ABNORMAL VAGINAL BLEEDING IN PRE- AND PERI-MENOPAUSAL WOMEN

A diagnostic guide for General Practitioners and Gynaecologists

This guide was developed to assist general practitioners and gynaecologists in assessing pre- and peri-menopausal women with abnormal vaginal bleeding, to maximise diagnostic accuracy for endometrial cancer. This is a general guide to appropriate practice to be followed subject to the clinicians’ judgement in each individual case, and is based on the best available evidence and expert consensus (February 2011). The Commonwealth does not accept any legal liability or responsibility for any loss or damages incurred by the reliance on, or interpretation of, information contained in this guide.

DEFINITIONS

Abnormal vaginal bleeding: an increase in frequency, duration or volume of blood loss.

Conservative treatment: the use of hormone therapy or non-hormonal pharmacological therapy to reduce heavy bleeding, and control irregular bleeding. More aggressive treatment options include the surgical options of endometrial ablation or hysterectomy.

Pre-menopause: is characterised by continuation of regular menstrual cycles without any changes in the symptoms of menstruation transition or hormonal variability.

Peri-menopause: about or around the menopause. The average length of this stage is 5 years. Cyclic irregularities increase as women enter this stage with prolonged ovulatory and anovulatory cycles. Levels of follicle stimulating hormone and oestradiol oscillate frequently with decreasing luteal function.

ENDOMETRIAL THICKNESS IN PERI-MENOPAUSAL WOMEN†

Interpretation of endometrial thickness in the peri-menopausal woman is dependent on the peri-menopausal status of the patient (e.g. pre, peri or post).

ROUTINE OF SURVEILLANCE†

Practitioners should ask their patients to come back for a follow up appointment if they notice any changes or have any concerns about their menstrual/ blood loss pattern. Ongoing repeat TVUS is not recommended for women in the absence of ongoing symptoms.

www.canceraustralia.gov.au
**VAGINAL BLEEDING IN POST-MENOPAUSAL WOMEN**

A diagnostic guide for General Practitioners and Gynaecologists

This guide was developed to assist general practitioners and gynaecologists in assessing post-menopausal women with vaginal bleeding, to maximise diagnostic accuracy for endometrial cancer. This is a general guide to appropriate practice to be followed subject to the clinicians’ judgement in each individual case, and is based on the best available evidence and expert consensus (February 2011). The Commonwealth does not accept any legal liability or responsibility for any loss or damages incurred by the reliance on, or interpretation of, information contained in this guide.

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**Risk Factors**

Risk factors for endometrial cancer include:
- History of chronic anovulation
- Exposure to unopposed oestrogen
- Polycystic ovary syndrome (PCOS) associated with chronic anovulation
- Exposure to tamoxifen
- Strong family history of endometrial or colon cancer (Lynch syndrome)
- Nulliparity
- Obesity (often with diabetes and hypertension)

**Endometrial Biopsy**

- There is no evidence of sufficient quality around the safety and efficacy of natural or bio-identical hormones. However, many of these preparations contain oestrogen and are not essential in the first 6 months. Patients recover significantly faster from D&C if performed as the first line of investigation in women taking tamoxifen.
- Hysterectomy and D&C are adequate samples from biopsies are always be available as a diagnostic tool in all areas.
- Aerosol lignocaine on the cervix significantly reduces pain and discomfort.
- Hysterectomy with biopsy is preferable as the first line of investigation in women taking tamoxifen.
- Patients recover significantly faster from outpatient hysterectomy than from day case hysterectomy, though this may not always be available as a diagnostic tool in all areas.

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**Diagnostic Hysteroscopy**

Diagnostic hysteroscopy is a highly specific, accurate, safe and clinically useful tool for detecting intrauterine abnormalities and to direct treatment at the specific pathology while avoiding unnecessary surgery. Undertaking a hysteroscopy at the same time as a biopsy increases the chance of an adequate sample.

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**Dilation and Curettage (D&C)**

If a patient has post-menopausal bleeding and an endometrial thickness greater than 4mm, an endometrial biopsy should be undertaken with an endometrial sampling device.

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**Definitions**

**Post-menopausal bleeding:** spontaneous vaginal bleeding that occurs more than one year after the last episode of bleeding.

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**Practice Points**

**Tamoxifen**

- Endometrial biopsy should be used to assess women on tamoxifen experiencing vaginal bleeding, as TVUS has been shown to be neither sensitive nor specific for neoplasia in these women.
- TVUS is an initial screening tool for identifying high and low risk, it is not a diagnostic tool.
- A diagnostic hysteroscopy is a highly specific, accurate, safe and clinically useful tool for detecting intrauterine abnormalities and to direct treatment at the specific pathology while avoiding unnecessary surgery.
- When a TVUS is ordered, GPs should request it is not a diagnostic tool.
- When a TVUS is ordered, GPs should request that the report includes the endometrial thickness. The GP should also indicate on the request form the menopausal status of the patient (eg. pre, peri or post).
- For patients on sequential HRT, TVUS should be performed.
- If a patient has post-menopausal bleeding and an endometrial thickness greater than 4mm, an endometrial biopsy should be undertaken with an endometrial sampling device.

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**GP Survey**

Practitioners should ask their patients to come back for a follow-up appointment if they notice any changes, have any concerns or experience further bleeding. Ongoing repeat TVUS is not recommended for women in the absence of ongoing symptoms.