|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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)** | | |