

## General Commissioning Policy

<b>Treatment</b>	<b>Intermenstrual bleeding</b>
<b>For the treatment of</b>	<b>Intermenstrual bleeding</b>
<b>Background</b>	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for referral for intermenstrual bleeding.</p>
<b>Definition</b>	<p>Vaginal bleeding (other than post coital) at any time in the cycle other than during normal menstruation.</p> <p><b>Exclude Red Flag Symptoms</b></p> <ul style="list-style-type: none"> <li>• Postmenopausal bleeding (PMB) i.e. bleeding &gt;12 months after last period</li> <li>• Persistent Intermenstrual Bleeding (IMB) if &gt;45 or other risk factors for endometrial cancer (e.g. obesity, PCOS unopposed estrogen, tamoxifen)</li> <li>• Suspicious cervix on examination</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• If more than episodes of IMB; organise swabs/examination and USS.</li> <li>• Remember chlamydia in under 25s</li> <li>• If any abnormality on USS or examination – consider referral</li> <li>• If swabs and USS normal – trial of treatment; Mirena/COCP/POP/Tranexamic acid</li> </ul> <p>Failure to respond to standard therapy – consider referral for hysteroscopy</p>
<b>Investigations prior to referral</b>	<ul style="list-style-type: none"> <li>• Chlamydia screening</li> <li>• High vaginal swab</li> <li>• Pelvic USS</li> <li>• <b>NB:</b> DON'T perform a cervical smear if outside the screening programme</li> </ul>
<b>Information to include in</b>	<ul style="list-style-type: none"> <li>• Describe problem and length of symptoms</li> <li>• Current contraception/hormone therapy</li> </ul>

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YHFT	Date published: February 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

<b>referral letter</b>	<ul style="list-style-type: none"> <li>• Speculum findings (e.g. normal/ectropion/cervicitis/cervical polyp)</li> <li>• Smear history (including last smear &amp; result) – the patient will still be seen without this but if you can retrieve it automatically it speeds up the consultation</li> <li>• Swab results</li> <li>• USS result</li> <li>• Relevant past medical / surgical history</li> <li>• Current regular medication</li> <li>• BMI / Smoking status</li> </ul> <p><b>Desirable Information</b></p> <ul style="list-style-type: none"> <li>• Treatments tried so far if on hormonal contraception</li> </ul>
<b>Date reviewed</b>	January 2017
<b>Next Review Date</b>	2019
<b>Contact for this policy</b>	CCG Service Improvement Team <a href="mailto:scrccg.rssifr@nhs.net">scrccg.rssifr@nhs.net</a>

**References:**

1. Intermenstrual and postcoital bleeding – patient.co.uk website
2. NICE Guideline Jan 2007 Heavy Menstrual Bleeding

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