Irregular Vaginal Bleeding

### Assessment in Primary Care

**History:**
Take a careful menstrual history to determine type of irregular bleeding (date of last period, regular/irregular cycle, heavy periods, bleeding after intercourse or inbetween period), pelvic pain, any chance of pregnancy? Cervical screening history, Sexual health history, Medication: HRT(cyclical or continuous combined), tamoxifen, oral contraception-combined pill or progestogen only pill.

**Examination:**
- Abdominal palpation - check if uterus palpable
- Speculum examination and assess cervix-?? Erosion, cervical abnormality or polyp
- Bimanual examination - check for pelvic mass

Abnormal examination findings on vulva, vagina or cervix or pelvic mass (not fibroids or urological) - Refer 2 week rule

Cervical polyp - if necessary to remove and clinically competent, twist and remove in surgery and send for histology. Scan looking for endometrial thickness, look for endometrial polyp

### Post Menopausal Bleeding

Definition: Vaginal bleeding more than 1 year after the last period, breakthrough bleeding on cyclical HRT or any bleeding on continuous combined HRT.

Red flag symptoms: Post menopausal bleeding and not on HRT, persistent unexplained post-menopausal bleeding after having stopped HRT for 6 weeks, postmenopausal bleeding while taking tamoxifen.

On Hormone Replacement Therapy: arrange ultrasound scan if endometrium > 5mm.

Refer 2 week rule

Refer Gynaecology

### Intermenstrual Bleeding

Definition: Vaginal bleeding at any time during the menstrual cycle other than during normal menstruation.

Red flag symptoms: persistent intermenstrual bleeding in women over 45 lasting 6 weeks after stopping HRT or coCP and normal VE.

Exclude pregnancy and treat chlamydia. <40yrs to regulate cycle: combined pill or norethisterone 5mg tds day 5-25

>40yrs: Arrange ultrasound scan. Abnormal scan or persistent symptoms for more than 3 cycles.

Refer 2 week rule

Refer Gynaecology

### Postcoital Bleeding

Definition: non-menstrual bleeding that occurs immediately after intercourse.

Red Flag findings: Suspicious findings on cervix.

Normal examination and cervical screening, observe if occurs only once.

Normal examination and cervical screening.

Recurrent symptoms or abnormal cervical screening.

Refer Colposcopy

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This pathway has been developed from published guidance, in collaboration with local gynaecologists and medicine management team. It aims to assist GPs in decision making is not intended to replace clinical judgment. Refer to current BNF or SPC for full medicines information.

Pathway created by Elizabeth Bradley Approved by: CMMC, 24/9/2014 Review due: 24/9/2017