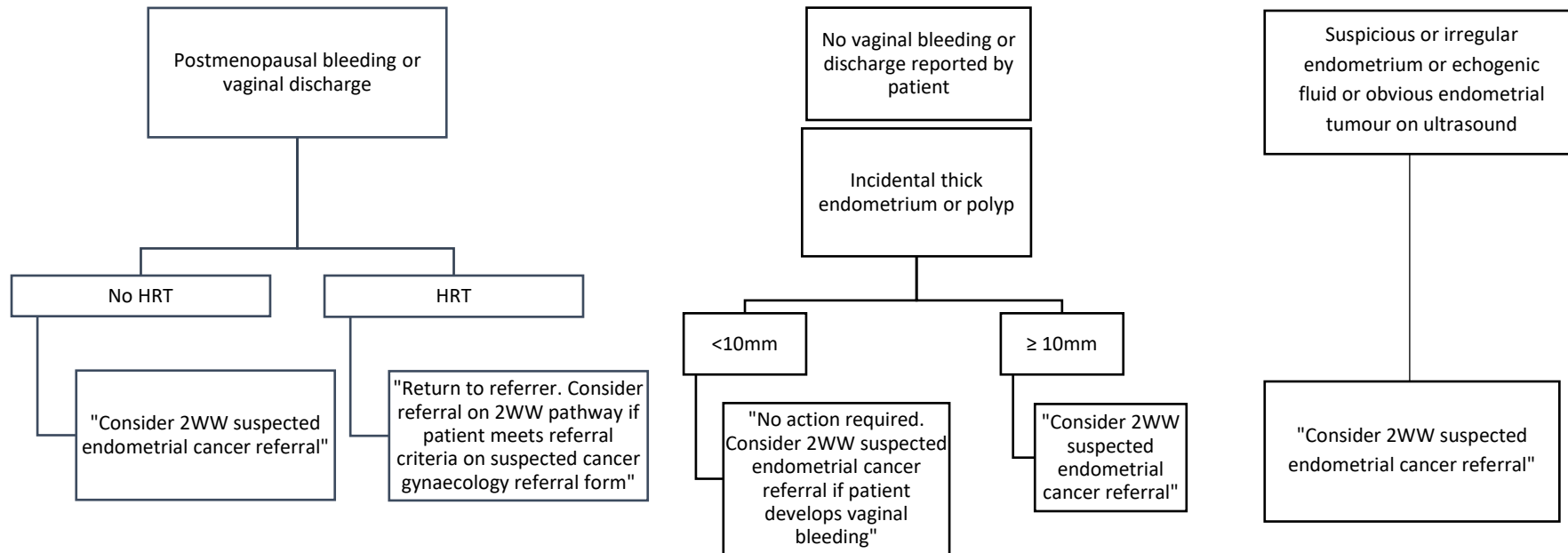


Postmenopausal bleeding guidelines

- **If the patient reports postmenopausal bleeding or vaginal discharge** (irrespective of endometrial thickness), recommend the GP/referrer to make a referral on the two week wait suspected endometrial cancer pathway (2WW PMB).
- **If the patient reports vaginal bleeding on HRT**, recommend the GP/referrer reviews the referral criteria on the suspected cancer gynaecology referral form to determine whether the patient requires a 2WW referral and for advice for managing patients who do not fulfil the 2WW referral criteria.
- **If the ultrasound scan shows an incidental thick endometrium $\geq 10\text{mm}$ or an obvious endometrial tumour**, recommend the GP/referrer to make a referral on the two week wait suspected endometrial cancer pathway (2WW PMB).



- The endometrial thickness measured is the total thickness – i.e. polyp plus endometrium (not length of polyp)
- Criteria for 2WW referral for vaginal bleeding on HRT include persistent bleeding 6 weeks after stopping HRT, unscheduled bleeding more than 6 months after starting or changing continuous combined HRT/ bleeding outside the expected bleed on sequential HRT that persists for more than 2 cycles after starting or changing the dose/bleeding on sequential HRT that is it heavy or prolonged in those with BMI ≥ 40 or age ≥ 65 . **Due to their complexity, they are best assessed by the HRT prescriber to determine whether they satisfy the 2WW criteria.**

07/03/2024

Reference: The Post-Menopausal Bleeding Service Clinical Guideline V2.0 November 2023, RCHT

https://rms.cornwall.nhs.uk/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/gynae/post_menopausal_bleeding