Heavy menstrual bleeding: management

Discuss treatment options taking into account the woman’s choices & preferences:
• desire to retain fertility and/or uterus
• benefits and harms of treatment
• clinical considerations (comorbidities, multiple pathologies, size of uterus)

No identified pathology, fibroids <3 cm, or adenomyosis
Take into consideration severity of symptoms

If LNG-IUS declined or not suitable
Consider alternative pharmacological treatment:
• non-hormonal:
  - TXA
  - NSAIDs
• hormonal:
  - combined hormonal contraceptives
  - cyclical oral progestogens

If LNG-IUS failed
Consider referral to specialist care

Submucosal fibroids

Consider LNG-IUS

Severe symptoms

Consider referral to specialist care

If treatment is needed while investigations and definitive treatment are being organised, offer tranexamic acid and/or NSAIDs

Fibroids ≥3 cm
Take into consideration size, location and number of fibroids, and severity of symptoms

Be aware that the effectiveness of pharmacological treatments (excluding ulipristal acetate) may be limited for fibroids substantially greater than 3 cm in diameter

Consider hysteroscopic removal

Prior to scheduling of UAE or myomectomy, the uterus and fibroid(s) should be assessed by ultrasound. If further information is needed, MRI should be considered

Consider UAE

Consider 2nd generation endometrial ablation

Consider referral to specialist care

GnRHα: gonadotrophin-releasing hormone analogue; LNG-IUS: levonorgestrel-releasing intrauterine system; NSAIDs: non-steroidal anti-inflammatory drugs; TXA: tranexamic acid; UAE: uterine artery embolisation.

1Ulipristal acetate is indicated for one course (up to 3 months) of preoperative treatment for moderate to severe symptoms of uterine fibroids and for intermittent treatment of moderate to severe symptoms of uterine fibroids in women ineligible for surgery. See also the summary of product characteristics.

No identified pathology, fibroids <3 cm, or adenomyosis
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