



CLINICAL GUIDELINE

Intermenstrual Bleeding, Gynaecology

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Approval Group:	Gynaecology Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Intermenstrual Bleeding– management

Intermenstrual bleeding (IMB) is bleeding from the genital tract outwith the menses. This symptom is problematic in so far as it can be associated with genital tract carcinoma but only a very few women presenting with IMB have such serious pathology, the remainder having benign causes.

Causes

Cervical

Ectopy

Cervicitis

STI

Condyloma

Carcinoma (rarely)

Vaginal/Vulval

Trauma

Vaginitis

Tumours (rarely)

Vulval Dermatoses

Uterine

Endometrial polyp

Dysfunctional Uterine Bleeding (DUB)

Endometritis

Endometrial hyperplasia/malignancy

Iatrogenic

IUCD/IUS

Following smear or treatment to the cervix

Hormonal contraception

History

The following aspects should be covered in the history:

- nature and timing of bleeding
- menstrual history
- smear/colposcopy history
- contraception history
- sexual history for STI where appropriate
- medical history e.g bleeding diathesis, diabetes
- medication e.g anticoagulants, antibiotics with secondary candidiasis
- dyspareunia

Examination and Investigation

- Bimanual examination
- Speculum examination
- HVS
- STI screen where appropriate (Chlamydia and gonococcus)
- Cervical smear if due
- Refer for urgent colposcopy referral in the event of clinical suspicion of cervical malignancy

Referral

- Women aged under 40 with persistent IMB and a normal speculum examination should have hormonal contraception reviewed and infection excluded. If starting this or changing type of contraception or treatment of infection is not successful, then routine referral for further investigation should be made.
- Women aged 40 or over with persistent IMB (>3 consecutive months who are not using hormonal contraceptives) with a normal speculum and bimanual pelvic examination but who have other risk factors for endometrial pathology, namely a history of PCOS, BMI of 40 or more and current or previous Tamoxifen use should be seen within 2 weeks (14 working days) of referral.
- Women aged 40 or over with IMB but without these risk factors can be seen routinely (within 12 weeks).

Differences in referral patterns and times in these recommendations compared to the RCOG / BSGE Abnormal Uterine Bleeding Covid Guideline should be noted. Differences are due to the current GGC service structure and Scottish Government treatment time targets which differ from the UK system.

Management

- Treat infection
- Remove endocervical polyps
- Consider change of contraceptive formulation or method
- Consider IUS
- Consider Relactogel®/Balance Activ® gel (Administered PV, daily for 1 week after menses and repeated for 2 months) to acidify vagina in the absence of other findings. NB avoid use if either patient or partner has shellfish allergy.
- Topical oestrogen preparations in the presence of atrophic vaginitis e.g oestradiol pessary (Vagirux® or Vagifem®) or Orthogynest® cream
- If no lower genital tract cause found, arrange TVS to assess endometrium and uterus
- Consider hysteroscopy and endometrial biopsy depending on TVS findings

References

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-05-21-joint-rcog-bsge-bgcs-guidance-for-management-of-abnormal-uterine-bleeding-aub-in-the-evolving-coronavirus-covid-19-pandemic-updated-final-180520.pdf>

Key words.

Intermenstrual Bleeding

Links

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-05-21-joint-rcog-bsge-bgcs-guidance-for-management-of-abnormal-uterine-bleeding-aub-in-the-evolving-coronavirus-covid-19-pandemic-updated-final-180520.pdf>

GG&C Menstrual Disorders guideline

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Approval

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