

Tutorial- F2 level

January 2017

Heavy Menstrual Bleeding (also includes a brief schemata at the end regarding a skeletal outline of a Contraception talk)

Introduction. Before we start- have we switched off our phones and arranged not to be disturbed.

Any urgent issues this week to deal with before we start? Anything arising from last week's teaching.

So, we were going to talk about HMB, and have looked at some guidance to prepare first.

Still happy with this as a topic? Anything else you wish to cover today.

Establish Level- So HMB is a Clinical Area, from Women's Health. Tell me a little bit about your experience of dealing with this so far? What do you feel comfortable handling? Any areas you feel uncertain over?

How do you manage when presented with a topic of uncertainty?

Aims

Lay out ILOs- Know who needs to be examined, what examination they need, who needs investigation, and what first line treatments are, when to refer to secondary care

Body of Tutorial- Balance listening/imparting. Open questions? (Why do you say that. Can you think?

Summarise at End- Did we meet our ILOs, record what we learned

Assessment

Learning plan- incorporate Nice guidance, or a constructive "walk through" patient.co.UK

Feedback- How do you feel now about managing someone with HMB? Feedback! Did we cover your agenda

HMB- Curriculum Clinical Management

Aims- to safely manage initial presentation of a Woman with HMB, her hx, examination, inx and initial primary care management.

What is it? Quality of life-not a measurement. Common 30% women sometimes. How might it affect life? Role play? Scenarios-

How categorise it?(FIGO)= PALM- Polyps, Adenomyosis, Leiomyomas, Malignancy- structural

Or, Non structural=COIEN-Coagulation, Ovulatory, Iatrogenic, Endometrial factors, "Not yet Classified"

NICE Guidance-In absence of *likely* structural/histological abnormality can start treatment without exam/inx eg young, no IMB/PCB, low risk STI- paradox as young have highest risk

If inx- VE-pelvic and speculum- eg older, treatment not worked, swabs, smear, FBC/TFTs- when consider coag- HMB since menarche, fam hx or other bleeding sites

Older women- USS(eg IOM pathway) sensitive- except for endometrium. Endometrial ca- 4th commonest UK, rising. NICE- bx from 45, persistent IMB, or treatment failure.

Younger women with risks bx if- tamoxifen/obese/diabetes/PCOS, nulliparous

Who to refer? Uterine length >12cm/palpable abdominally

HOW treat it? Almost equal choice COC/NSAID/Tran/IUS- try 3m, inb can try alternative

NSAIDs- esp if dysmen also

Tranexamic acid

Progestogens eg norethisterone 5mg TDS D5-D26, (? MPA)

COC

IUS- if will accept for 12 or more

Implant

NB NEW treatment- ulipristal for fibroids over 3cm, or Hb <102, consider even if Hb >102

Old treatments- etamsylate no longer advised, or luteal phase only progestogen, or danazol

GnRH- Hospital level on IOM, pre surgery, or where surgery contraindicated if >6m, needs add back HRT, NB uterine artery embolisation UAE

Endometrial ablation- Thermachoice on IOM, NICE covers indications but GP role stops at referral. NB Not suitable if fertility needed, pre thinning .

Myomectomy

Hysterectomy

Resources for patient- e.g. patient.info- helps patient choice and therefore concordance/autonomy

Scenario 1- HMB- Helen-49 year old Business Executive, travels and gives high level talks, 2 teenagers and messy divorce 18 months ago(new partner? STI ScreenFamily complete? Presented now because affecting sex/job/flooding)

Scenario 2- Jade- 17 years old. Periods always heavy, managed until now. Mum has sent me in to get it sorted. (Why now- bf, ? exams- STI screen-always so ? coag bf, ? fam hx. ? Mix COCP for bf and periods.)

Scenario 3- Katie- 34- married, five years, heavy periods, fine until 2 years ago, worsening, on examination you find a bulky uterus.(Children, fibroids, painful sex?)

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Contraception

Male versus female

Methods- how many?

Hormonal vs mechanical

COCP(pill, patch, ring)- introduce UKMEC as a concept for decision making tool

POP

Depot Provera

Implant

IUS

IUCD

Natural- ovulation kits eg Persona, mucus analysis Billings, temperature

Caps/Diaphragms/Barriers- female condoms(Pasante), latex allergy

Male Condoms- size, safe lubricant, kite mark, expiry, demonstrate

Sterilisation- male/female

