

# PMB Pathway for RCHT

PRE – MENOPAUSAL			
<b>SYMPTOMATIC:</b> Continuous Bleeding, Heavy prolonged, IMB		<b>ASYMPTOMATIC</b>	
< 20mm	>20mm	=<20mm	>20mm
Report as normal.	Refer to Gynae (not 2 week)	Report as normal	If in secretory phase, repeat US after next cycle.
PM2		PM2	

PERI-MENOPAUSAL	
<i>Abnormal bleeding – on HRT</i>	
=<4mm  Report as normal (unless heterogeneous, irregular and cystic/fluid seen)	>4mm Result to be interpreted by the referring clinician in the context of pt's HRT use.
PM2	PM3

Patients on TAMOXIFEN			
<b>Premenopausal: Abnormal bleeding</b>	<b>Post-menopausal – PMB</b>	<b>Asymptomatic</b>	<b>Asymptomatic</b>
For urgent Gynae referral regardless of endometrium measurement.	For urgent Gynae referral regardless of endometrium mm.	<10mm For urgent gynae referral	=>10mm For urgent gynae referral
PM1	PM1	PM2	PM1

## POST – MENOPAUSAL PATHWAY

<i><b>PMB/Vaginal discharge – No HRT</b></i>	<i><b>PMB – continuous HRT</b></i>		<i><b>PMB – sequential HRT</b></i>		<i><b>Asymptomatic (no bleeding - ON HRT)</b></i>		<i><b>Asymptomatic (no bleeding – no HRT)</b></i>	
<b>Endo = mm</b>	<b>&lt;4mm</b>	<b>=&gt;4mm</b>	<b>&lt;4mm</b>	<b>=&gt;4mm</b>	<b>=&lt;10mm</b>	<b>&gt;10mm</b>	<b>&lt;4mm</b>	<b>=&gt;4mm</b>
Irrespective of endo mm – refer back to the referrer to consider gynae 2WW pathway.	Report as normal (unless heterogeneous, irregular and cystic/fluid).  Advise if bleeding persists - then 2WW pathway	Result to be interpreted by referrer in context of patient's HRT use + Unscheduled Bleeding on HRT Pathway.	Report as normal (unless heterogeneous, irregular and cystic/fluid).  Advise if bleeding persists - then 2WW pathway	Result to be interpreted by referrer in context of patient's HRT use + Unscheduled Bleeding on HRT Pathway	Report as normal (unless heterogeneous, irregular and cystic/fluid).  Advise if bleeding starts - then 2WW pathway	Advise 2WW referral to gynaecology	Report as normal (unless heterogeneous, irregular and cystic/fluid)  Advise if bleeding Starts - then 2WW pathway	Result to be interpreted by referrer for major risk factors and advise referral if required.
<b>PM1</b>	<b>PM2</b>	<b>PM3</b>	<b>PM2</b>	<b>PM3</b>	<b>PM3</b>	<b>PM1</b>	<b>PM2</b>	<b>PM4</b>

## PM Codes:

<b>Code PM1:</b>	Endometrium measures mm. Please refer to RMS guidelines and consider 2WW suspected endometrial cancer referral if appropriate.
<b>Code PM2:</b>	Normal pelvis scan. Endometrium measures mm. If the patient experiences persisting bleeding, then please refer to the Unscheduled Bleeding on HRT pathway for additional guidance.
<b>Code PM3</b>	The endometrium measures mm. This result should be interpreted by the referring clinician in the context of the patient's HRT use (ccHRT or sHRT) and risk factors. Please refer to RMS guidance for Unscheduled Bleeding on HRT appropriate management.
<b>Code PM4</b>	The endometrium measures mm. In the absence of postmenopausal bleeding, results should be interpreted by referrer for major risk factors and advise a gynaecology referral if required. If there is a history of postmenopausal bleeding, please refer on the 2 weeks wait pathway.
<b>Code PM5</b>	<b>It is not possible to accurately assess the endometrium in its entirety due to the following factor: axial uterine lie/ fibroids/ IUCD/ so pathology cannot be reliably assessed with ultrasound. If there is a history of abnormal bleeding, please refer to RMS guidelines and a consider 2WW pathway if appropriate.</b>