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## Period problems/Pipelles/Mirena - Concurrent Workshop repeated (

| | | | |
|---|---|---|---|
| Saturday, 30 July 2011 | Start 2:00pm | Duration: 55mins | Cargill Room |
| | Start 3:05pm | Duration: 55mins | Cargill Room |

# Abnormal vaginal bleeding

John Short
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# abnormal vaginal bleeding

- heavy menstrual bleeding
- irregular menstrual bleeding
- intermenstrual bleeding
- postmenopausal bleeding

# Pathology

- Endometrial Cancer
- Endometrial Hyperplasia
- Genital tract infection
- Cervical cancer

# History

- assess risk for serious pathology (then look at QOL)

- Risk Factors for endometrial cancer
  - Age
  - Obesity
  - Nulliparity
  - unopposed oestrogen
  - bleeding pattern

# Examination

- often unhelpful
- uterine size
- cervical appearance
- genital atrophy

- smear and swabs if appropriate

# strategy

- reassure if appropriate
- treat if low risk
- investigate if high risk, or if low risk and treatment unsuccessful.

# treatments

- tranexamic acid
- COCP
- oral progesterone
- systemic progesterone
- mirena
- endometrial ablation
- hysterectomy

# investigations

- ultrasound
- endometrial biopsy
- hysteroscopy

# ultrasound

- endometrial thickness.
- uterine size
- focal lesions, eg polyps
- myometrial lesions, eg fibroids
- ovaries

# ultrasound

- consider how it will change management
- not required prior to commencing simple treatment
- not required prior to pipelle biopsy

- higher specificity in PMB. many women will avoid a pipelle.
- ? prior to mirena insertion
- abnormal clinical examination
- ?prior to secondary care

# VOMIT

- Victim of Medical Imaging Technology
- incidental and/or misleading findings on scan leading to ongoing investigation, intervention, anxiety, expense etc...
- eg ovarian cysts, endometrial polyps

# Pipelle

- Obtains endometrial tissue for histology
- reliable
- safe
- GPs can perform in community

# problems

- failed sampling
- inadequate sample
- vasovagal
- pain, bleeding, infection
- false negative

# Summary

- history and examination
- consider swabs and smear
- assess risk
- treat low risk
- investigate high risk, then treat
- ultrasound not always necessary or helpful
- pipelle reliable and safe, even for GPs!

- interpret results in context of clinical scenario
- repeat or escalate investigations if symptoms persist despite normal results, especially for the high risk
- try not to make your patient VOMIT.