

HEAVY MENSTRUAL BLEEDING REQUIRING BLOOD TRANSFUSION-WHAT CLINICIANS NEED TO KNOW

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Objective

To evaluate the prevalence of in-patient use of blood transfusion in pre-menopausal women with heavy menstrual bleeding and further management

Methods

Retrospective observational study based in King's Mill Hospital admissions to Gynaecology of females between age 18-51 years old between 01/01/2024 and 30/06/2024 using Careflow coding records

Exclusions

pregnant patients
(ICD-10 code Z33)

Inclusions

ICD-D50 'iron deficiency anaemia secondary to blood loss';

ICD-D62 'acute post'-haemorrhagic anaemia' OR

'Excessive and frequent menstruation with irregular cycle' OR 'Excessive bleeding in the premenopausal period'

Review of notes, clinic letters, further treatments offered as inpatient/ at discharge
:Tranexemic acid, OCPs, oral/parenteral iron, Mirena, GnRH analogues, surgical options.

Design

Participating site for **UK-ARCOG BROWNIE (Blood tRansfusiOn in WomeN wIth hEavy menstrual bleeding)** study, a trainee-led national service evaluation of around 133 units across England, Wales, Scotland & Northern-Ireland initiated in August 2024, participating hospital leads undergoing training sessions for seeking approval from local audit departments, patient identification and data collection for data analysis.

RESULTS

N= 28 cases.
3/28 (9.3%) transfused
blood for symptomatic
anemia-Hb: 58g/l, 70g/l
& 76g/l. Length of stay: 1-
3 days

2/3-ethnic White parous
women known uterine
fibroids/polyps, both
transfused 2 units PRBC+
accepted Mirena coil
insertion

1/3-ethnic Afro-Caribbean
nulliparous known uterine
fibroids, transfused 2 units
PRBC, accepted only
parenteral iron

1/2 accepted parenteral
iron and GnRH therapy

1/3 underwent Trans-
Cervical-Resection-
Fibroid. 2/3 did not attend
follow-up appointments

Conclusion

Judicious use of blood transfusion to significantly small cohort
Parenteral iron for Hb thresholds to optimize length of stay
Patient demographics, fertility issues and religious/personal beliefs
play important roles in making informed decisions
Clear follow-up pathways for streamlining care