|  |
| --- |
| Investigation or referral for women with unscheduled bleeding on HRT |
| If not meeting the criteria in one of the four columns below, adjust HRT and reassess |
| \*More detail on these criteria is available in the ‘Risk Factors’ section in the Clinical Referral Guideline |
| **Any of** | **Three or more of** | **Two of**  | **Any one of**  |
| * **BMI 40 or more**
* **Unopposed oestrogen > 6m**
* **sHRT > 5y**
* **Inadequate progestogen\* >12m**
* **Familial risk (Lynch, Cowden)**
 | * **BMI 30-39**
* **Diabetes**
* **PCOS (or anovulatory cycles)**
* **Unopposed oestrogen 3-6m**
* **Inadequate progestogen\* 6-12m**
* **Expired LNG-IUD**
 | * **BMI 30-39**
* **Diabetes**
* **PCOS (or anovulatory cycles)**
* **Unopposed oestrogen 3-6m**
* **Inadequate progestogen\* 6-12m**
* **Expired LNG-IUD**
 | * **First bleed > 6m after starting HRT**
* **Bleeding is prolonged or heavy**
* **Bleeding continuing more than 3m after adjustments of HRT in absence of other risk factors**
 |
|  | **URGENT TRANSVAGINAL ULTRASOUND REQUEST** **(specific form required for unscheduled bleeding on HRT)** |
| Management Decision according to HRT type and Endometrial Thickness |
| **Sequential Combined HRT** | **Continuous combined HRT** |
| Endometrium ≤7mm | **Endometrium >7mm** | **Endometrium >4mm** | Endometrium ≤4mm |
| Adjust HRT + reassess(consider Devon Menopause A&G service) |  | Adjust HRT+ reassess (consider Devon Menopause A&G service) |
|  **USC (2WW) referral****(Referral initiated by primary care)** | **USC (2WW) referral****(Referral initiated internally by secondary care)** |