Abnormal Uterine Bleeding

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FRCOG

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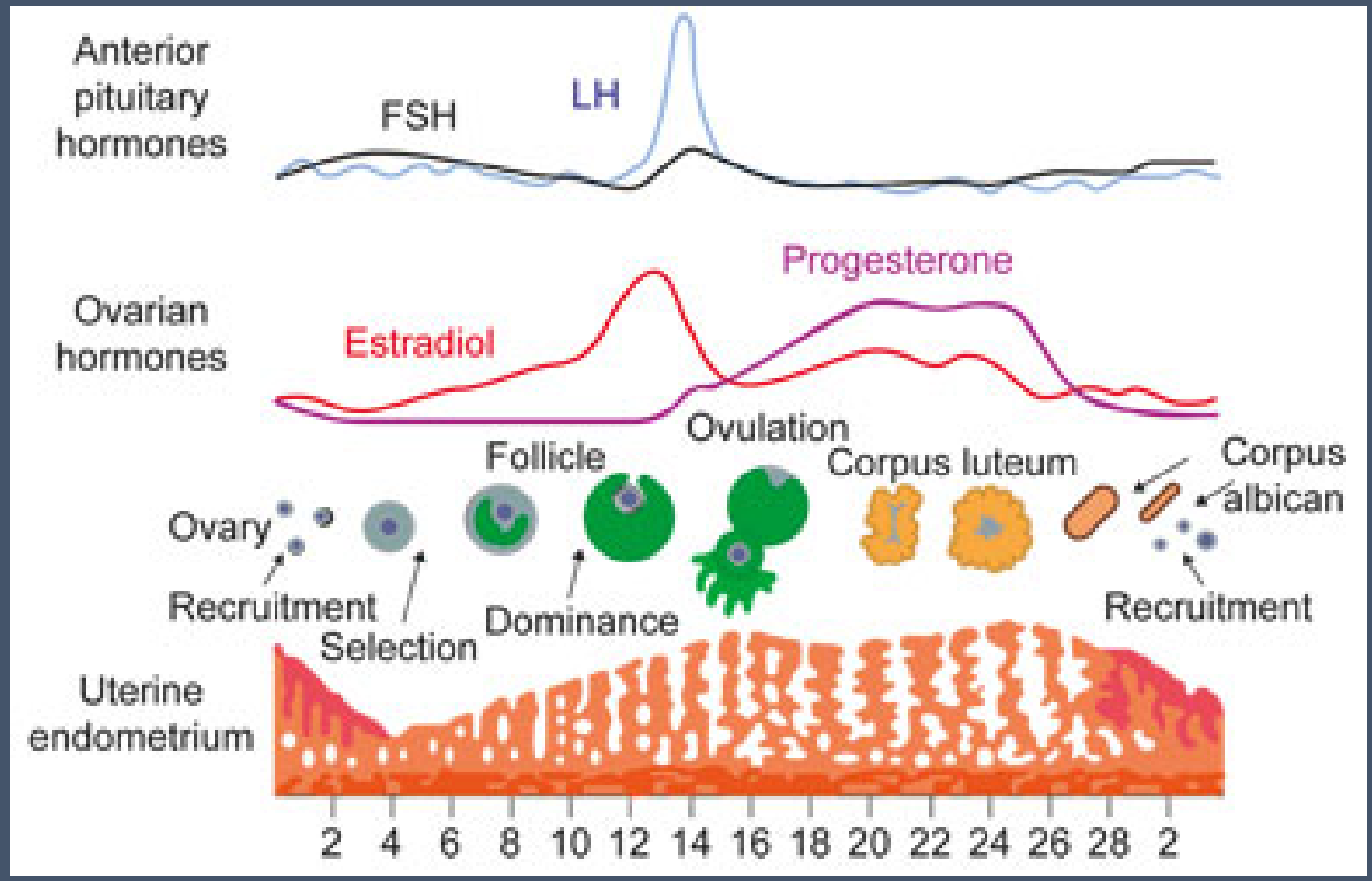
About me

- Appointed in 2004
- Special interest is Gynaecology scanning – Cancer/early pregnancy
- GOPD at Solihull
- Theatre at BHH / DSU at Solihull
- Choose and Book at Parkway

Aim of Talk

- Clear guidance on recent changes to nomenclature
- Clear guidance on treatment in primary care
- Clear guidance on referral to secondary care
- Clear guidance on Rapid Access referral
- Knowledge of treatment options

Normal Menstrual cycle



Changes to terminology

- Menorrhagia, Menometrorrhagia, Metrorrhagia, DUB should be discarded as poorly understood by doctors and patients.

- AUB – 4 specific symptomatic components
- Frequency
- Duration
- Volume
- Regularity

HMB

- Definition:

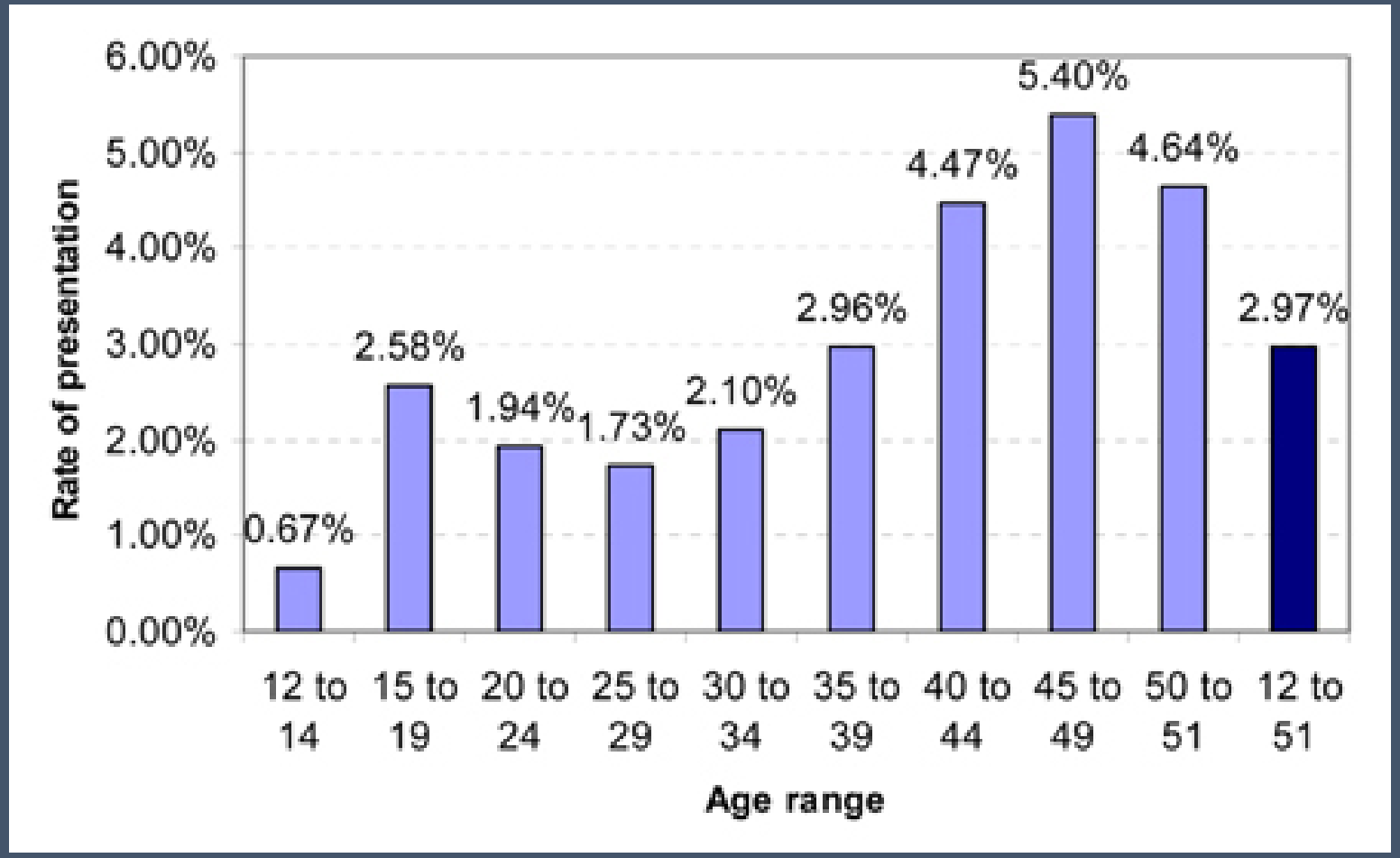
MBL which is subjectively considered excessive by the woman and interferes with her physical, social, emotional and material quality of life

Adverse outcome is greater if bleeding > 7 days or exceeds 80 mls.

- Subjective assessment:

Sanitary protection usage, flooding, Clots , duration, women's personal opinion

Prevalence of HMB



Terminology

- AUB – any menstrual bleeding from the Uterus which is abnormal in volume (excessive duration or amount), regularity, timing (frequent or delayed) or is non menstrual (IMB, PCB, PMB)

- IMB – menstrual bleeding that occurs between clearly defined cyclic and predictable menses (random/ certain times each cycle)

- PMB – Genital tract bleeding that recurs in menopausal woman at-least 12 months after cessation of menses

Terminology

- PCB – Genital tract bleeding that occurs during or after sexual intercourse.
- Chronic AUB – which has persisted for > 6 months
- Acute AUB – Acute bleeding that requires immediate intervention to prevent further blood loss

Causes of AUB - FIGO

Polyp
Adenomyosis
Leiomyoma
Malignancy & hyperplasia

Submucosal
Other

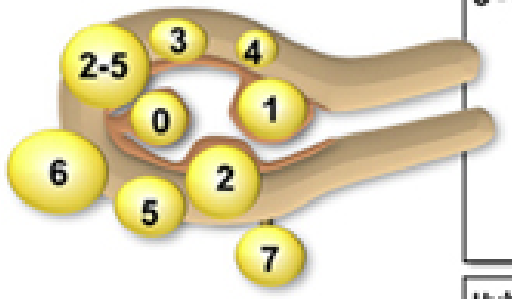
Coagulopathy
Ovulatory dysfunction
Endometrial
Iatrogenic
Not yet classified

Leiomyoma – Fibroids

Polyp	**C**oagulopathy
Adenomyosis	**O**vulatory dysfunction
Leiomyoma	**E**ndometrial
Malignancy & hyperplasia	**I**atrogenic
	Not yet classified

Submucosal
Other

Leiomyoma subclassification system



SM - Submucosal	0	Pedunculated intracavitary
	1	<50% intramural
	2	≥50% intramural
O - Other	3	Contacts endometrium; 100% intramural
	4	Intramural
	5	Subserosal ≥50% intramural
	6	Subserosal <50% intramural
	7	Subserosal pedunculated
	8	Other (specify e.g. cervical, parasitic)

Hybrid leiomyomas (impact both endometrium and serosa)	Two numbers are listed separated by a hyphen. By convention, the first refers to the relationship with the endometrium while the second refers to the relationship to the serosa. One example is below	
	2-5	Submucosal and subserosal, each with less than half the diameter in the endometrial and peritoneal cavities, respectively.

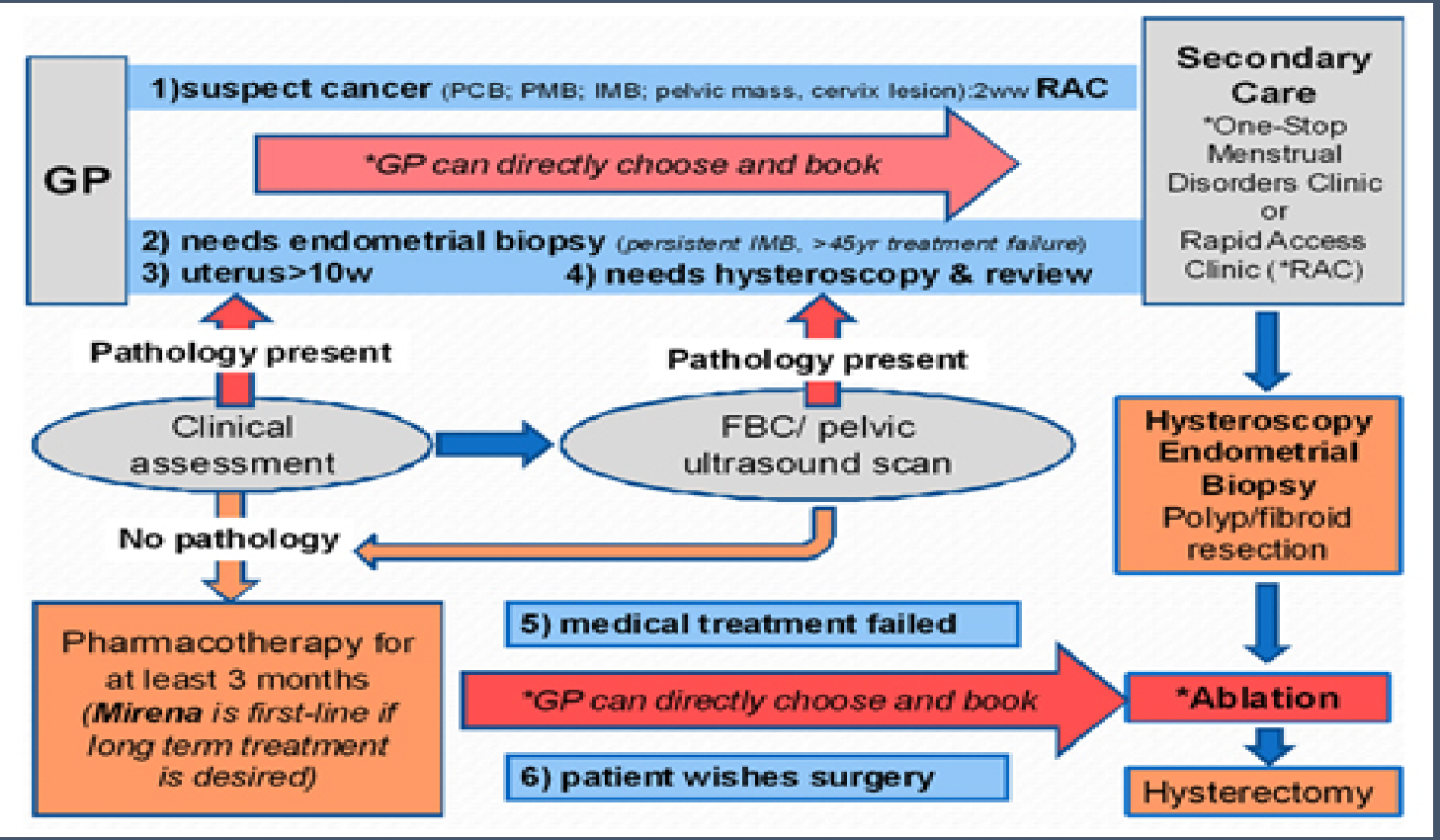
Causes – AUB (Structural causes)

- Polyps – cervical/ Uterine
- Adenomyosis
- Fibroids
- Pre-malignancy (hyperplasia)
- Malignancy – Vaginal, Vulval, Cervical, Uterine, Ovarian,

Causes – non structural

- Coagulopathy – von Willebrand's, leukaemia, thrombocytopenia, warfarin
- Ovulatory – PCOS, Cushings, hypothyroid, Congenital Adrenal hyperplasia, hyperprolactinemia
- Endometrial disorders - local endometrial haemostasis, vasculogenesis, inflammatory response
- Iatrogenic – Contraceptives, IUCD, perforation
- Rare causes – AV malformations, Chronic renal/hepatic disease, sex steroid secreting neoplasm, endometriosis

Primary assessment



Primary assessment

- History PMB, PCB, cervical lesion– refer 2WW

  IMB – GOPD for biopsy

  Over 45 with IMB/ failed treatment / Unscheduled bleeding HRT/ Tamoxifen – refer biopsy

DM/ Hypertension/ Obesity / Previous abnormal smear

- Examination Mass/ suspect CA – refer 2WW

Tests and examination

- Cervical smear
- FBC
- Infection swabs – young women/ prior to Mirena insertion
- USS

- DO NOT NEED
  - TSH
  - Hormone tests
  - Serum Ferritin

NICE guidance – Primary care

Treatment	How it works	Side effects
LNG-IUS (first line)	Slowly releases Progesterone and prevents proliferation	Irregular bleeding, hormonal S/E
Tranexamic acid (second line)	antifibrinolytic	Indigestion, diarrhoea
NSAIDS (second line)	Reduces prostaglandin release	Indigestion, diarrhoea, aggravation asthma, peptic ulcer
COCP (second line)	Prevents proliferation	Headaches, nausea, breast tenderness (VTE/Stroke/Heart)
Oral Prog (Third Line)	Prevents proliferation	Hormonal S/E, breast tenderness, irregular bleeding

ECLIPSE Trial (2013)

- 571 patients in primary care setting with HMB
- LNG-IUS / Tranexamic acid/ Mefanamic acid/ COCP/POP

- At 2 years
  - IUS more effective than others
  - Women still using IUS for beneficial effect
  - Other beneficial effects too

Treatment in Primary care

- Women with HMB < 45 years old – NO PCB, NO IMB, Regular periods

Normal FBC

Normal smear history

Normal scan

Refer to secondary care

- PMB, PCB, IMB, Pelvic mass, suspected cervix
- > 45 years with failed medical treatment, ineffective treatment
- Persistent IMB, Acute AUB
- Irregular bleeding on HRT/ Tamoxifen
- Uterus > 10 cms/10 weeks size
- Moderate to severe anaemia
- Pathology suspected on scan
- Patient wishes surgery

Clinic appointment

- History
- Risk factors – Diabetes type2/ BP/ Obesity
- Scan
- Biopsy
- Treatment tailored to suit patient

Endometrial Hyperplasia

- Considered a precursor of Cancer
- Age dependant

    40 yrs or younger 1.3%

    Increases with age

    Post menopausal with abnormal bleeding 8 to 15%

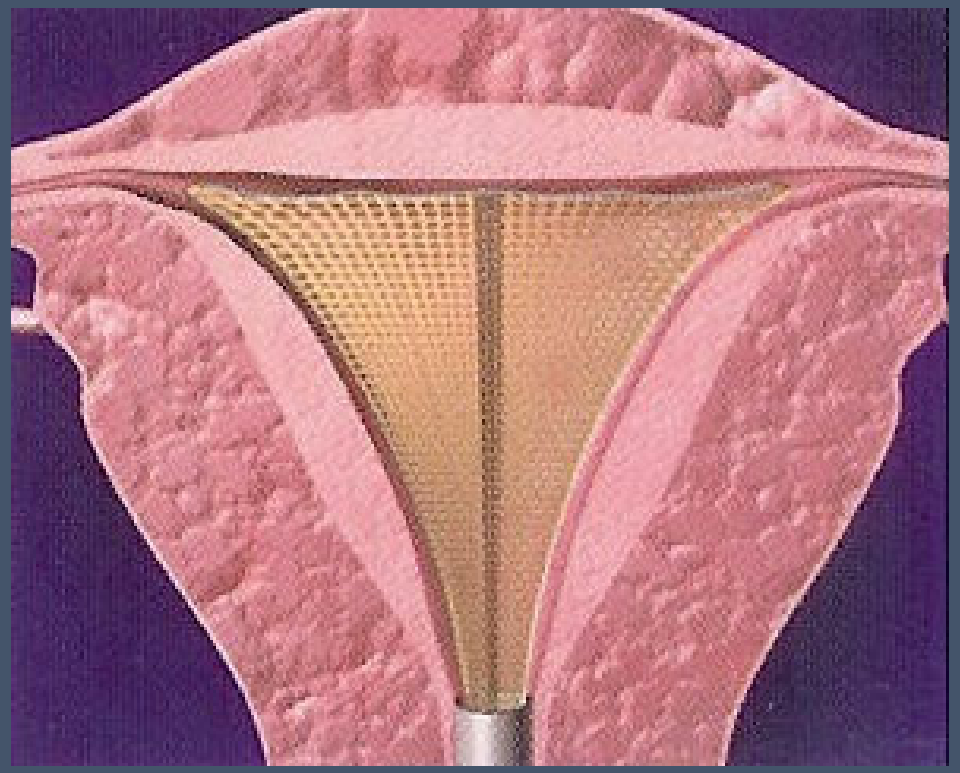
Risk Factors

Diabetes/Obesity/PCOS/ Hypertension/Nulliparity/ Unopposed estrogen therapy/ tamoxifem/ Family history / endogenous estrogens

Treatment	Effect on HMB	Effect on Fibroid	Effect on fertility
Tranexamic acid	Decrease 30% - 50%	No effect	No effect
Mefanamic acid	Decrease 20% - 40%	No effect	No effect
COCP	Decrease 40%	No data	Contraceptive
Oral Progestogens	Decrease 60%	No effect	Contraceptive
LNG-IUS	Decrease 70% Adenomyosis Endometriosis	No effect	Contraceptive
Implant (Nexplanon) Depo injection	Decrease 30% to 100% Amenorrhoea in 15% - 20%	Unknown	Contraceptive
Endometrial Ablation	Decrease 80%	No effect	Contraception advised
Uterine Artery Embolisation	Decrease 60% to 80%	Decrease 30%	Decrease/no effect or improve fertility
Hysterectomy	Complete Cure	Complete cure	Irreversible contraceptive

Treatment options in secondary care

Endometrial Ablation



- Refuses hormonal options
- Uterus < 12 cms in size
- Fibroid < 3 cms in size
- Completed family
- Contraception

Treatments in Secondary Care

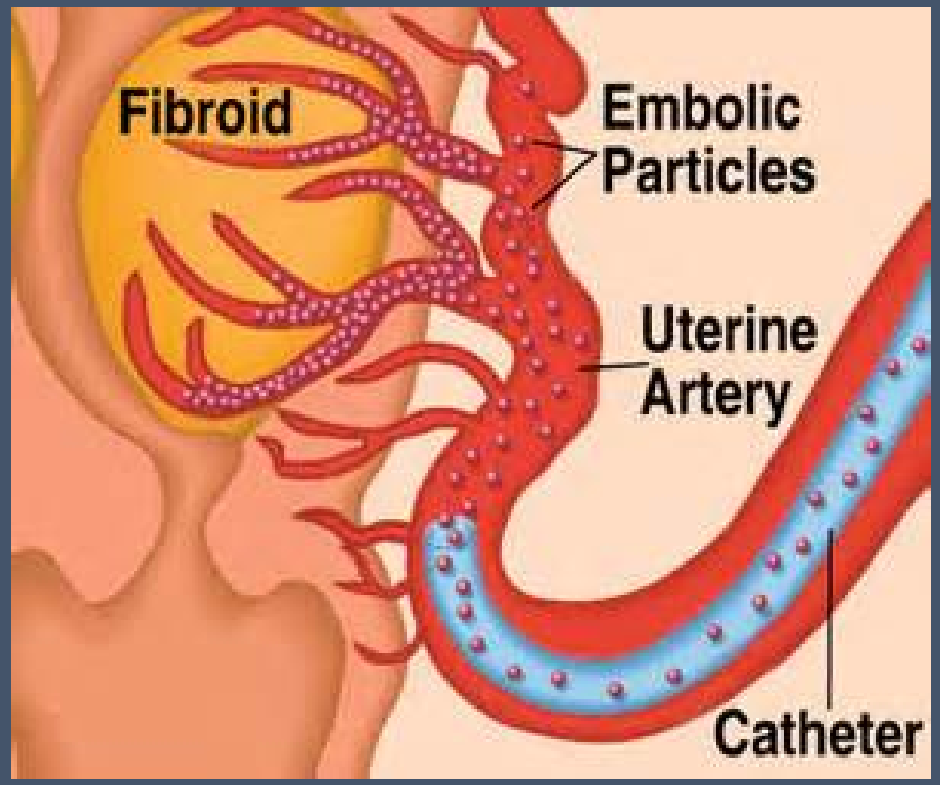
Uterine artery Embolisation

Small particles injected into target vessels supplying fibroids shrinkage

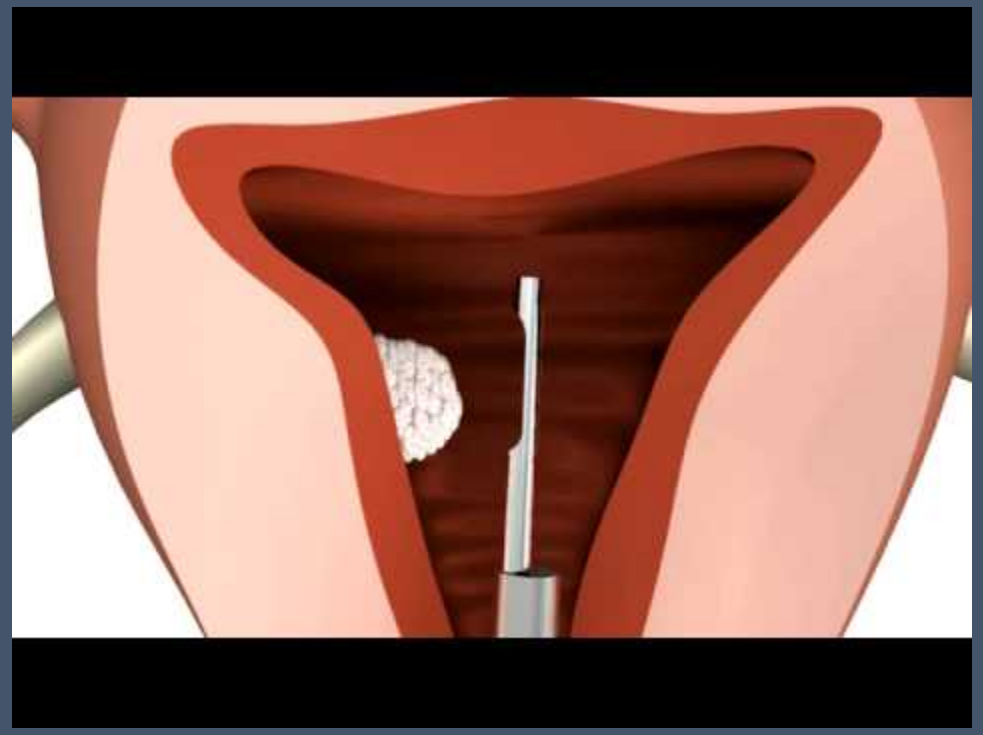
S/E – persistent vaginal discharge bleeding , post embolization

Syndrome

non- target embolization (rectal necrosis, POF)



Myosure Fibroid resection



ESMYA

- Selective progesterone receptor modulator
- Induces apoptosis in Uterine fibroids
- Shrinkage by about 30% to 40% (Pearl study 4)
- Well tolerated
- Present licence pre op

Rapid Access Clinic

- Suspected Cancers
- Cervical - PCB
- Uterine – PMB, Persistent IMB
- Ovarian – Mass, weight loss, Raised CA 125 in post menopausal woman
- Vulval / Vaginal (rare)


Thank You