

### Heavy Menstrual Bleeding (HMB) Pathway

**Red Flags:**

- Ascites/Pelvic mass not fibroid **Ovarian Cancer**
- Post-Menopausal Bleeding **Endometrial Cancer**
- Cervix appearance consistent with cancer **Cervical Cancer**
- Unexplained palpable mass/at entrance of vagina **Vaginal Cancer**
- Unexplained vulval lump, ulceration, bleeding **Vulval Cancer**

**History:**

- Menstrual Cycle
- Pain
- Irregular Bleeding; PCB & IMB
- Pressure Symptoms
- Anaemia Symptoms
- Current/Recent Contraception
- Impact On Quality Of Life

**Examination:**

- Abdominal-palpable uterus or mass
- Bimanual PV

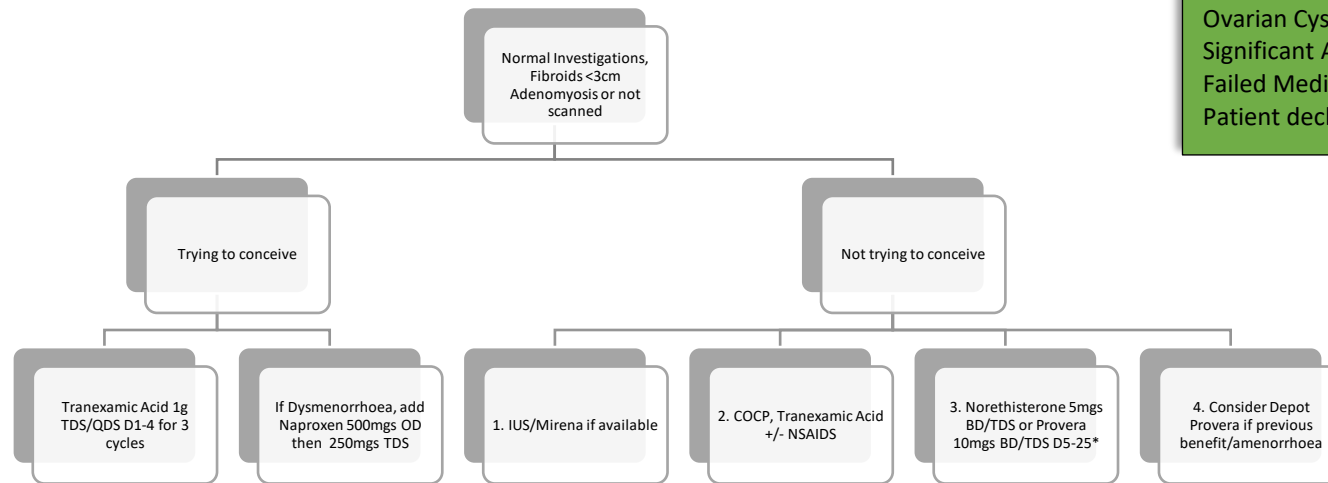
**Investigations:**

- FBC & Ferritin**
- Consider coagulopathies if long term HMB or family history of coagulopathy
- STD Screen (self-swab)
- Cervical Cytology if due
- USS if symptoms suggest ovarian cancer, enlarged or tender uterus

**Primary Care Management**

**Refer Gynaecology Collaborative:**

- Endometrial Polyp
- Multiple or Large Fibroids
- Ovarian Cyst
- Significant Anaemia
- Failed Medical Treatment
- Patient declines Pharmacological Rx



**Urgent Referral:**

- Perimenopausal >45 with new HMB/IMB
- Obesity
- Hx of PCOS, DM

**\*Additional Contraception required**

Consider further primary care guidance prior to referral:

<https://pcwhf.co.uk/resources/guidance-for-the-management-of-abnormal-uterine-bleeding-during-covid-19/>

Dr Rachel Hines & Belinda Solomon

Approved by North Middlesex University Hospital, University College London Hospital & Whittington Hospital Gynaecologists

Based on most recent published guidelines

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