PIPADOR REVISION

MRCOG Part 1 Revision Notes

Menorrhagia

CLINICAL MANAGEMENT • LECTURE 454

VISUAL EXAMINATION REVISION NOTES

2026 Edition

454

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Menorrhagia

Heavy menstrual bleeding — definitions, assessment and management in line with NICE NG88

NICE NG88	LNG-IUS	TVS	Hysteroscopy
Heavy menstrual bleeding	First-line treatment	First-line imaging	Outpatient, if indicated

■ KEY FACTS: Learning objectives

- Define heavy menstrual bleeding (HMB) and the PALM-COEIN classification.
- Describe assessment and investigation in line with NICE NG88.
- Describe pharmacological and surgical management, including fibroids and adenomyosis.

454.1 Key definitions

Term	Definition
Heavy menstrual bleeding (HMB)	Excessive menstrual blood loss that interferes with a woman's physical, social, emotional and/or material quality of life (NICE) — measurement of blood loss is not required
PALM-COEIN	• FIGO classification of causes of abnormal uterine bleeding: structural — Polyp, Adenomyosis, Leiomyoma, Malignancy/hyperplasia • Non-structural — Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, Not yet classified
Intermenstrual / postcoital bleeding (IMB/PCB)	Bleeding between periods / after intercourse — needs examination and cervical assessment
Endometrial ablation	Destruction of the endometrium (second-generation devices) for women who have completed their family

■ IN PLAIN ENGLISH: HMB

HMB is defined by its **impact on the woman**, not by measuring blood. Most women can start treatment without imaging; the **LNG-IUS** is the first-line treatment for most.

454.2 Assessment (NICE NG88)

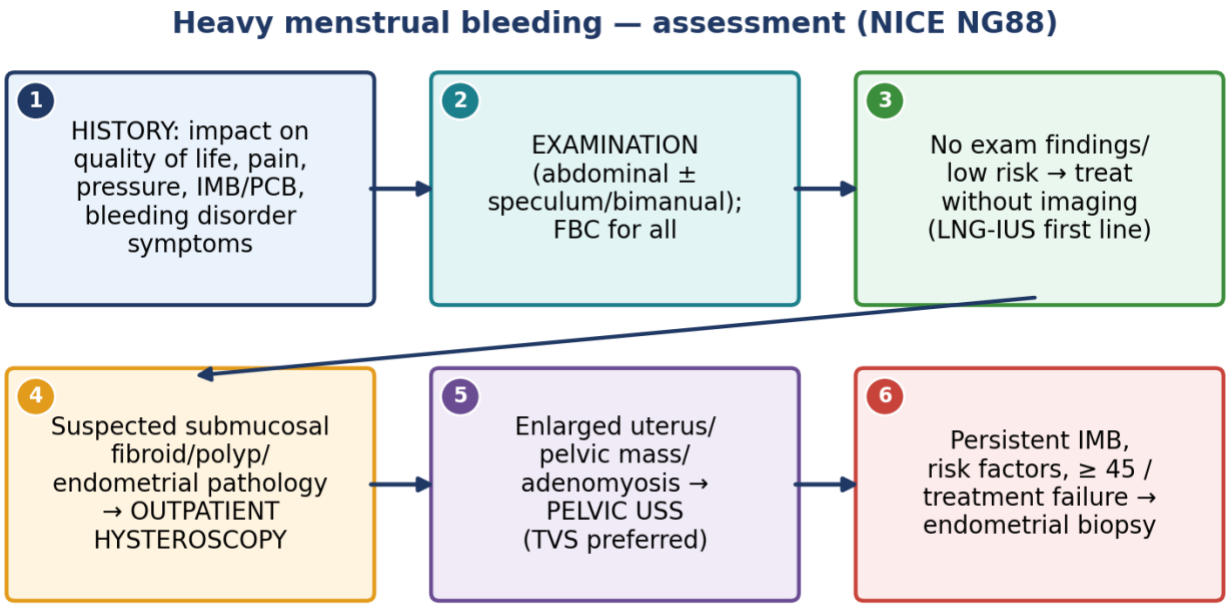


Figure 454.1 — Assessment of heavy menstrual bleeding

- **FBC** for all women with HMB
  - **Coagulation screen** (von Willebrand) only if HMB since menarche or personal/family history of bleeding
  - Ferritin not routine
  - Thyroid tests only if symptoms.
- **Outpatient hysteroscopy** if submucosal fibroids, polyps or endometrial pathology are suspected (persistent IMB, risk factors for endometrial pathology).
- **Pelvic ultrasound** (TVS preferred) if uterus is enlarged/palpable, pelvic mass
  - Or examination is inconclusive
  - Or adenomyosis suspected (dysmenorrhoea, bulky tender uterus).
- **Endometrial biopsy** at hysteroscopy if persistent IMB
  - Age ≥ 45 with treatment failure
  - Or risk factors (obesity, PCOS, tamoxifen, unopposed oestrogen).

454.3 Management

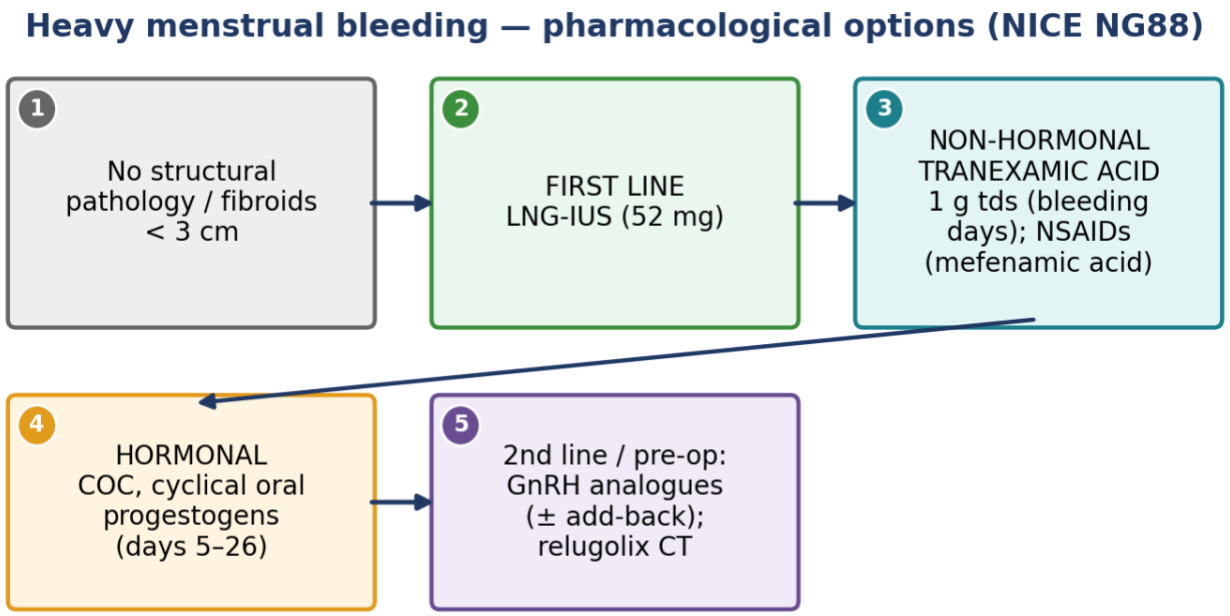


Figure 454.2 — Pharmacological options (NICE NG88)

Situation	Management (NICE NG88)
No pathology, fibroids < 3 cm without cavity distortion, or suspected/diagnosed adenomyosis	• **LNG-IUS** first line (52 mg) • If declined/unsuitable: non-hormonal — **tranexamic acid**, **NSAIDs** • Hormonal — **COC**, **cyclical oral progestogens**
Fibroids ≥ 3 cm	• Medical (tranexamic acid, NSAIDs, relugolix combination therapy, GnRH analogue pre-op) • Uterine artery embolisation, myomectomy • Hysterectomy — consider size, number • Location and fertility
Second line / treatment failure	Endometrial ablation (no wish for fertility, uterus < 10 weeks size), hysterectomy (laparoscopic/vaginal preferred where possible)
Ulipristal acetate	Restricted (liver injury) — only for intermittent fibroid treatment when surgery/UAE unsuitable
Iron deficiency	Treat with oral iron; IV iron if severe/intolerant

■ RED FLAGS

Refer urgently (2-week wait) if suspicion of endometrial or cervical cancer — e.g. **postmenopausal bleeding**, persistent IMB in women ≥ 45, abnormal-looking cervix (NICE NG12).

■ COMMON PITFALLS

Routine ultrasound before starting LNG-IUS in women with no examination findings.

Not checking FBC (missed iron-deficiency anaemia).

Offering ablation to women who want future pregnancy.

454.4 Must-know summary

■ **EXAM TIP**

- HMB defined by impact on quality of life (NICE NG88); FBC for all.
- LNG-IUS first line when no pathology/small fibroids/adenomyosis; alternatives: tranexamic acid, NSAIDs, COC, cyclical progestogens.
- Outpatient hysteroscopy if structural/endometrial pathology suspected; TVS if enlarged uterus or adenomyosis.
- Ablation or hysterectomy if family complete and medical treatment fails.

■ **MNEMONIC / MEMORY AID**

PALM-COEIN — structural PALM (Polyp, Adenomyosis, Leiomyoma, Malignancy) vs non-structural COEIN.