

**Clinical Guideline:** Dysfunctional Uterine Bleeding Site: FPH

* HPC: Period duration & cycle length e.g. K=5-7/30, tampon/towel usage ?double protection, changing at night, clots/flooding
* Pain: Pre-menstrual or menstrual, spasmodic or congestive
* Gynae. History: Smear history, previous treatment, h/o endometriosis, chronic PID
* General: Bleeding disorder, co-morbidity

History

* Risk of malignancy is very low <40 years if ca. cervix is excluded
* For co-existent pain consider endometriosis, adenomyosis or chronic PID

General Information

* Tranexamic acid (+ mefenamic acid if pain is a feature and referral not indicated, mefenamic acid not particularly effective in reducing menstrual loss)
* Combined OCP (until the menopause in low risk women)
* Mirena
* Refer for consideration of endometrial ablation or hysterectomy (preferably vaginal) if initial treatment is ineffective or for patient choice

Advice and Treatment

**Consider referral if:**

* Age>40: Exclude ca. endometrium, esp. if high risk (obese etc.)
* Age <40:manage in primary care unless co-existent pathology e.g. endometriosis

Referral Guidelines – red flag signs

* FBC
* Thyroid function & clotting only if clinically indicated
* Pelvic ultrasound only if an adnexal mass is suspected or as a baseline measurement of fibroids where conservative management is planned

Investigation

* Exclude clinical anaemia
* Abdominal: ?abdomino-pelvic mass
* Pelvic: Speculum to exclude ca. cervix, bimanual - enlarged (fibroid) uterus

Examination