, especially oestrogen-secreting (theca cell) ovarian tumours.
- Non-gynaecological causes including trauma or a bleeding disorder.

Post coital bleeding in Post-menopausal women is considered as and treated as PMB



## History and Examination

- The goal of the history and examination is to exclude malignant causes.
- It should focus on risk factors – oestrogen exposure; other risk factors for ca; duration of bleeding; recurrent bleeding; obesity

### **Exam: Bimanual examination and speculum**

Consider utilising the skills of practice nurses who regularly perform smears or other practice colleagues who have considerable gynae experience if unsure about cervical pathology rather than direct 2WW referral if uncertain. Practices can consider ways of triaging patients with gynae complaints to the most experienced clinicians within primary care.



**Request TVUS (Select '2ww Cancer' on ICE) for:**

- All women presenting with postmenopausal bleeding following more than 12 months of amenorrhoea
- Women previously amenorrhoeic for other reasons including mirena or endometrial ablation
- Women aged 55+ with unexplained symptoms of abnormal (watery/offensive/green/bloody) vaginal discharge once infection has been excluded
- Include postmenopausal women presenting with post coital bleeding

**Add brief history and any hormone therapy to scan request. This aids sonographer interpretation and affects the result.**

**Report for TVUS will be available within two weeks.**

**Refer under 2WW if:**

- Transvaginal ultrasound has been performed and endometrial thickness  $\geq 5\text{mm}$  (or  $< 5\text{mm}$  but high suspicion)
- USS measurement of ETT unsatisfactory/ unable to assess/ ill defined
- Other suspicious findings resulting in recommendation from sonographer for 2ww referral

**When referring inform women that they are on a 2WW pathway and that they will be undergoing hysteroscopy and give written information detailing what to expect**



**If USS negative PMB is likely due to endometrial or vaginal atrophy**

- Offer vaginal oestrogen +/- systemic HRT
- Do not offer routine monitoring of endometrial thickness during treatment for urogenital atrophy