




Abnormal uterine bleeding

Heavy, prolonged and/or irregular menstrual bleeding is a common presentation in general practice. Most causes are benign but serious disease needs to be excluded. Many GP registrars will have had limited exposure to women's health in the hospital setting and this presentation can potentially be very challenging.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Basic physiology of menstruation • 'Normal' ranges for menstruation - duration, volume • Common causes of abnormal uterine bleeding (PALM-COEIN) • Red flags for serious causes e.g. PCB, IMB, pelvic pain, weight loss, older age • Risk factors for endometrial cancer • How to perform a speculum and bimanual examination, and appropriate use of chaperones • Rational investigation • Management options for common presentations, both medication and surgical • Assessment in adolescents, women using contraception and the elderly • Indications for referral and local pathways 						
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read the excellent 2019 Mayo Clinic summary article 'Evaluation and management of abnormal uterine bleeding' 						
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Definition of menorrhagia is excessive menstrual blood loss that has a significant impact on lifestyle or that results in iron deficiency • DO NOT MISS pregnancy, infection and cancer - always do a pregnancy test, have a low threshold for testing for STIs and exclude cancer with appropriate testing • All patients with abnormal uterine bleeding should ideally have a pelvic examination to observe the cervix and takes swabs • Hormone testing of women who have heavy menstrual bleeding is generally not recommended • TVUS is best performed in the first half of the menstrual cycle • Up to 20% of endometrial cancers are diagnosed in pre-menopausal women • Postmenopausal bleeding always needs evaluation 						
RESOURCES 	<table border="1"> <tr> <td data-bbox="338 1666 435 1738">Watch</td><td data-bbox="435 1666 1493 1738"> <ul style="list-style-type: none"> • 2017 Jean Hailes webinar: Heavy menstrual bleeding </td></tr> <tr> <td data-bbox="338 1738 435 1877">Read</td><td data-bbox="435 1738 1493 1877"> <ul style="list-style-type: none"> • Jean Hailes Heavy menstrual bleeding health professional tool • Cancer Australia diagnostic guides - Abnormal Vaginal Bleeding in Pre and Post Menopausal Women </td></tr> <tr> <td data-bbox="338 1877 435 1944">Listen</td><td data-bbox="435 1877 1493 1944"> <ul style="list-style-type: none"> • 2023 Curbsiders podcast: Abnormal uterine bleeding </td></tr> </table>	Watch	<ul style="list-style-type: none"> • 2017 Jean Hailes webinar: Heavy menstrual bleeding 	Read	<ul style="list-style-type: none"> • Jean Hailes Heavy menstrual bleeding health professional tool • Cancer Australia diagnostic guides - Abnormal Vaginal Bleeding in Pre and Post Menopausal Women 	Listen	<ul style="list-style-type: none"> • 2023 Curbsiders podcast: Abnormal uterine bleeding
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FOLLOW UP/ EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Undertake the Clinical Reasoning Challenge • Role play an anxious patient presenting with perimenopausal bleeding and risk factors for endometrial cancer (FHx, overweight, nulliparous) 						

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Clinical Reasoning Challenge

Helen is a 43 year old project manager who presents with a six month history of increasingly heavy and irregular periods. She denies any significant PMHx, and takes no medications. She is married, is a never-smoker and drinks alcohol rarely.

QUESTION 1. What other key features should be sought on history? List the most important features.

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QUESTION 2. Further enquiry reveals no significant history. What aspects of a physical examination would you perform? List the most important aspects..

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QUESTION 3. Examination is within normal limits. What is the most likely diagnosis?

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QUESTION 4. What tests would you order to investigate these symptoms? List as many tests as appropriate.

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QUESTION 5. Helen returns a week later for the results of investigations, all of which are normal. What are the MOST APPROPRIATE management options to consider at this point? List up to four.

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ANSWERS

QUESTION 1

What other key features should be sought on history? List the most important features.

- Heaviness of bleeding
- Risk of pregnancy
- STI risk/new sexual partner
- Pattern of bleeding e.g. IMB, PCB
- Red flag symptoms e.g. pain, fevers, weight loss
- Contraceptive history
- Risk factors for endometrial cancer
- Last CST
- Effect on quality of life
- Patient concerns

QUESTION 2

Further enquiry reveals no significant history. What aspects of a physical examination would you perform? List the most important aspects.

- Abdominal exam
- Speculum exam and bimanual
- Pregnancy test

QUESTION 3

Examination is within normal limits. What is the most likely diagnosis?

- Ovulatory dysfunction (formerly dysfunctional uterine bleeding)

QUESTION 4

What tests would you order to investigate these symptoms? List as many tests as appropriate.

- FBC
- Ferritin
- TSH
- INR
- Pregnancy test
- Transvaginal USS

QUESTION 5

Helen returns a week later for the results of investigations, all of which are normal. What are the MOST APPROPRIATE management options to consider at this point? List up to four.

- Mirena IUD
- Tranexamic acid
- Oral hormonal contraception
- NSAIDs