

ABNORMAL VAGINAL BLEEDING

Abnormal vaginal bleeding is defined as:

- Postcoital bleeding,
- Intermenstrual bleeding
- Frequent or chaotic menstruation.

Possible Causes:

- Infection eg. cervicitis, salpingitis, endometritis
- Benign causes eg. polyps, fibroid polyps, and dysfunctional uterine bleeding
- Carcinoma of cervix or endometrium
- Others e.g. Origin from bladder, urethra or rectum, trauma, vulval or vaginal lesions.

All women should have:

- A full sexual and contraceptive history
- Pregnancy test if premenopausal / menopausal status uncertain and any risk of pregnancy
- Screening for sexually transmitted infection as appropriate

An examination is warranted to visualise the external genitalia and cervix:

- For persistent bleeding beyond the first 3 months of use of hormonal contraception
- For new symptoms or a change in bleeding after at least 3 months of use
- If a woman has not participated in an NHSCSP
- If requested by a woman
- After a failed trial of the limited medical management available (Appendix 1)
- If there are other symptoms such as pain, dyspareunia, or postcoital bleeding. [NB. These
- Symptoms would also warrant bimanual examination.]

Additional investigation and referral:

- A cervical smear should be taken if one is due.
- If visual inspection of the cervix is suspicious (suggestive of cancer), refer urgently to Colposcopy.
- If symptoms persist, please refer to the medical gynaecology service for further investigations.
- If there is florid ectopy which may be causing symptoms (post coital bleeding), refer to Colposcopy

If symptoms suggestive of breakthrough (BTB), before referral consider changing contraception or additional treatment as recommended by FSRH guidance on Problematic Bleeding With Hormonal Contraception (Appendix 1). Women should be made aware that such treatment may be outside the product licence, and this discussion should be documented.

Postmenopausal Bleeding

- This is defined as any vaginal bleeding following a period of amenorrhoea lasting 12 months or longer in the post menopausal patient, or irregular bleeding in a patient taking HRT.

Causes:

- Atrophic vaginitis
- Side effects of HRT.
- Infection
- Carcinoma – vulva, cervix, endometrium, ovary

At this consultation, all women require:

- A full medical and gynaecological history
- A cervical smear, if due and if still in cervical screening programme
- Examination to visualise the vulva, vagina and cervix
- Bacteriological swabs if infection is suspected
- Urgent referral to the Sandyford medical gynaecology service or their nearest hospital if client wishes. If an internal referral form is completed, please also telephone the medical secretaries to inform them of the referral.

References:

Faculty of Sexual & Reproductive Health. (2015). Problematic Bleeding With Hormonal Contraception.

<http://www.fsrh.org/pdfs/CEUGuidanceProblematicBleedingHormonalContraception.pdf>

Faculty of Sexual & Reproductive Health. (2012). Management of Vaginal Discharge in Non Genito-urinary medicine settings. Clinical Effectiveness Unit.

<http://www.fsrh.org/pdfs/CEUGuidanceVaginalDischarge.pdf>

Appendix 1

Medical therapy options for women using hormonal contraception with problematic bleeding.

NOTE: Use of additional hormonal treatment may be outside the product licence.

