

# Investigations

- Pelvic scan:

**Indications for pelvic ultrasound in abnormal uterine bleeding**

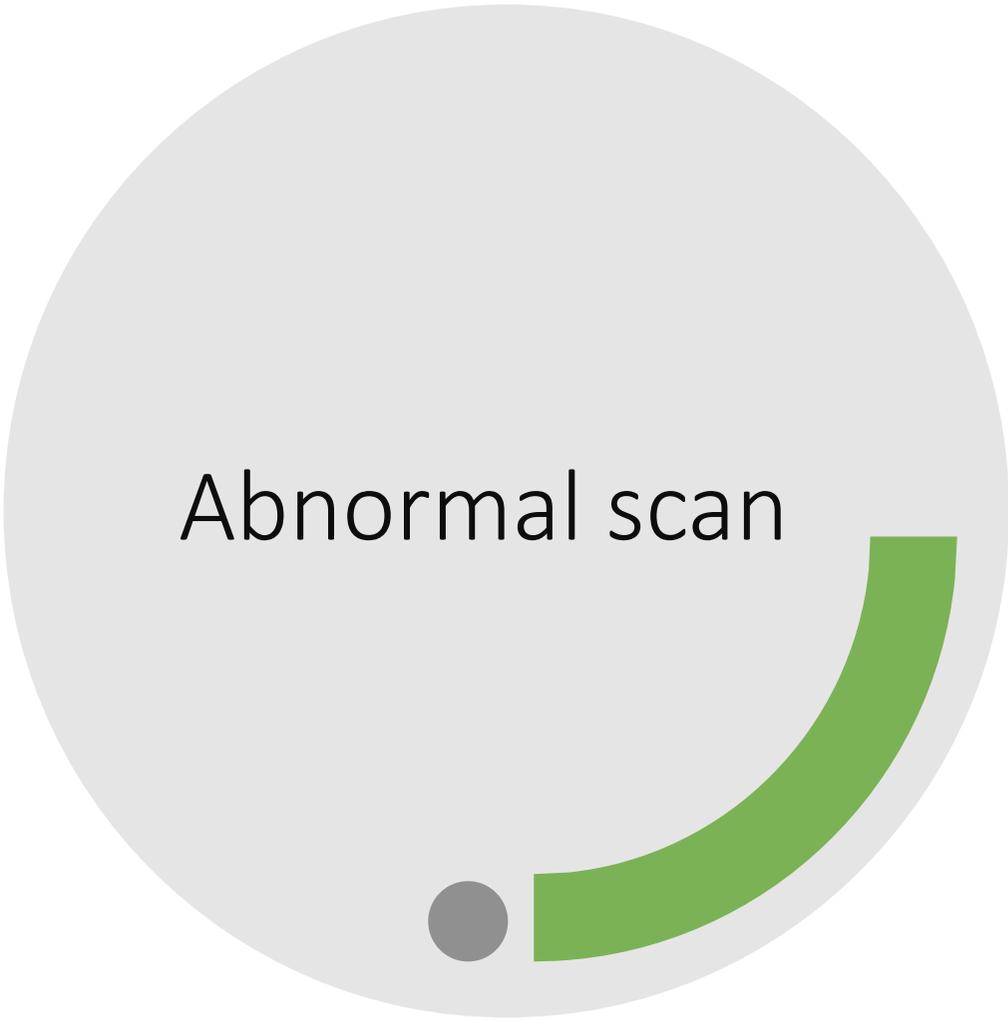
Counties Manukau Health – Any of the following:

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

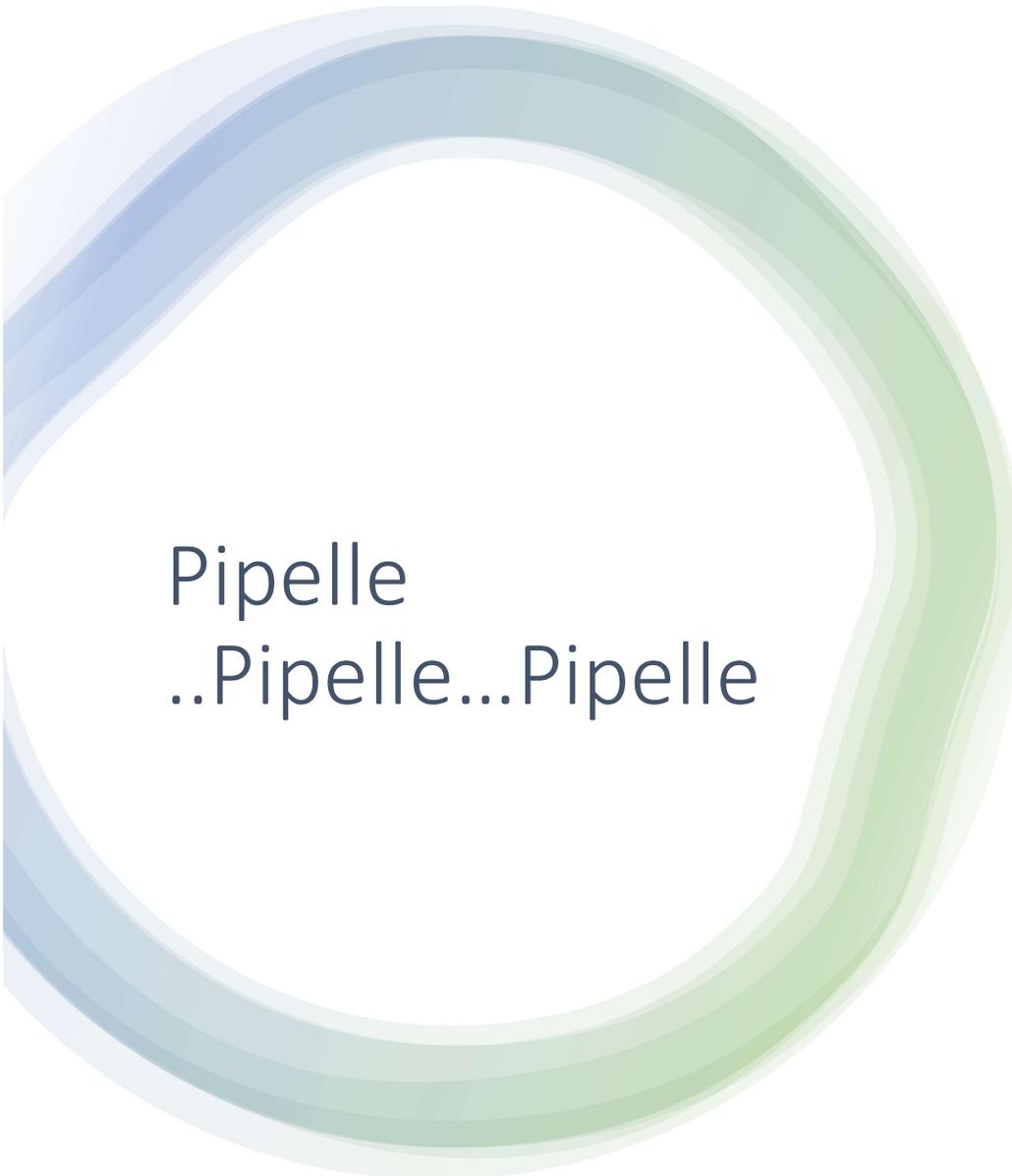
The Counties Manukau Health population has a high incidence of atypical hyperplasia and endometrial cancer, often in very young women. The criteria have therefore been modified to fit with the risk in the CMH population.

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

**REFER REGARDLESS OF PIPELLE RESULT**



Abnormal scan



Pipelle  
..Pipelle...Pipelle

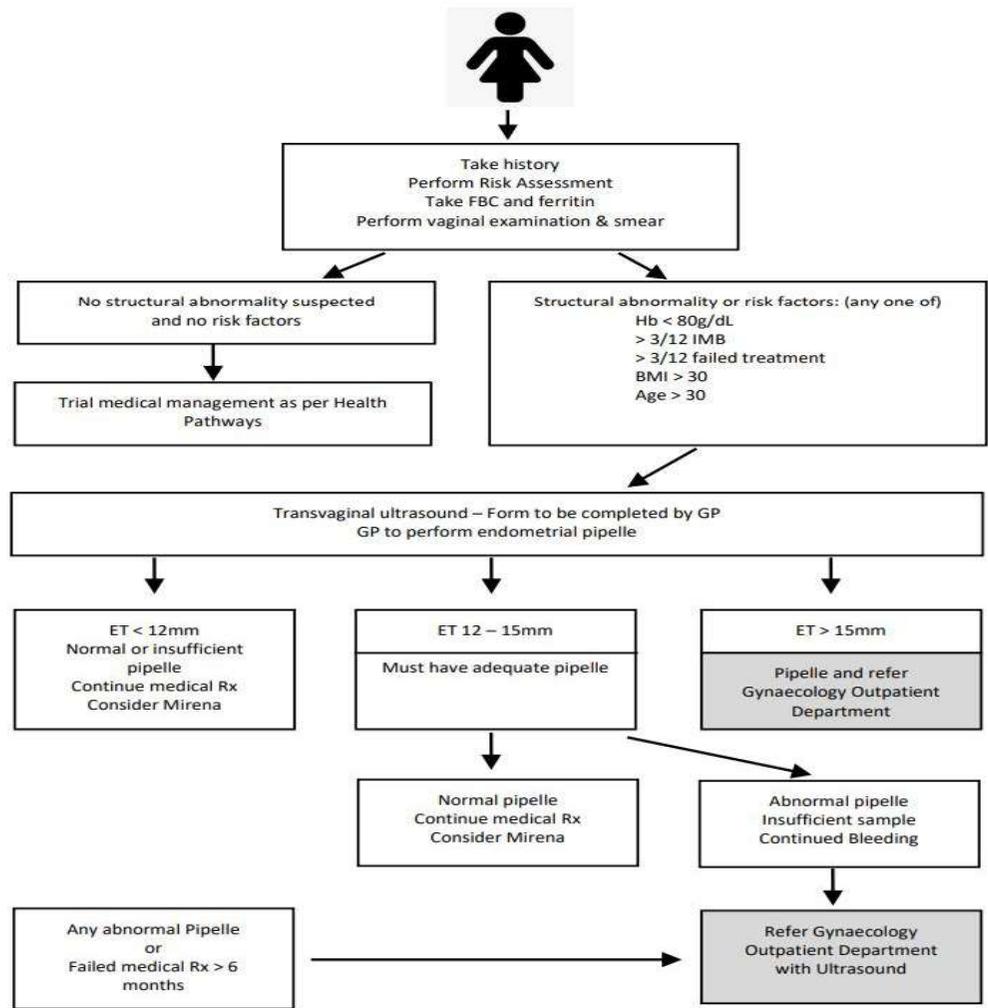
Heavy menstrual bleeding

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.*

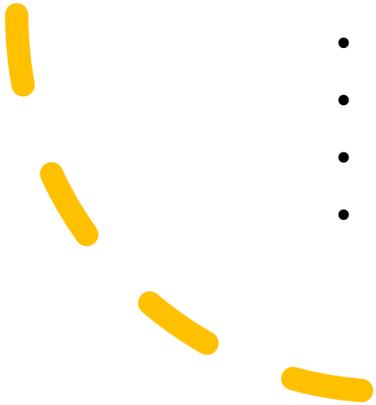
# Management

- 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





# ET >15mm

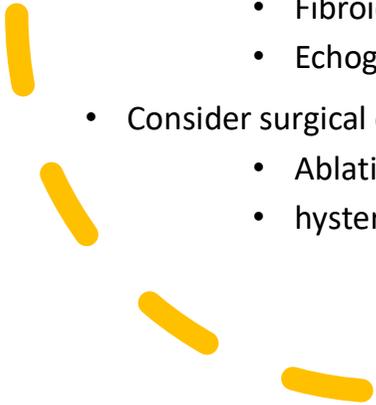
- ADHB/ WDHB - refer
- CMDHB – Pipelle + refer



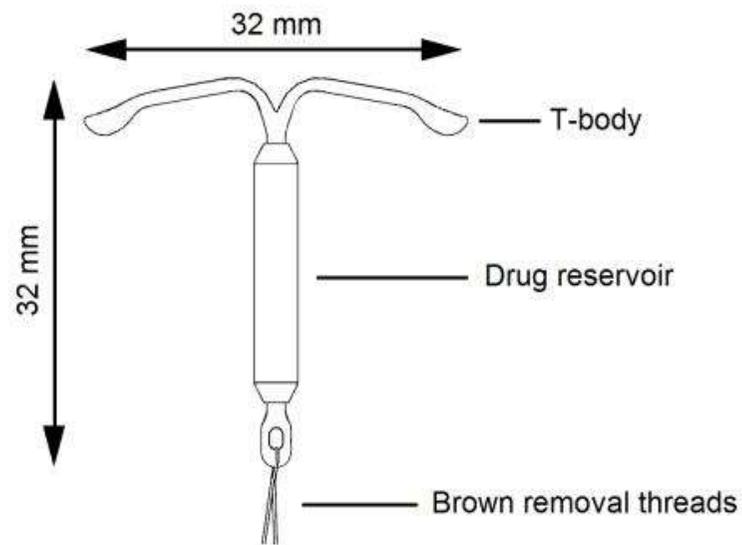


# Refer Gynae

- 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



# 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

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- 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

