

Referral Support Service

Gynaecology

GY14

Post-Menopausal Bleeding

Definition

- **PMB is defined as a single episode of vaginal bleeding after the age of 55, occurring 12 months or more after the last period. It is associated with a 10% risk of malignancy.**
- Under age 55, a single episode of light bleeding or bleeding of a menstrual nature (5-7days) does not routinely need any further investigations.
 - Consider USS if risk factors are present:
 - Obesity
 - Type 2 diabetes
 - Family history of endometrial cancer
 - PCOS
 - Heavy or recurrent episodes of bleeding

Exclude Red Flag Symptoms

- Cervical tumour should be excluded by speculum examination (refer 2WW pathway)
- Urological Cancer should be considered- Urinalysis performed if no vaginal bleeding seen on examination. (follow Haematuria pathway)

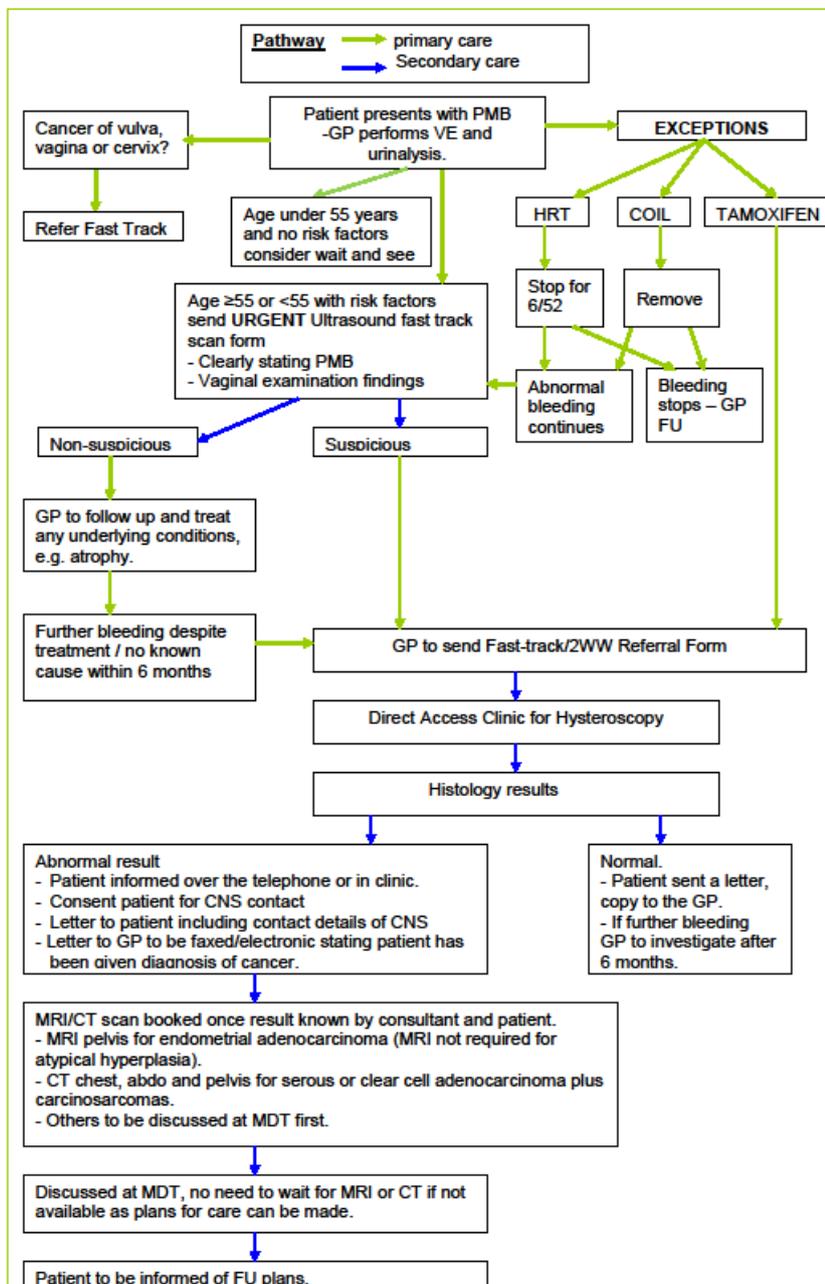
Management

- All women presenting with PMB require a vaginal examination and Speculum examination.
- Urinalysis should be performed if no vaginal bleeding seen.
- Women on **tamoxifen** or those with recurrent bleeding within 6 months of a normal scan and possible causes such as atrophy treated should be referred straight to 2WW pathway.
- Refer for FAST-TRACK USS clearly stating "PMB".
- Postmenopausal women on **HRT** with abnormal bleeding should be advised to stop for 6 weeks and if problem continues, then treat as PMB (fast-track USS first line).
- Reminder: USS is unreliable method for assessing endometrium if a coil is in situ. Usually appropriate to remove the coil and organize an USS if problem persists. If unsure about coil removal please use A&G to seek advice from gynaecology team

USS Results are sent back to GP for action

- If normal (ET \leq 4mm), then manage any underlying cause e.g. atrophic vaginitis.
- If scan suspicious - then the [Gynaecology 2WW form](#) should be completed and the patient will be offered direct access Outpatient Hysteroscopy.

See [PMB pathway](#) for more detailed management in specific circumstances



Investigations prior to referral

- USS: for all low risk patients
- Urinalysis (if no cause for bleeding seen)
- Fast-track Form for all High Risk patients and patients with abnormal USS
- BMI
- Complex medical situations (e.g. multiple co-morbidities/severe mobility restrictions) can be discussed directly with Miss Claire Oxby or another gynaecology consultant.

Patient information leaflets/ PDAs

- <https://www.cancerresearchuk.org/about-cancer/womens-cancer>

References

- [PMB pathway](#)
- NICE 2015: [suspected cancer guidelines](#)