





Heavy Menstrual Bleeding & Endometriosis: All you need to know for MRCOG

Mr Prasanna Supramaniam

Consultant Gynaecologist
Subspecialist in Reproductive Medicine and Surgery
Endometriosis CaRe Oxford, Oxford University Hospitals NHS Foundation Trust

Honorary Senior Clinical Lecturer in Reproductive Medicine and Surgery *University of Oxford*

Definition

- Menstrual bleeding that is >7 days (CDC)
- What does NICE say? defined by impact on quality of life rather than volumetric assessment

History

- Nature of bleeding
- Other symptoms
- Impact on quality of life
- Co-morbidities or previous treatment
- Consider pharmacological treatment (NICE Terminology Alert!)

- Physical Examination
 - HMB + other symptoms Offer a physical exam
 - Levenogestrel intrauterine system Carry out a physical examination before all investigations or LNG-IUS fittings. [2007]
- Investigation
 - Full blood count
 - Any other blood test?
 - What do you not do?

- Investigation
 - Ultrasound
 - Who
 - Fibroid
 - Adenomyosis
 - Others
 - Endometriosis
 - Hysteroscopy
 - Who history
 - Outpatient analgesia vaginoscopy
 - See and treat
 - Alternatives
 - What happens if they decline outpatient hysteroscopy/ hysteroscopy
 - Endometrial Biopsy who

- Treatments
 - Consider starting pharmacological treatment for HMB without investigating the cause if the woman's history and/or examination suggests a low risk of fibroids, uterine cavity abnormality, histological abnormality or adenomyosis. [2018]
- Shared decision-making
- Options
- LNG-IUS
 - First line
 - Fibroid <3cm not distorting uterine cavity
 - Adenomyosis
- Non-Hormonal
 - Tranexamic Acid
 - NSAID's

- Hormonal
 - Combined hormonal contraception
 - Cyclical oral progestogens
- Fertility
 - Impact of treatment on fertility
- Unsuccessful treatment
 - Other pharmacological options
- Endometrial Ablation
- Uterine artery embolization
- Transcervical resection of uterine fibroids

Fibroids >3cm in size

- Non-hormonal
- Hormonal
 - LNG-IUS
 - Combined oral contraceptives
 - Cyclical oral progestogens
 - Ulipristal Acetate
- UPA
 - Intermittent treatment in moderate to severe symptoms
 - Liver injury
 - Liver function tests

- Surgery
 - Transcervical resection of fibroid
 - Myomectomy (<u>morcellation</u>)
 - Hysterectomy
 - Route
 - Type of hysterectomy
 - Ovaries
 - 55

WHAT IS THE ABNORMALITY?



- Symptoms and signs
 - Chronic pelvic pain
 - Specific features
- Physical Examination
 - Abdominal and pelvic examination
- Investigations
 - Ultrasound TV
 - Endometrioma Association?
 - TV scan no appropriate

- Investigations
 - CA-125
 - MRI Pelvis
- Diagnostic laparoscopy
- Pharmacological Mx
 - Analgesics
 - Non-hormonal
 - Hormonal

Surgical

- Confirm priority
- What surgery involves
- Benefits and risks of surgery
- Recurrence of endometriosis
- Need for further surgery
- Pre surgical treatment (consider)
- Route of surgery
- Type of surgery
- Post surgical treatment

- Surgical treatment with Hysterectomy
 - Consider indication
 - Other considerations
 - Hysterectomy with or without oophorectomy
 - Recurrence of endometriosis
 - Menopausal status of patient
- Fertility optimising surgery
 - Offer excision or ablation of endometriosis
 - Offer ovarian cystectomy
 - Risks of surgery on ovarian reserve
 - Other fertility parameters
- Follow up



