Heavy menstrual bleeding: diagnosis

Heavy menstrual bleeding

- History ± examination
- Check full blood count

HMB with no additional symptoms or signs

HMB with persistent intermenstrual bleeding
- Women at high risk of endometrial pathology

Pelvic mass
- Uterus palpable abdominally
- Examination inconclusive or difficult

Significant dysmenorrhoea
- Tender bulky uterus

No suspected abnormality

Suspected submucosal fibroids, polyps or endometrial pathology

Possible larger fibroids

Suspected adenomyosis

Offer outpatient hysteroscopy ± endometrial biopsy

Offer pelvic ultrasound (TV or TA)

Offer transvaginal ultrasound

Declined

Offer hysteroscopy under general or regional anaesthesia ± endometrial biopsy or pelvic ultrasound

Declined or not suitable

Consider transabdominal ultrasound or MRI

See Management pathway

HMB: heavy menstrual bleeding; MRI: magnetic resonance imaging; TA: transabdominal; TV: transvaginal

1 For example, women with persistent intermenstrual or persistent irregular bleeding and women with infrequent bleeding who are obese or have polycystic ovary syndrome, women taking tamoxifen, women for whom treatment for HMB has been unsuccessful

2 If high risk for endometrial pathology (see footnote 1)

Based on NICE’s guideline on heavy menstrual bleeding (NG88).

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