Post-Menopausal Bleeding Primary Care Pathway Quick Pathway primer Expanded details (2) Patient resources links: 1. History 🕥 Risk factors for endometrial cancer: Patient profile: Age > 40 years Obesity (BMI > 30 kg/m2) ■ > 40 years old Gather recent history, including: One year of no • Nulliparity • Diabetes • Current Tamoxifen use bleeding followed Evaluate bleed (pattern & quantity) • Polycystic ovarian syndrome w/irregular cycles by new onset of · Pregnancy risk / sexual history · Hereditary non-polyposis colorectal cancer vaginal bleeding · Assess risk factors for endometrial cancer · Unopposed estrogen exposure Red flags: 2. Physical exam 🕥 Red flags Patient looks unwell · Tachycardia/hypotension Call RAAPID for Vitals / general appearance Vulva / vagina: Atrophic change • Flooding through >1 pad every hour gynecology or or trauma · Large uterine or cervical mass which is 911 if urgent Bimanual exam obstructing voiding · Concerning cervical mass Speculum exam / inspect cervix 3. Investigations () If due If abnormal Pap test Manage, as per guidelines If positive Treat, as per guidelines STI screen If relevant, consider If positive Pregnancy test Manage pregnancy For all If low CBC/Ferritin Iron therapy patients, order Transvaginal pelvic ultrasound More details 4. Treat / manage 🕥 Endometrial polyp or Endometrial Endometrial More details submucosal fibroid thickness < 5mm thickness > 5mm More details More details Referrals: Stop hormone therapies Essential information Reassure patient, to include: no need to refer Obtain endometrial biopsy ■ History exam, inc. Available in community? Yes pap results No Treat atrophy ■ Lab & if necessary DI results Hyperplasia If recurrent, Proliferative Inadequate Attempted ongoing endometrium with atypia or sample treatments bleeding or hyperplasia malignancy & outcome Refer to without atypia gynecology If persistent or recurring symptoms Progesterone Refer to (Prometrium, Mirena IUD) gyne-ONCOLOGY











