

## Plain language summary

# Assessment and Management of Postmenopausal Bleeding

### Who is this summary for?

This summary is for women who are impacted by postmenopausal bleeding (PMB). This may include women who experience PMB, their support partners or their family.

### What is this summary about?

The National Women and Infants Health Programme have developed a number of clinical guidelines. One of these guidelines is a national Guideline for the diagnosis and management of PMB. This plain language summary will describe the key points and important take home messages from the PMB Guideline.

### What is postmenopausal bleeding?

Postmenopausal bleeding refers to bleeding in women that occurs 12 months or more after the last menstrual period. This applies to women not taking HRT. (Hormone replacement therapy means tablets, patches or gels that help with symptoms of the menopause)

### What might be the cause of PMB?

Endometrial polyps (little fleshy growths in the womb)  
Endometrial hyperplasia (thickening of the lining of the womb)  
Endometrial Cancer (cancer of the lining of the womb)  
Cervical polyps (benign growths) or Cervical Cancer (cancer of the neck of the womb)  
Disease of the vulva or vagina (front passage)  
Diseases of the bladder and related structures (urological cancers)  
Disease of the bowel and related structures (gastrointestinal cancers)

### When should a woman with PMB have tests??

All women with PMB who are not on HRT should first attend their GP urgently for review.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

## What will happen after referral to the GP?

At the GP review, a detailed history of symptoms, medical history, medications, and family history will be taken. A physical examination will be recommended including inspection of the vulva, vagina and neck of the womb (cervix). The GP may also want to examine the woman's abdomen and back passage (rectum) to check for other causes of the bleeding. After review by a GP most women will be referred to hospital for further tests by a Gynaecologist.

Some women e.g. those who have had a hysterectomy (surgery to remove the womb) or have an obvious explanation for bleeding may not need referral.

## What will happen after referral to the Gynaecologist?

All women with PMB will be seen in a gynaecology day unit where all their tests can be carried out in one appointment. This is called an Ambulatory Gynaecology clinic.

Women who have a womb will have an ultrasound scan of to check the thickness of the lining of the womb. This is usually an internal (vaginal) scan. Some women may not be able or wish to have this type of scan. (e.g. if never had sex). The ovaries and pelvis will also be checked during this scan.

If the lining of the womb is thickened, or if there are other concerns seen during this scan, a camera test (diagnostic hysteroscopy) will be carried out and a sample (biopsy) of the lining of the womb will be taken and sent to the hospital laboratory for assessment.

Any findings from the scan or camera test will be explained and treated on the day where possible. Some women may have to wait a short time for results and a follow-up appointment by phone or in-person will be arranged, while other women may not require any further tests or treatments and will be discharged from the service that same day.

## What does PMB mean if the woman is taking HRT?

Bleeding while taking HRT is common but some women will need to be seen by their GP and referred for further investigations. Women taking HRT which can be tablets or patches or gels should let their GP know if they experience irregular bleeding. There are different types of HRT, and some can be adjusted before needing further investigation. It is unusual to have bleeding suddenly if a woman has been on HRT with no problems for a long time, so she should first attend her GP if that happens. Women should also report if bleeding gets getting heavier or longer, regardless of the type of HRT.

## What about recurrent bleeding

Recurrent vaginal bleeding may need more investigation or at least a review of all investigations to date. Each situation should be looked at on an individual basis.

## Where to go for information

<https://www2.hse.ie/conditions/postmenopausal-bleeding/>

<https://www.nhs.uk/conditions/post-menopausal-bleeding/>

<https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/postmenopausal-bleeding-poster/>

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>