

Are patients with post-menopausal bleeding (PMB) appropriately managed in primary care?

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OBJECTIVES

PMB is a common gynaecological presentation caused by a range of pathologies from benign to sinister. NICE provides clear recommendations on the management of patients presenting to primary care with PMB to optimise diagnostic efficacy and resource allocation. The object of this study was to analyse if patients referred to Noble's Hospital, Isle of Man, PMB clinic were appropriately assessed in primary care and whether detection rates would be negatively impacted by adherence to national guidelines.

METHODS

The patient records of all patients booked into PMB clinic were analysed over a one-year study period of 1st May 2021 to 30th April 2022. The handwritten notes, letter to the General Practitioner (GP) and histology reports were reviewed and data regarding presenting complaint, examination and outcome were extracted. Data were compared against NICE guidelines to assess referral and investigative appropriateness.

RESULTS

Of the 290 new patients, only 9.6% of referrals had a speculum examination completed by the primary care referrer (Figure 1). 122 (41.2%) were aged ≤ 55 and 81 (27.9%) were on hormone replacement therapy (HRT). Of the women on HRT, 18 (22.2%) started treatment less than six months prior to referral. No patients with new onset PMB had their HRT stopped for six weeks and were then reassessed in primary care.

There were eight cases (2.8%) of abnormal endometrial histology (six endometrial cancers, one atypical endometrial hyperplasia and one minimal atypia). Four cases (1.4%) of cervical cancer were detected, three were fungating tumours. Only one patient was aged ≤ 55 , this tumour was detected on speculum examination by the GP. None of these 12 patients were on HRT (Figure 2). Of the cervical cancers, two had a speculum examination. One tumour was detected; the significance of the findings was not appreciated in another case with a fungating tumour.

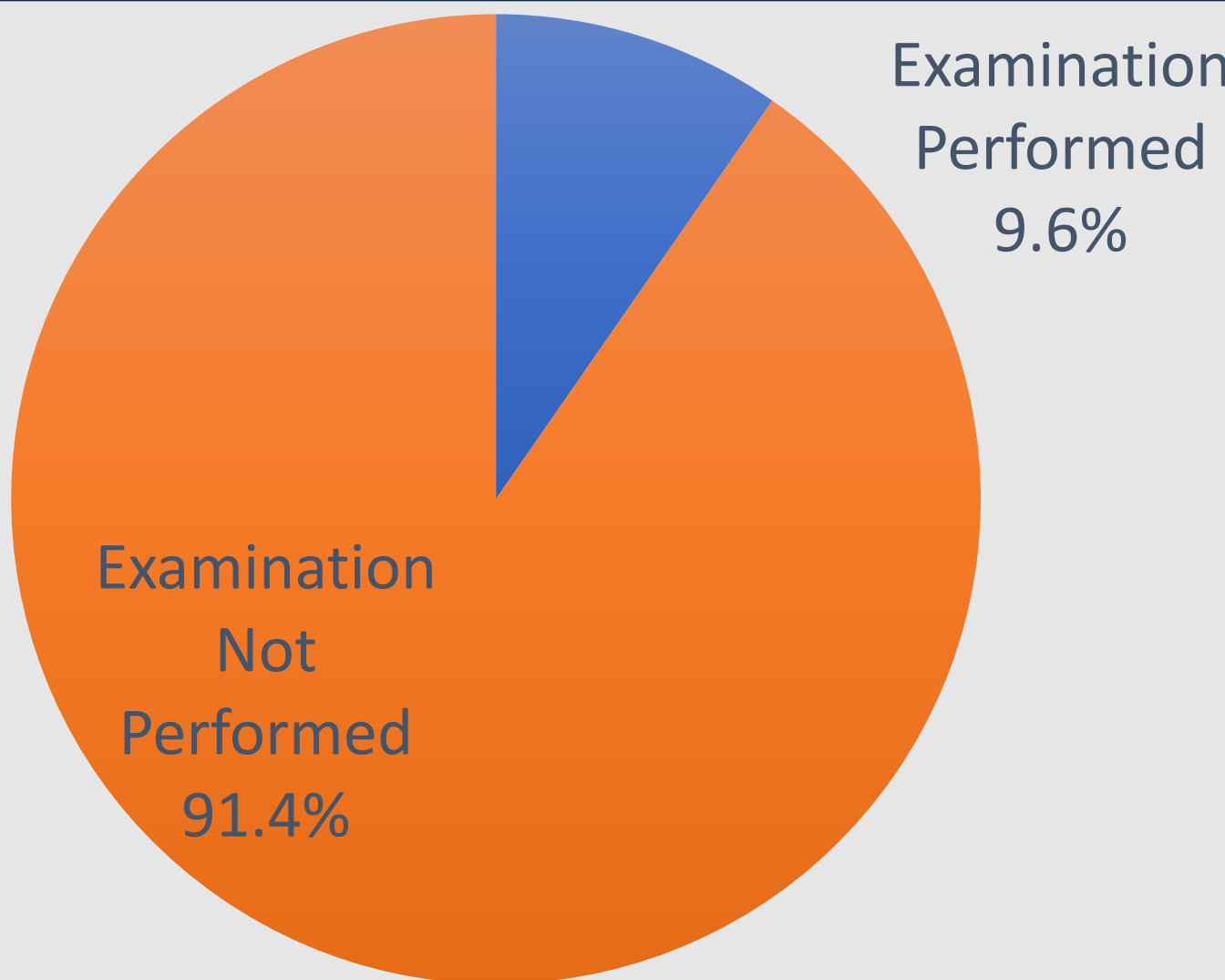


Figure 1: Percentage of patients who had a speculum examination completed in primary care

CONCLUSION

National guidance states that patients with PMB on HRT only require two-week referrals if bleeding persists six months after commencing or six weeks after stopping. Nearly 1/3 of referrals did not adhere to this. It also suggests that patients with PMB aged ≤ 55 can be referred to a gynaecology clinic (within six weeks). Of the referrals, 73.1% were for patients aged ≤ 55 and/or with unscheduled bleeding on HRT. In this population, it would have been possible to reduce referrals by nearly three quarters and not negatively impact the rate of cancer detection.

It is best practice for patients who present to primary care to have a 'full history, pelvic and speculum examinations.' The presented data indicate, for the vast majority, this was not completed. It may be advantageous to amend the primary care referral form to make it compulsory to include essential components of the history and examination, thus reducing inappropriate referrals.



Figure 2: Sankey Diagram depicting flow of patients through PMB Clinic. Appropriate referrals and outcomes are coded.