QUALITY STANDARDS

Placemat for Heavy Menstrual Bleeding

This document is a resource for clinicians and summarizes content from the *Heavy Menstrual Bleeding* quality standard.

Initial Assessment and Diagnosis

Quality Statement (QS) 1: Comprehensive Initial Assessment

People with symptoms of heavy menstrual bleeding have a detailed history taken, a gynecological examination, a complete blood count test, and a pregnancy test (if pregnancy is possible) at their initial assessment.

Ensure that you perform a detailed history, a gynecological examination, a complete blood count test, and a pregnancy test (if pregnancy is possible) at the initial assessment. Heavy menstrual bleeding should be considered a problem if your patient feels that their bleeding is too heavy, and that it interferes with their life and normal functioning.

QS 4: Endometrial Biopsy

People with heavy menstrual bleeding who exhibit risk factors for endometrial cancer or endometrial hyperplasia undergo an endometrial biopsy.

Ensure that your patient has an endometrial biopsy if they have risk factors for endometrial cancer or hyperplasia.

QS 5: Imaging

People with heavy menstrual bleeding who have suspected structural abnormalities based on a gynecological examination, or who have tried pharmacological treatment but have not had substantial improvement in their symptoms, are offered imaging of their uterus.

Do a pelvic examination before considering imaging. Your patient is a candidate for imaging if, based on the results of the pelvic examination, you suspect structural abnormalities that need further investigation. If you have conducted a pelvic examination and do not suspect a structural abnormality, but your patient's symptoms are not improving with pharmacological treatment, it is acceptable to order imaging.

QS 13: Bleeding Disorders in Adolescents

Adolescents with heavy menstrual bleeding are screened for risk of inherited bleeding disorders using a structured assessment tool.

If your patient is an adolescent presenting with heavy menstrual bleeding at or close to menarche, use a structured bleeding assessment tool to screen for risk of inherited bleeding disorders. If they screen positive using this tool, consult with a hematologist and test your patient for bleeding disorders.

Treatment Options

QS 2: Shared Decision-Making

People with heavy menstrual bleeding are provided with information about all potential treatment options and are supported in making an informed decision about the most appropriate treatments for them, based on their values, preferences, and goals, including their desire for future fertility. People receive information about the treatment objectives, side effects, risks, impact on fertility, and anticipated out-of-pocket costs for all potential treatment options.

Provide people with information about all potential treatment options – including those that may be more challenging to access – to support informed decision-making.

QS 3: Pharmacological Treatments

People with heavy menstrual bleeding are offered a choice of non-hormonal and hormonal pharmacological treatment options.

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Ensure that you provide people with information about all available pharmacological options. Make people aware of the potential out-of-pocket costs, because many of these treatments are not publicly funded or covered under private insurance plans. Inform people that if they do not see results in 3 to 6 months, they should come back for a follow-up appointment to reassess their treatment plan.

QS 7: Endometrial Ablation

People with heavy menstrual bleeding are offered endometrial ablation. In the absence of structural abnormalities, patients have access to non-resectoscopic endometrial ablation techniques.

Provide information about endometrial ablation and offer it as a first-line treatment option for heavy menstrual bleeding. If your patient chooses this option, first perform endometrial sampling. Non-resectoscopic techniques performed without general anesthetic are the methods of choice for endometrial ablation.

QS 10: Offering Hysterectomy

People with heavy menstrual bleeding are offered hysterectomy only after a documented discussion about other treatment options, or after other treatments have failed.

If your patient is considering a hysterectomy, ensure that you have a detailed discussion with them about the effects that a hysterectomy may have on their sexual feelings, fertility, bladder function, ovarian function, need for future treatments, psychological well-being, as well as potential surgical complications.

QS 11: Least Invasive Hysterectomy

People with heavy menstrual bleeding who have chosen to have a hysterectomy have it performed by the least invasive route possible.

If your patient elects to have a hysterectomy, always use the least invasive method possible. If your patient has a hemoglobin level of less than 120 g/L, use oral or intravenous iron to raise their hemoglobin above 120 g/L before surgery.

QS 12: Surgical Procedures for Fibroids Causing Heavy Menstrual Bleeding

People with heavy menstrual bleeding related to fibroids are offered uterine artery embolization, myomectomy, and hysterectomy as surgical treatment options.

Offer uterine artery embolization, myomectomy, and hysterectomy as surgical treatment options to all people with heavy menstrual bleeding related to fibroids. Ensure that people have the information they need to make an informed choice. If your patient has a hemoglobin level of less than 120 g/L, use oral or intravenous iron to raise their hemoglobin above 120 g/L before their operation.

Urgent and Acute Care

QS 8: Acute Heavy Menstrual Bleeding

People presenting acutely with uncontrolled heavy menstrual bleeding receive interventions to stop the bleeding, therapies to rapidly correct severe anemia, and an outpatient follow-up appointment with a clinician at or immediately following their next period (roughly 4 weeks).

When someone presents with acute heavy menstrual bleeding, stabilize and manage them in a way that minimizes the need for blood transfusions. Ensure that the patient has a follow-up outpatient appointment booked within 4 weeks, at or immediately following their next period, to assess whether the problem is ongoing and to review the efficacy of any medications started in hospital.

QS 9: Dilation and Curettage

People with heavy menstrual bleeding do not receive dilation and curettage unless they present acutely with uncontrolled bleeding and medical therapy is ineffective or contraindicated.

Use dilation and curettage only for people presenting to the emergency department with acute heavy menstrual bleeding and for whom medications are not working to suppress the

bleeding. In these cases, use simultaneous hysteroscopy to visualize lesions that may be causing the bleeding.

Supportive Care and Follow-Up

QS 6: Referral to a Gynecologist

People with heavy menstrual bleeding have a comprehensive initial assessment and pharmacological treatments offered prior to referral to a gynecologist. Once the referral has been made, people are seen by the gynecologist within 3 months.

Always do a comprehensive initial assessment before considering referral to a gynecologist. The combination of results from the history, physical examination (including pelvic examination), laboratory tests, and imaging (as indicated) should be shared with the gynecologist before they see the patient.

QS 14: Treatment of Anemia and Iron Deficiency

People with heavy menstrual bleeding who have been diagnosed with anemia or iron deficiency are treated with oral and/or intravenous iron.

If your patient has iron deficiency anemia from heavy menstrual bleeding, treat them with iron in the following order: oral iron and then intravenous iron. Use transfusion only if the patient is experiencing serious side effects such as hypotension, chest pain, syncope, or tachycardia.

Resources

- *Heavy Menstrual Bleeding* quality standard and patient guide
- National Institute for Health and Care Excellence guideline on heavy menstrual bleeding and shared decision-making aid
- The Ottawa Hospital Research Institute decision aid Abnormal Uterine Bleeding: Should I Have a Hysterectomy?
- Women With Bleeding Disorders for information about women with bleeding disorders, including Von Willebrand disease
- The HealthLink BC decision aid Uterine Fibroids: Should I Have Uterine Fibroid Embolization?

Additional tools and resources are on Quorum.

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