What is ”Abnormal Bleeding”?

Dr Oxana Hughes
MRCOG, MRCPI
Consultant Gynaecologist
Beacon Women’s Health Centre
11.03.2023

Beacon Hospital
THIS IS MODERN MEDICINE

Abnormal Bleeding

- **Around 30% of women worldwide affected by abnormal bleeding**
- **Most common gynaecological presentation to GPs and ED**
- **Huge Health and Socio-economic burden**
- **Abnormal bleeding – source of anxiety**

TODAY

- What is normal?
- Case studies on Abnormal bleeding
- General approach to management in the community
- When to refer

First – What is Normal?

Menarche: 2.3y after pubertal initiation	Range 1-3 years
Cycle length: 21-42 days (beginning to beginning)	Should be regular by 2-2.5 years
Duration: 3-7 days	
Average blood loss: 30 mL/cycle	Can be 20-80mL

What is Abnormal?

Menorrhagia -prolonged (>7 days) or excessive (>80 ml) of bleeding

Irregular bleeding :

- Bleeding between the periods
- Postcoital bleeding
- Bleeding through contraception

Post-Menopausal bleeding (after 1 y of amenorrhea)

- Post-Menopausal Bleeding with HRT

Outside of the scope today:

- Bleeding during pregnancy and postpartum
- Bleeding before Menarche (before 9 y o)

How to Quantify Blood Loss

- **Women are not very accurate**

- **Proposed screening questions**

  - Period lasting > 7 days
  - Number of Pads / tampons (changing every 1-2 hours)
  - Activities limited by periods
  - Bleeding “problem” after dental extraction, surgery or delivery/miscarriage
  - Family history of bleeding disorder

The Importance of Examination

- **Acute hemorrhage** : Pale , BP , HR, HB : ? Needs hospitalisation
- **Pregnancy test** :? Miscarriage or ectopic pregnancy
- **Palpation** : Mass palpable, pregnant Fibroids.
- **SSE** : local causes , ectropion , polyp , cervical mass
- If possible, send for a **pelvic scan** : any organic cause

Beacon Hospital

19 yo, Irregular Heavy Periods Since Menarche

- Young girls have immature hypothalamic regulation
- Anovulatory cycles
- Late menarche – longer periods of anovulatory cycles
- Having an occasional ovulation will stabilise endometrial growth and allows for complete shedding – menstruation

Treatment in Young Girls

- 1st choice – Combined contraception
- Preferably high Estrogen content
- Will allow to control the bleeding
- No response, still have heavy bleeding :
  - refer to haematology/ gyneacology service
  - most do well on Tranexamic acid

Break Through Bleeding with COP : Troubleshooting

- Give it some time time … 3 months
- Check compliance/ Drug interactions (St John's wort, AEDs)
- Try higher estrogen dose (EE 20mcg – to 30-35mcg)
- Or a different progestogen
- Consider Vaginal ring (associated with less BTB)
- Check STI screen (< 25yo , multiple partners)
- Consider Tailored regimen (if taking back-to-back – try 21/7)
- Refer

41 yo , P2 , Menorrhagia Since After the Last Delivery 1 Year Ago

Examine

- P/A: pelvic mass /Fibroids
- USS – evaluate further
- SSE: ?any local cause
- Smear ?up to date

Management

- If no obvious organic pathology
- Options:
  - TAA try 3 months, can continue if effective
  - Mirena
  - If no improvement – refer

52 yo, PMB, On HRT for 1 y, On Continuous Combined HRT

- Prior to starting HRT was on Azalia for contraception – 4 years amenorrhea
- PMB- requires investigation
- Hysteroscopy + Endometrial biopsy – normal
- Still has regular monthly bleeds
- **Is it normal ?**

Postmenopausal Bleeding – How do we Counsel our Patients ?

JAMA Intern Med. 2018 Sep; 178(9): 1210–1222.
Published online 2018 Aug 6. doi: 10.1001/jamainternmed.2018.2820
PMCID: PMC6142981
PMID: 30083701

JAMA Network

Association of Endometrial Cancer Risk With Postmenopausal Bleeding in Women

A Systematic Review and Meta-analysis

Megan A. Clarke, PhD, MHS,[✉1] Beverly J. Long, MD,[2] Arena Del Mar Morillo, BA,[1] Marc Arbyn, MD, MSc, PhD,[3] Jamie N. Bakkum-Gamez, MD,[2] and Nicolas Wentzensen, MD, PhD, MS[1]

▸ Author information ▸ Article notes ▸ Copyright and License information Disclaimer

Meta-analysis of 129 studies , over 40 000 women:

- 90% women with endometrial cancer – experienced PMB before diagnosis
- 9% of women with PMB will be diagnosed with endometrial cancer

Beacon Hospital

Postmenopausal Bleeding on HRT

- **Bleeding on cyclical HRT**
  - **expected** at the end of progesterone phase
  - if unpredictable or extremely heavy – investigate

- **Bleeding on continuous HRT** (designed to eliminate vaginal bleeding)
- **Less than 12 months from LMP** it is often not possible to achieve amenorrhea due to presumable endogenous ovarian stimulation of endometrium -
  - no need to investigate (unless extremely heavy),
  - **To avoid breakthrough bleeding change to cyclical HRT until 12 months of amenorrhoea**

- **More than 12 months from the LMP and after six months of continuous HRT**
  - **should be investigated**

Abnormal Vaginal Bleeding : When to Refer

- High risk of endometrial Ca (obesity, DM)
- Post-menopausal bleeding
- Uterus >10 week size or irregular
- Cervical pathology suspected
- No response to medical treatment
- Any time you are not sure or need help

In Summary

- Abnormal bleeding often has a huge impact on women's health and QOL
- Initial management in your GP practice is very important for the patients
- Saves valuable time
- When initial management failed, or in doubt, or need help, advise – please refer

Beacon Hospital

Thank you

Beacon Hospital