

# AN AUDIT: HEAVY MENSTRUAL BLEEDING.

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## INTRODUCTION:

Heavy Menstrual Bleeding [HMB] is a symptom not a diagnosis. It is defined as excessive menstrual blood loss which interferes with a woman’s physical, social, emotional and/or material quality of life. It is one of the most common reasons for gynaecological consultation in secondary care. It comprises 12% of all referrals to Gynaecology services. 1 in 20 women between 30-49 years consult their GP annually with HMB. The NICE Guideline for HMB was introduced in 2007.

## AIM:

To determine compliance with the **NICE Guideline: Heavy Menstrual Bleeding: Assessment and Management, March 2018, updated 2021.**

## METHOD:

- A retrospective case note review of a random selection of 50 patients attending the Gynaecology Clinic.
- Coded as “Heavy Menstrual Bleeding”. Data retrieved from ICE, PACS and the woman’s case notes.
- Over a 12 month period: September 1<sup>st</sup> 2021-August 31<sup>st</sup> 2022.

## AUDIT STANDARD:

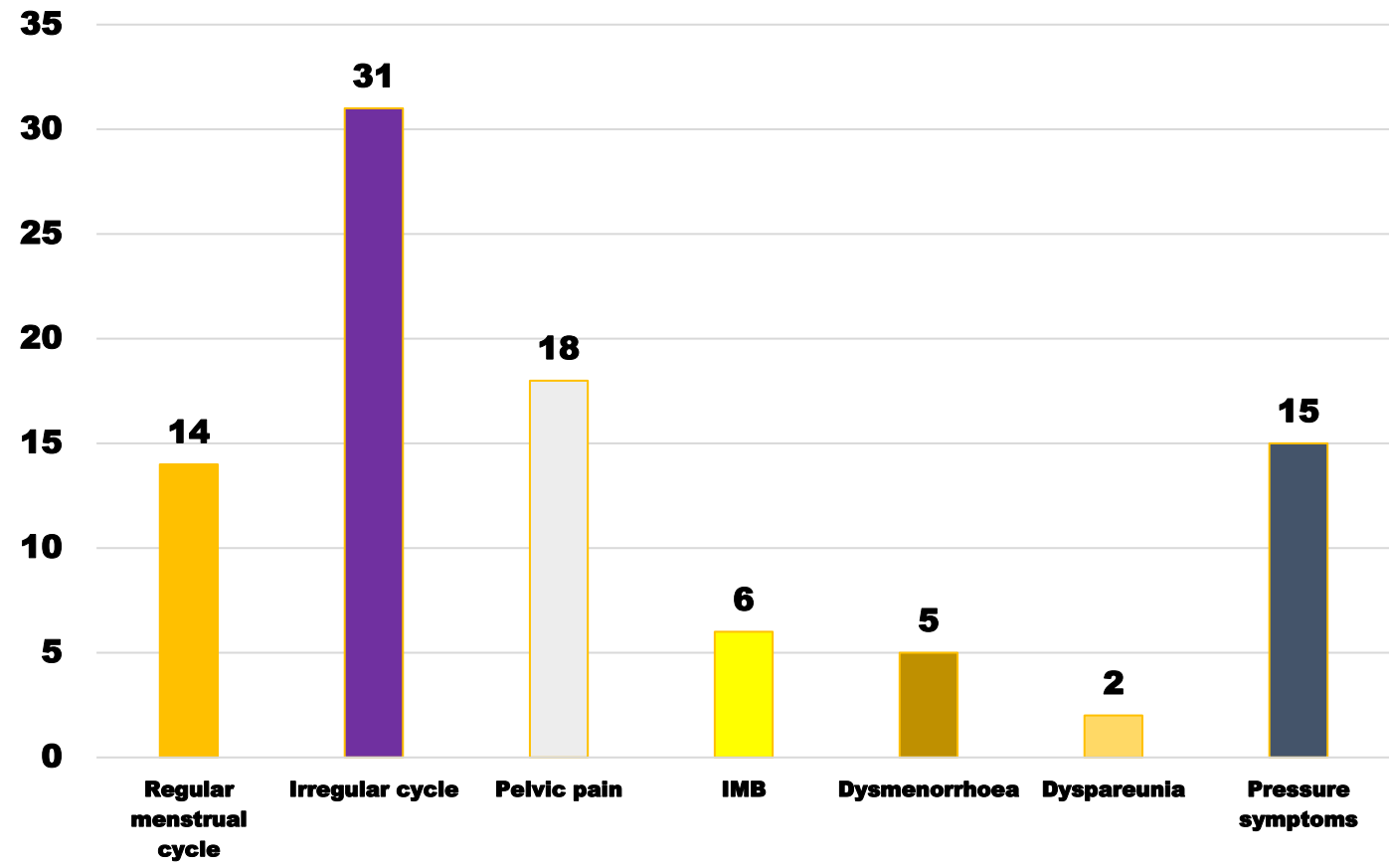
- History, physical examination and laboratory investigations.
- Pharmacological management prior to requesting investigations.
- Investigations: USS or hysteroscopy.
- Management of fibroids >3cm and <3cm.
- Patient information leaflet provided.
- LNG-IUS or endometrial ablation including a documented discussion of the impact on fertility.
- Surgery: hysterectomy +/- oophorectomy.

## RESULTS:

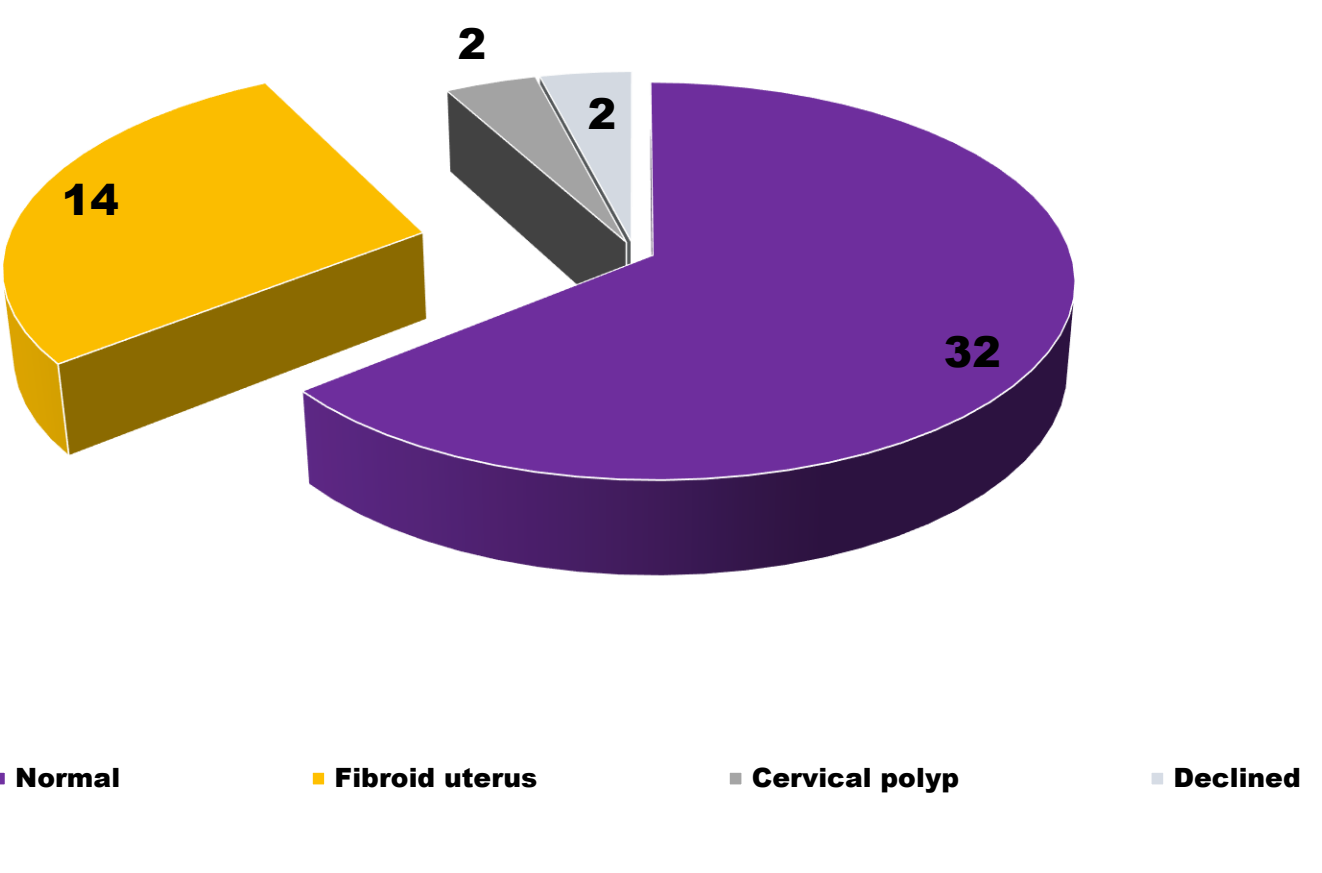
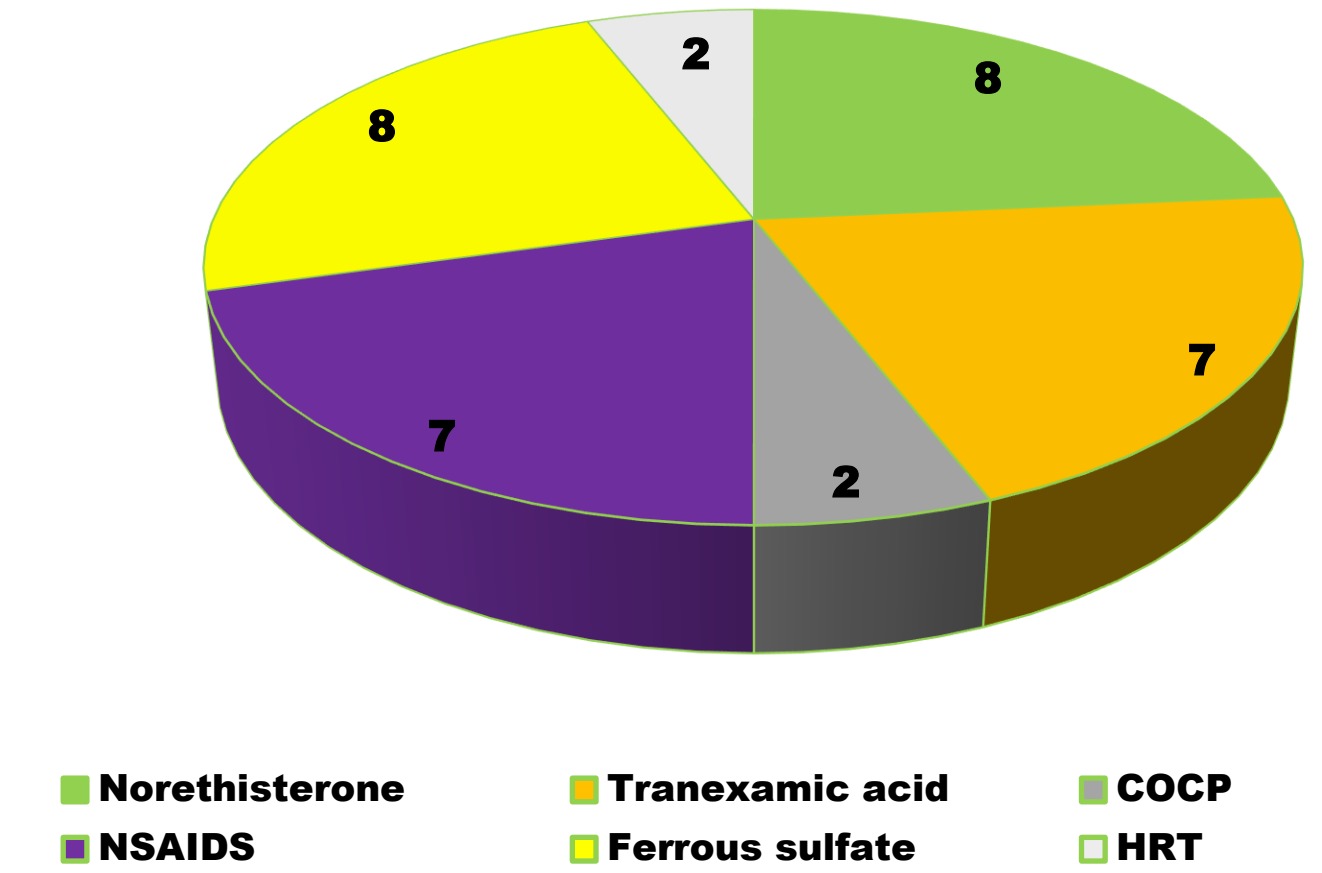
- Demographics:** [50 women], 49 Caucasian, 1 African.
- Average age:** 42.6 years [range: 10-51 years]. 26 women were aged >45 years.
- Mode of referral:** Accident and Emergency Department [17] and GP [33].
- Average waiting time for GP referrals: 3.8 months. A&E referrals assessed on the same day.
- 8 women were nulliparous and 7 were anaemic on presentation.



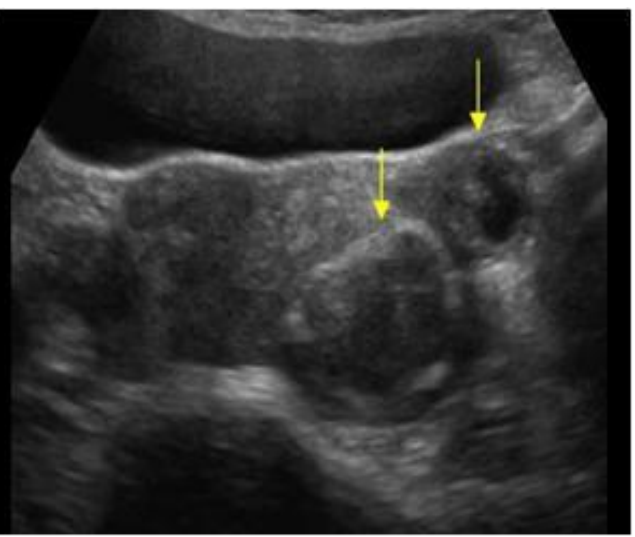
|                 |             |    |
|-----------------|-------------|----|
| Underweight     | <18.5 kg/m2 | 2  |
| Normal weight   | 18.5 – 24.9 | 6  |
| Overweight      | 25.0 – 29.9 | 5  |
| Obese Class I   | 30.0 - 34.9 | 13 |
| Obese Class II  | 35.0 – 39.9 | 15 |
| Obese Class III | >40.0       | 9  |



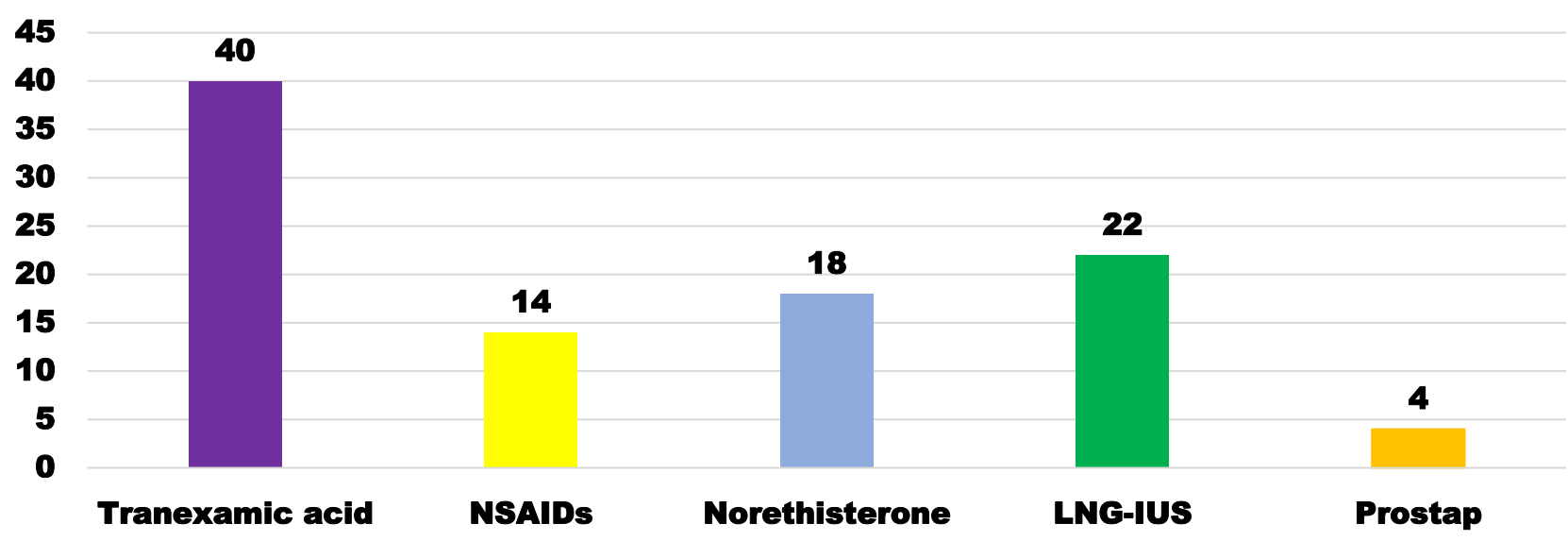
|                         |   |
|-------------------------|---|
| IVF                     | 3 |
| PCOS                    | 3 |
| TCRE                    | 2 |
| Endometriosis           | 3 |
| Abnormal cervical smear | 4 |
| Fibroid                 | 4 |



| Hb 115-165g/L | No. | PBCs |
|---------------|-----|------|
| NORMAL        | 23  |      |
| LOW           | 26  | 6    |
| NO SAMPLE     | 1   |      |



- USS 42 performed.
- 8 performed prior to referral.
- Fibroid <3cm [10].**
- Fibroid >3cm [9].**



| MRI Pelvis    | [7] |
|---------------|-----|
| Fibroid >3cm  | [4] |
| Adenomyosis   | [2] |
| Hydrosalpinx  | [1] |
| Ovarian cysts | [2] |

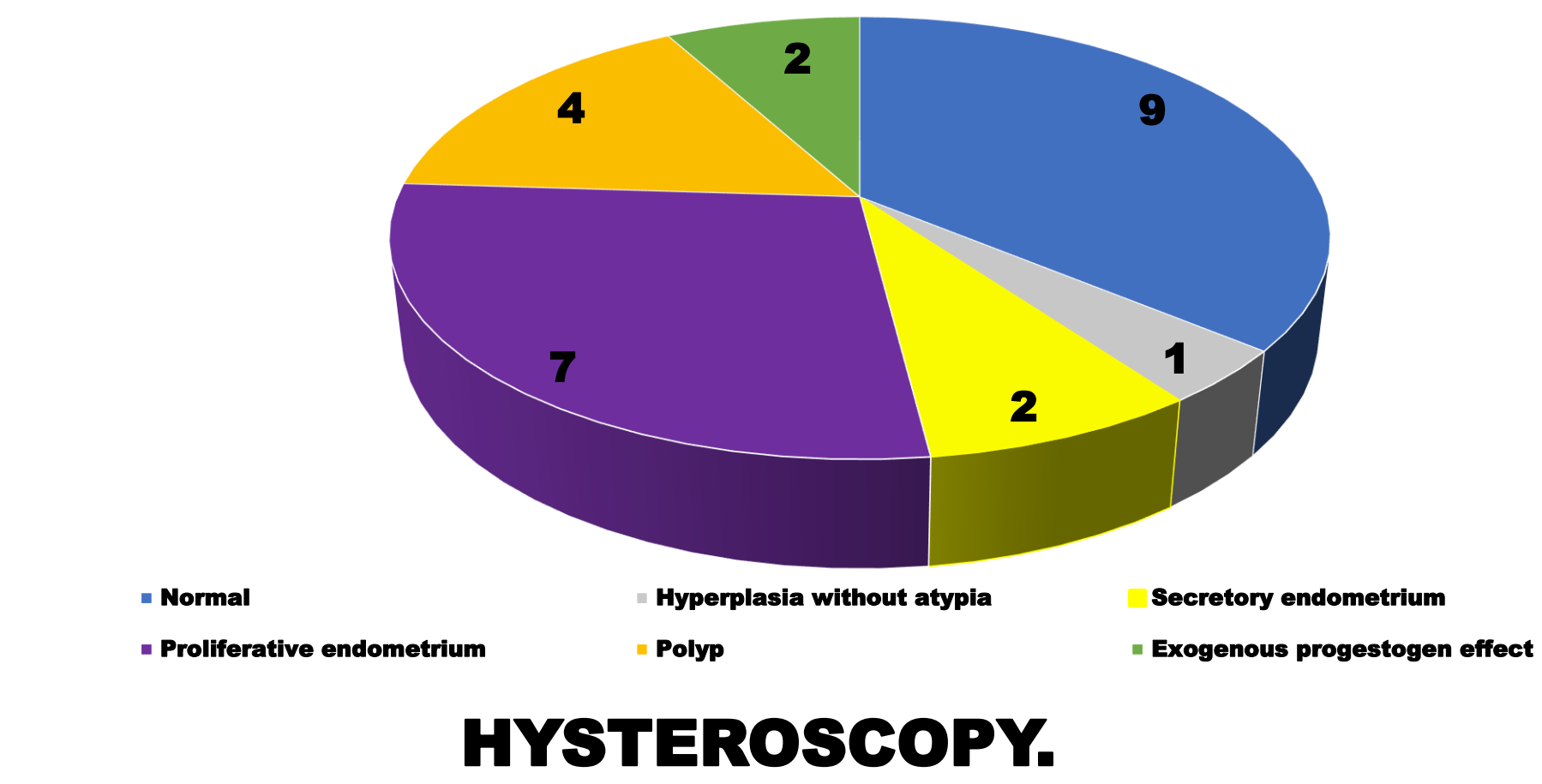
## PHARACOLOGICAL.

### FIBROID <3CM [10 CASES]

| MANAGEMENT      |   |
|-----------------|---|
| MIRENA IUS      | 7 |
| Tranexamic acid | 3 |
| NSAIDs          | 1 |
| COCP            | 1 |

### FIBROID >3CM [9 CASES]

| MANAGEMENT      |   |
|-----------------|---|
| Mirena IUD      | 9 |
| Tranexamic acid | 5 |
| NSAIDs          | 4 |
| Hysterectomy    | 1 |



## HYSTEROSCOPY.

## SURGERY:

9 women underwent a hysterectomy [TLH] = 7and BSO [5]. The ovaries were conserved in 2 cases. A TAH and BSO were performed in 2 cases. There were no vaginal hysterectomies in this cohort. There was no Patient Information Leaflet available in the Trust for HMB.

## RECOMMENDATIONS:

- Create a patient information leaflet on “Heavy Menstrual Bleeding”.
- Improve documentation in the case notes on the woman’s quality of life.
- Improve counselling on the side-effects of a LNG-IUS.
- Further education on the role of hormonal treatment in the management of HMB.
- GP Education as only 40% started pharmacological management for HMB.

