Menstrual Disorders Workshop 11th June Rotorua

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Heavy Menstrual Bleeding (HMB)

- HMB is excessive menstrual blood loss which interferes with a woman's physical, social, emotional and/or material quality of life. It can occur alone or in combination with other symptoms.
- In the early 1990s, over 60% of women presenting with HMB went on to have a hysterectomy

Management of Heavy Menstrual Bleeding

- History
- General and abdominal examination
- Bimanual, Speculum +/- smear
- FBC
- TFTs only if hypothyroidism suspected
- Tests for coagulopathy only if suspected
- TVS and / or pipelle if ‘high risk’

Background

- 5% GP consultations are for HMB
- 11%+ of gynaecologist referrals
- 80mls per cycle is the 90th centile
- 7000 hysterectomies per annum in NZ

History and Examination

- Age / parity
- Cycle, IMB, PCB
- Clots and Flooding
- Soiling of clothes
- Social function
- Family complete?
- Family History
- PMH (PCOS, Tamoxifen, ERT, Obesity)
- Symptoms of anaemia
- Anaemia?
- Obesity
- Pulse and BP?
- Signs of coagulopathy?
- Abdominal exam
- Bimanual
- Speculum (?should be mandatory)
- Smear if due

Investigation

Overall incidence of endometrial carcinoma in premenopausal women is 14.3/100,000 women years in one UK paper

- TVS

  12 mm or greater is abnormal for premenopausal women

  (For PMB, an endometrial thickness of < or equal to 5mm in post menopausal women means <4% risk of cancer. 'Virtually' zero if < or equal to 4mm but again beware!)

- Pipelle

  Quick, low risk, fairly accurate but ……

  Beware the 'inadequate' result

  Can miss focal cancers

  Pain (warn patient)

Investigation

- Hysteroscopy D & C

  The ‘gold’ standard, well tolerated and safe

  In a series of 2500 outpatient hysteroscopies; 10% of pre and 22% of post menopausal women had polyps. Fibroids played a part in 25%.

Treatment; Drugs

- **Mirena**

  pgs reduced, inactive endom, reduces fibrinolysis. Mbl down 86% after 3/12
- **Cyclokapron** 1-1.5 g up to qds during heavy days.

  Inhibits tissue plasminogen activator mbl down 50%
- **NSAIDS** e.g. Ponstan 250-500 mg tds during menses.

  Inhibits cyclo-oxygenase and blocks myo pge2 receptors mbl down 30%
- **Progestagens** e.g. NET 5mg tds

  For emergency use e.g. 30-50 mg provera/day for 3/52.
- **COCP**

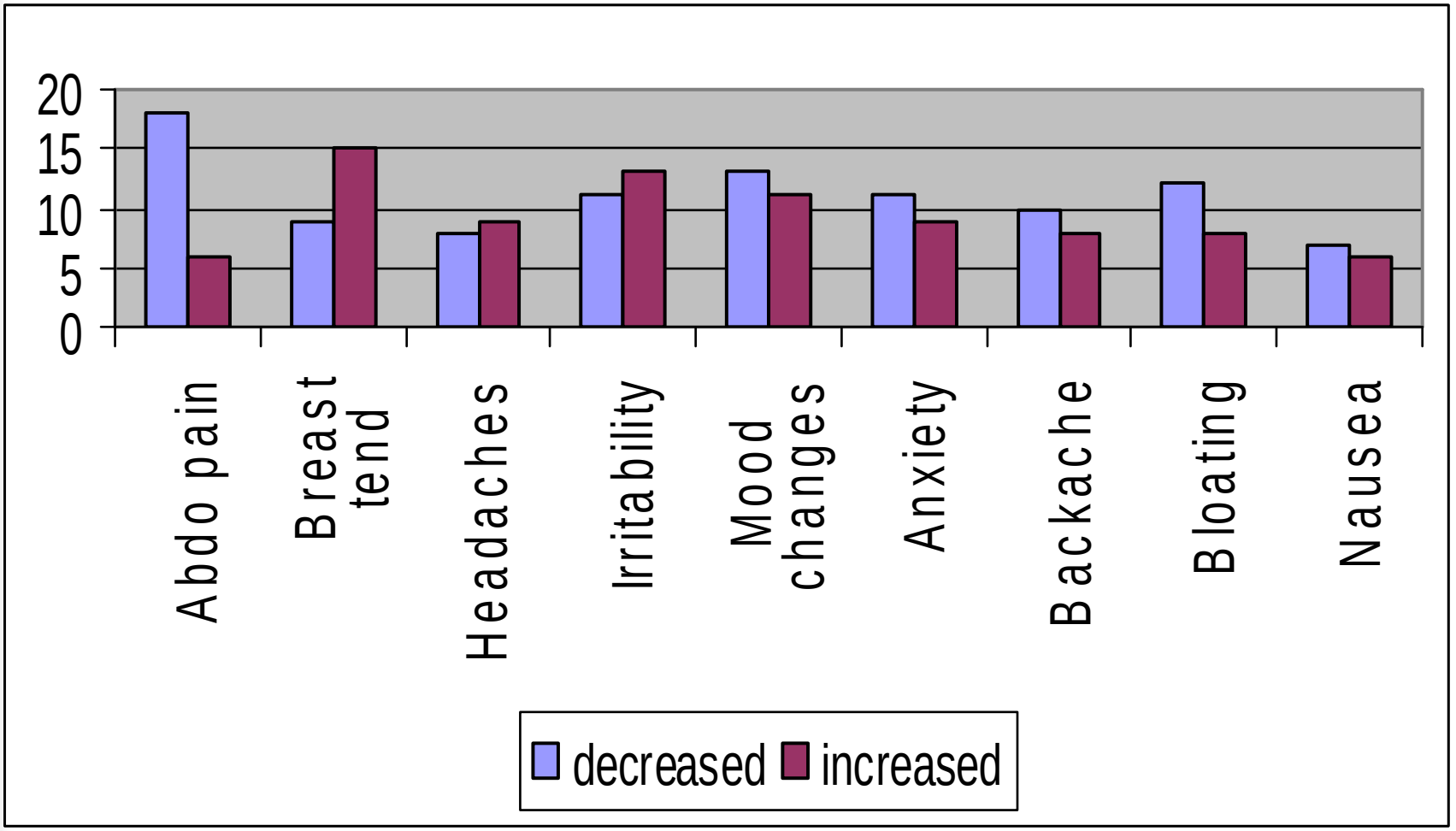
  20-30% reduction MBL
- **Depo-provera**

Mirena

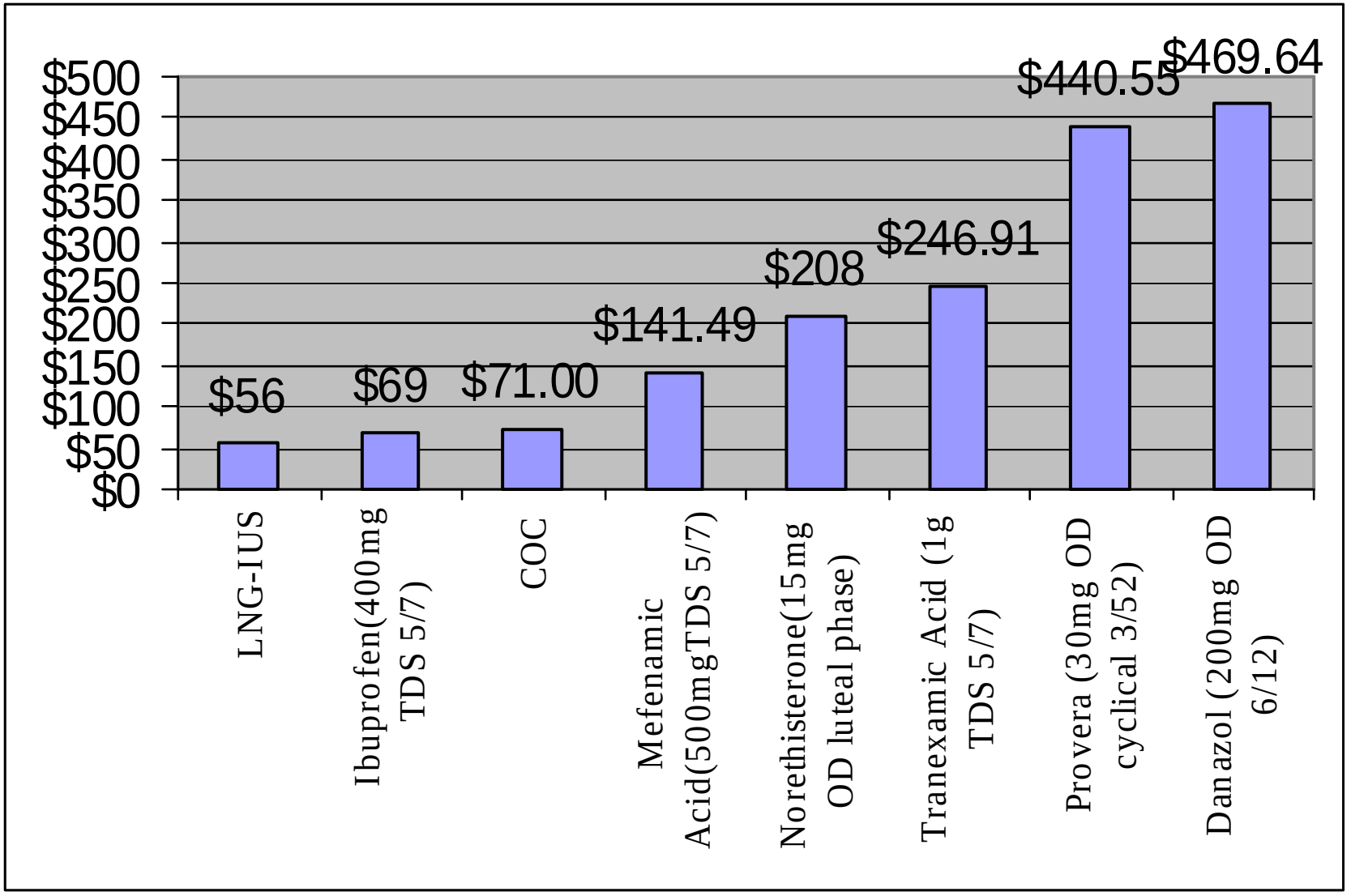
- Efficacy for HMB and dysmenorrhoea
- Some endometriosis
- Endometrial protectant
- Fibroids…relative CI
- ?Side-effects
- Also able to prevent some other annoying things

Effects

36/69 women continuing with it experienced ‘side-effects’, some experiencing more than one



Annual Costs of Medical Therapies



Surgical Therapy

- Endometrial ablation (2nd gen)
- Myomectomy;

  Open or hysteroscopic
- Hysterectomy

Novasure Endometrial Ablation

- Bipolar radio-frequency energy
- Impedance controlled
- Need for contraception
- GA vs LA
- 50-65% amenorrhoea at 5 years
- 10% hysterectomy at 5 years
- 90% satisfaction

Novasure- Clinical Experience

- Largest series in NZ
- 3% hysterectomy rate for ‘failure’ at 12 months average follow-up. One showed necrotic endom, 1 showed small nest endometrium.
- 97% satisfaction rate to date
- 2 post-op infection, oral antibiotics

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Hysterectomy
VH, LAVH, TAH, LH, Robotic

- Major op with mortality and morbidity
- Economic issues
- ?7-10% increased risk of prolapse
- Subtotal?
- BSO?
- 4% earlier menopause?
- However 100% cure rate for HMB

Summary of Management

based on NZGG and RCOG

- History
- General and abdominal examination
- Bimanual, speculum +/- smear
- FBC and ferritin
- TFTs only if hypothyroidism suspected
- Tests for coagulopathy only if suspected
- TVS and ? pipelle

Assess Risk of Hyperplasia

The Risk is less than 2% if;

- <90kg
- <45 years
- Parous
- No Tamoxifen
- No PCO, no HNPCC or FH of Endometrial Cancer
- Not on unopposed ERT

Otherwise greater than 2%, maybe much more

Management in Primary Care

- Normal sized uterus on PV
- Hb above 80g/l (treat anaemia)
- Regular cycles
- Low risk of hyperplasia
- Treat women at low risk
- Refer treatment failures

Specialist Referral

- Irregular or prolonged periods
- Abnormal examination (abdo or pelvic)
- Hb < 80
- Inadequate response to initial treatment
- Endometrium > 12mm on scan
- All at ‘high’ risk of hyperplasia
- Abnormal pipelle

How to decide how to treat

- Patient bias
- Clinician bias
- Family complete? Smears normal?
- Contraceptive issues
- Hormone issues
- Burn issues
- Major surgery issues
- Read and sleep on it

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Thank you

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