Irregular Vaginal Bleeding Pathway

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.

**History:**
- Date of last period
- Regular/irregular cycle
- Heavy periods
- Bleeding after intercourse or in-between period
- Pelvic pain
- 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

**Examination:**
- Abdominal palpation – check if uterus is palpable
- Speculum examination and assess cervix
- ?? Erosion, cervical abnormality or polyp
- Bimanual examination – check for pelvic mass

**Intermenstrual Bleeding**
Vaginal bleeding at any time during the menstrual cycle other than during normal menstruation

**Investigations:**
- FBC
- Pregnancy test
- Cervical screening if due
- Chlamydia test for at risk patients - vulvovaginal self collection
- Consider ultrasound scan: to check endometrium, look for endometrium polyp

**Patient <40 years or has no persistent symptoms**

**Patient >40 years or has persistent symptoms**

**Ultrasound Scan**
- Normal
- Abnormal

**If a cervical polyp is found – if asymptomatic, no need to remove, however if symptomatic twist and remove in surgery (if clinically competent) and send for histology**

**Postcoital Bleeding**
Non menstrual bleeding that occurs immediately after intercourse

**Investigations:**
- FBC
- Pregnancy test
- Cervical screening if due
- Chlamydia test for at risk patients - vulvovaginal self collection
- Consider ultrasound scan: to check endometrium, look for endometrium polyp

**Patient <40 years or has no persistent symptoms**

**Patient >40 years or has persistent symptoms**

**Ultrasound Scan**
- Normal
- Abnormal

**If normal examination, observe if occurs only once**

**Recurrent symptoms or abnormal cervical screening**

**Referral to Colposcopy**

**RED FLAGS:**
- Ovarian: Ascites or pelvic/abdominal mass not obviously fibroids
- Endometrial: Post menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
- Cervical: Appearance of cervix consistent with cervical cancer
- Vaginal: Unexplained palpable mass in or at entrance to vagina
- Vulval: Unexplained vulval lump, ulceration or bleeding

**IMPORTANT CHANGE FROM 2016 WITH NEW 2 WEEK RULE FORMS:**
- GPs to refer all post menopausal bleeding and women with abnormal bleeding on HRT on 2 week rule
- Secondary care will perform ultrasound scan and hysteroscopy if endometrial thickness greater than 4mm

**2 week referral**

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Pathway created by NCL led by Camden CCG Clinical Cabinet + GB July 2016
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Refer to current BNF or SPC for full medicines information
Review due – March 2020