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Royal Cornwall Hospitals NHS Trust

Excessive Vaginal Bleeding (EVB) Requiring Emergency Admission - Clinical Guideline

V2.0

June 2023

1. Aim/ Purpose of this Guideline

1.1. All clinical staff working in the Women and Children's Care Group to provide evidence based guidance in the management of Excessive Vaginal Bleeding (EVB)

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

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Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. **Background and Scope**

The scope of this document refers to guidance on emergency admission of women with excessive vaginal bleeding.

Reasons for emergency admission to gynaecology may be:

- Excessive menstrual loss.
- Unclear cause for bleeding.
- Failure of medical or conservative management for menstrual loss, requiring sooner assessment than might be achievable via a routine GOPD referral.
- Significant and/or symptomatic iron deficiency anaemia with no other obvious cause.
- Haemodynamic instability.

Referrals may come from primary care directly or via the Emergency Department. Cases of EVB may be encountered in the Emergency Gynaecology Unit (EGU) or gynaecology ward setting.

2.2. EVB may have an **underlying structural or medical** cause such as:

- **Uterus.**
  - Uterine fibroids.
  - Arteriovenous malformation.
- **Endometrium.**
  - Endometrial polyps.
  - Endometrial carcinoma.
- **Cervix.**
  - Cervical ectropion.
  - Cervical carcinoma.
- **Vagina.**
  - Vaginal lacerations.
- **Medical.**
  - Pelvic inflammatory disease.
  - Hypothyroidism.
  - Coagulation defects/anti-coagulative medication.

IUS insertion and hormonal contraceptive implants (such as Nexplanon) may cause erratic, and sometimes heavy, menstrual loss.

2.3. **Guidance on basic initial assessment**

2.3.1. ALL patients of reproductive age (12-55 years) admitted with EVB must have a urinary pregnancy test. If positive, please refer to RCHT Early Pregnancy Guidelines and take a serum βHCG.

2.3.2. **History:**

A thorough history must be taken, including duration and frequency of menstruation, treatments undertaken so far, quantifiable estimates of menstrual loss (i.e. changing sanitary towels every hour, passing clots size of 50p piece) a family history of coagulation disorders, and a personal history of thromboembolic disease.

2.3.3. **Examination:**

Clinical examination should include abdominal palpation, speculum examination (with HVS minimum, triple swabs if PID suspected) with

clear cervical visualisation, and digital vaginal examination.

2.3.4. **Investigations:**

- Patients must have a full blood count/ferritin and Group and Save, ± IV access and fluids depending on the level of loss, symptoms, and the overall clinical situation. Consider checking clotting and/or full coagulation screen if history suggestive of coagulation disorder.
- Transvaginal ultrasound should be performed.
- Endometrial biopsy may be deemed appropriate upon senior review if the bleeding is thought to be endometrial in origin.
- There should be a low threshold for hysteroscopy/examination under anaesthetic if there is any doubt about the diagnosis.
- Standard VTE assessment - note bleeding risk if significant EVB, therefore TEDS and avoidance of dehydration are priorities.

2.4. **Medical management**

Early measures to control bleeding may depend on identification/exclusion of a structural cause, and/or confident diagnosis of a hormonal basis for heavy bleeding.

2.4.1. First line medications include:

2.4.1.1. Tranexamic acid 1.5g TDS.

- Antifibrinolytic therapy, known to reduce menstrual blood flow by up to 40%.
- Contraindicated if history of active thromboembolic disease.
- In extreme circumstances, it can be given intravenously – this should only be after senior advice, and likely to involve liaison with renal unit/ITU who have more experience with parental administration.

2.4.1.2. Mefenamic acid 500mg TDS.

- NSAID effective in reducing menstrual loss by up to 30%.
- Can be used in conjunction with tranexamic acid.

2.4.1.3. Norethisterone 5-10mg OD repeated up to TDS when severe.

- Synthetic progestogen, less effective than tranexamic/ mefenamic acid.

2.4.1.4. Provera 50-100mg STAT, then 30-50mg OD.

2.4.2. Failure of the above to control bleeding may necessitate the following medical management, upon senior (registrar or consultant) advice:

2.4.2.1. Depo-provera 150mg IM, 3 monthly.

- Paraenteral progestogen

2.4.2.2. Decapeptyl 3mg IM repeated every four weeks or replaced by depot of 11.5mg IM 3 monthly (maximum treatment duration 6 months).

- GnRH analogue NB cost: £65 per injection.

2.5. **Failure of the above treatments to control bleeding/and or persistent haemodynamic instability/symptomatic anaemia requires urgent review by a consultant gynaecologist.**

2.6. Cases of mild-moderate anaemia may be managed with oral or parenteral iron. More severe cases, especially with very low haemoglobin levels (6g/dL) and/or heavy ongoing PV blood loss may require blood transfusion. Please refer to the latest RCHT guidance on this issue.

2.7. **Further investigations and management**

Surgical options (such as endometrial ablation, hysterectomy, balloon tamponade, uterine artery embolisation) may be considered once thoroughly investigated. Discussion of surgical options usually takes place upon review by a consultant gynaecologist.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Ad hoc review of cases
Lead	Miss Lisa Verity, Consultant Obstetrician and Gynaecologist
Tool	Ad hoc review of cases using a WORD or Excel template
Frequency	Annual
Reporting arrangements	EGU / EPU MDT Dashboard Women's and Newborn Audit meeting
Acting on recommendations and Lead(s)	EGU MDT

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Excessive Vaginal Bleeding (EVB) Requiring Emergency Admission Clinical Guideline V3.0
This document replaces (exact title of previous version):	Excessive Vaginal Bleeding (EVB) Requiring Emergency Admission - Clinical Guideline V2.0
Date Issued/Approved:	June 2023
Date Valid From:	June 2023
Date Valid To:	June 2026
Directorate / Department responsible (author/owner):	Miss Lisa Verity; Consultant Obstetrician and Gynaecologist
Contact details:	01872 252685
Brief summary of contents:	All clinical staff working in the Women and Children's Care Group to provide evidence based guidance in the management of excessive vaginal bleeding
Suggested Keywords:	Excessive vaginal bleeding, Menorrhagia
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Gynaecology Directorate Meeting
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Caroline Amukusana
Links to key external standards:	Heavy Menstrual Bleeding. NICE Clinical Guideline 44 July 2007
Related Documents:	Heavy Menstrual Bleeding. NICE Clinical

Information Category	Detailed Information
	Guideline 44 July 2007 Heavy Menstrual Bleeding. NICE Clinical Guideline 44 July 2007. Drife JO, Magowan (eds). Clinical Obstetrics and Gynaecology, chapter 39, pp 367-370. Collins S, Arulkumaran S. Oxford Handbook of Obstetrics and Gynaecology.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Gynaecology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
05 Sept 2014	V1.0	Initial Issue.	Lee Azancot Data Administrator
11/04/2017	V1.1	Minor changes.	Lisa Verity
18 Mar 20	V2.0	Full Update – formatting update and minor name change applied. No other changes.	Miss Lisa Verity Consultant O&G
May 2023	V3.0	Full review- no amendments required. Update to new Trust format.	Sarah Eddy; Advanced Nurse Practitioner

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Excessive Vaginal Bleeding (EVB) Requiring Emergency Admission Clinical Guideline V3.0
Directorate and service area:	Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Miss Lisa Verity
Contact details:	01872 252685

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All clinical staff working in the Women and Children's Care Group to provide evidence based guidance in the management of excessive vaginal bleeding.
2. Policy Objectives	As above.
3. Policy Intended Outcomes	As above.
4. How will you measure each outcome?	See section 3.
5. Who is intended to benefit from the policy?	All obstetrics and gynaecology patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Gynaecology Specialty meeting
6c. What was the outcome of the consultation?	Approved- 24 May 2023
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the patient's needs – i.e., available in different languages if required/access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on treatment.
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Miss Lisa Verity

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis