InTouch ARTICLE

Heavy Menstrual Bleeding (HMB): Recent Advances

Author: Fabian Imoh-Ita

Date: Autumn 2015

HIGHGATE PRIVATE HOSPITAL

17–19 View Road, Highgate, London, N6 4DJ
Tel. 020 8341 4182 **Email.** enquiries@highgatehospital.co.uk
www.highgatehospital.co.uk

Part of Aspen Healthcare
www.aspen-healthcare.co.uk

Heavy Menstrual Bleeding (HMB): Recent Advances

By *Fabian Imoh-Ita* – Consultant Gynaecologist

When exactly is menstrual bleeding heavy? Recent advance defines it as: When the patient says so! NICE currently defines menstrual loss as excessive if it interferes with the woman's physical, emotional, social and material quality of life.

HMB is not associated with significant mortality but we need to be interested in the subject because it is a common reason why women seek help from their General Practitioners (GPs). 1 in 20 women age 30 – 49 consult their GPs for HMB and it accounts for 12 % of all gynaecology referrals for secondary care.

Heavy menstrual bleeding can be:

1. Ovulatory previously known as regular or cyclical heavy periods
2. Anovulatory previously known as irregular or non cyclical heavy periods.

The possible causes are:

- **Ovulatory:** Fibroids (30%), Adenomyosis, clotting disorder, chronic pelvic inflammatory disease, endometrial polyps, endometriosis and possibly genital cancers, pregnancy, tubal ligation.
- **Anovulatory:** Hormonal (Perimenopausal, Peri menache), genital tract cancer, endocervical polyps and pregnancy.

Clinical history and examinations in primary care would identify some of these causes. Full blood count is a must to check the haemoglobin level and platelet count. Clotting profile and thyroid function tests are only indicated when there are other symptoms and signs suggesting bleeding or thyroid disorders respectively. It is prudent to perform a urine pregnancy test on women of a child bearing age who do not use contraception.

Ultrasound is indicated if the uterus is enlarged or if there is associated pelvic pain or failed medical treatment.

Recent Advance: Most women who are 45 years and above should have an endometrial biopsy (NICE). It is the likely age-related rate of Endometrial Cancer in 10,000 consultations for HMB in Primary care.

30 – 34yrs	1	45 – 49yrs	8
35 – 39yrs	1	50 – 55yrs	17
40 – 44yrs	3		

x10 if there is associated endometrial hyperplasia atypia on biopsy.

Endometrial biopsy is prudent in women with failed medical treatment and those with persistent irregular periods or intermenstrual bleeding especially at the age of 40 and above. Pipelle endometrial sampling in GP consulting rooms is feasible after adequate training. In the 1990's 60% of women with HMB had a hysterectomy. Hysterectomy assures amenorrhoea but it is a major operation with significant risks. The common treatment sequence in primary care should be:

- Do nothing if that is the patient's choice and all investigations are normal. The woman can have iron supplements
- Medical treatment:
- Tranexamic acid, Mefenamic acid. Tranexamic acid is contra indicated in women with past medical history of deep vein thrombosis.
- Progesterone: Oral progesterone Day 5 – 25 cyclically
- Combine oral contraceptive pills if no contra indications
- Mirena IUS NICE guidelines however recommends the use of MIRENA as the first line of treatment, before Tranexamic acid, Mefenamic and or Progesterone. Although a minor surgical procedure Mirena has its own risk.

When should you refer for secondary care?

- Endometrial biopsy is indicated and cannot be done in the GP practice
- When medical treatment and, or Mirena has failed
- When the woman declines medical or Mirena treatment
- When the uterus is larger than 14 weeks or there is associated pelvic mass
- When there is associated anaemia, pelvic pain, urine or bowel pressure symptoms
- When in doubt!

Treatment options in secondary care:

- Diagnostic hysteroscopy and endometrial biopsy (Diagnostic and not curative)
- Medical treatment and insertion of Mirena
- Endometrial ablation (NOVASURE, ballon, roller ball ablation or endometrial resection).
- Uterine artery embolisation.
- Hysterectomy: Sub total, Total, Abdominal, vaginal or laparoscopic.
- Myomectomy: Open, laparoscopic and or hysteroscopic.

HMB is common and has serious effects and consequences on the woman's quality of life. Consider endometrial biopsy in women over 40 years of age. Pregnancy test is prudent in selected cases. Medical and Mirena management options should be initiated at the primary care level. Women with an enlarged uterus, pelvic mass, failed medical or Mirena treatment or a failed attempt at endometrial biopsy should be referred for secondary care.

Referring a patient

If you would like to refer a patient for an appointment with this consultant, please contact us on

T: 020 8341 4182 **E:** enquiries@highgatehospital.co.uk

Suggest a topic for future issues

If you have a suggestion for a topic or condition you would like to see covered in a future edition, please send your suggestions to **enquiries@highgatehospital.co.uk**

HIGHGATE
PRIVATE HOSPITAL

17–19 View Road, Highgate, London, N6 4DJ
Tel. 020 8341 4182 **Email.** enquiries@highgatehospital.co.uk

www.highgatehospital.co.uk

Part of Aspen Healthcare www.aspen-healthcare.co.uk