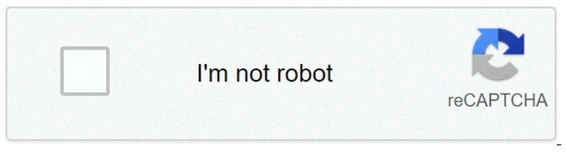

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Rcog guidelines postmenopausal bleeding

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Have a high suspicion of malignancy with Post-menopausal bleeding. Please refer to the acute trusts 2WW referral criteria and any investigations needed before referral. ENHT 2WW criteria If the following red flags are present, refer urgently to specialist care on the 2WW referral pathway: Suspicious looking cervix Suspicious vulval lesion Suspicious vaginal mass In the following patients, refer for urgent transvaginal ultrasound (select “2ww” on ICE) and refer on 2ww pathway for hysteroscopy. DO NOT AWAIT RESULTS OF TVUS BEFORE SENDING 2WW REFERRAL Tamoxifen use (current or within last year) Bleeding is prolonged, heavy or progressive For all other patients, refer for urgent transvaginal ultrasound (select “2ww” on ICE).

Await results of TVUS before referring on 2ww pathway to hysteroscopy (TVUS will be performed and report available within 2 weeks). Refer on 2ww for hysteroscopy if: Endometrial thickness ≥5mm (or <5mm but high suspicion) USS measurement of ETT unsatisfactory, unable to assess or ill-defined Other suspicious findings resulting in recommendation from sonographer for 2ww referral If ultrasound is negative, the most likely diagnosis is vaginal atrophy.

Disease	Group A (n=204)	Group B (n=294)	p-value
Atrophic endometrium	125 (61.27)	156 (53.06)	0.069
Pyometra	17 (8.33)	7 (2.38)	0.002
Cervical cancer	12 (5.88)	31 (10.54)	0.069
Endometrial polyp	10 (4.90)	7 (2.38)	0.128
Endometrial cancer	8 (3.92)	19 (6.46)	0.218
Uterine prolapse	7 (3.43)	-	0.001
Submucosal myoma	6 (2.94)	13 (4.42)	0.396
Cervical dysplasia	5 (2.45)	14 (4.76)	0.186
Anticoagulant usage	5 (2.45)	4 (1.36)	0.369
Ovarian cancer	3 (1.47)	-	0.037
Menopausal hormone therapy	3 (1.47)	24 (8.16)	0.001
Cervical polyp	2 (0.98)	14 (4.76)	0.019
Endometrial hyperplasia	-	5 (1.70)	0.061
Mesh erosion	1 (0.49)	-	0.219

Values are presented as number (%).
Group A, postmenopausal bleeding (PMB) patients over 65 years old; group B, PMB patients less than 65 years old.

Consider trial of vaginal oestrogen. If bleeding persists six weeks despite treatment for atrophy, or becomes heavier, refer under 2ww for hysteroscopy. For subsequent presentations of PMB following normal investigation: If it is >6 months since prior investigation, treat as a new presentation as above If it is <6 months since prior investigation: If negative ultrasound, refer under 2ww for hysteroscopy (if bleeding has become heavier, or despite 6 weeks of treatment for vaginal atrophy) If patient has had hysteroscopy and TVUS, refer to gynae under 2ww. Address referral to consultant who performed original hysteroscopy Include in referral: TVUS report if available Last menstrual period Bleeding history including post-menopausal bleed, history of menarche, previous episodes History of any medication and hormonal treatments Red flag symptoms e.g. weight loss Any previous investigations Medical (especially hormonal treatment) and surgical history including gynaecological / obstetric history, smear history and parity Findings on pelvic examination/ speculum Patient information leaflets: Cancer 2 week wait - Your Urgent Referral Explained What Happens Next?