## Irregular Vaginal Bleeding Pathway

Clinical Commissioning Group

Referral to

Colposcopy

This pathway has been developed from published guidance, in collaboration with local gynaecologists. This

## guidance is to assist GPs in decision making and is not intended to replace clinical judgment. **Examination:** If a cervical polyp is found - if History: Date of last period Abdominal palpation – check if uterus is asymptomatic, no need to Regular/irregular cycle remove, however if symptomatic Heavy periods Speculum examination and assess cervix twist and remove in surgery (if clinically competent) and send Bleeding after intercourse or in-between period • ?? Erosion, cervical abnormality or polyp Pelvic pain • Bimanual examination - check for pelvic mass for histology Any chance of pregnancy? Cervical screening history Sexual health history Medication: HRT (cyclical or continuous combined), tamoxifen. oral contraception - combined pill or progestogen only pill Intermenstrual Bleeding Postcoital Bleeding **RED FLAGS:** Vaginal bleeding at any time during the menstrual cycle other than Non menstrual bleeding that occurs immediately after **Ovarian:** Ascites or pelvi c/abdominal mass not during normal menstruation intercourse obviously fibroids Endometrial: Post menopausal bleeding (unexplained vaginal bleeding more than 12 months after Investigations: Investigations: menstruation has stopped because of the menopause) • FBC • FBC Cervical: Appearance of cervix consistent with Pregnancy test Pregnancy test cervical cancer · Cervical screening if due Cervical screening if due Vaginal: Unexplained palpable mass in or at entrance • Chlamydia test for at risk patients - vulvovaginal self collection Chlamydia test for at risk patients - vulvovaginal self to vagina Consider ultrasound scan: to check endometrium, look for collection Vulval: Unexplained vulval lump, ulceration or endometrium polyp bleeding IMPORTANT CHANGE FROM 2016 WITH NEW 2 WEEK Patient <40 years or Patient >40 years or Recurrent symptoms RULE FORMS: If normal examination. has no persistent symptoms has persistent symptoms or abnormal cervical GPs to refer all post menopausal bleeding and women observe if occurs only with abnormal bleeding on HRT on 2 week rule screening once Secondary care will perform ultrasound scan and hysteroscopy if endometrial thickness greater than **Ultrasound Scan**

Normal Abnormal

Referral to

Gynaecology

Follow medication

advise to regulate

tds day 5-25

cycle, combined pill

or norethisterone 5mg

To regulate cycle

combined pill or norethisterone 5mg tds

day 5-25

Pathway created by NCL led by Camden CCG Clinical Cabinet + GB July 2016 Clinical Contact for this pathway for queries: Dr Elizabeth Bradley Elizabeth.Bradley@camdenccg.nhs.uk

Comments & enquiries relating to medication: CCCG Medicines Management Team mmt.camdencca@nhs.net

Refer to current BNF or SPC for full medicines information

2 week referral

Review due - March 2020