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Department of Health Research
Ministry of Health and Family Welfare, Government of India

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Standard Treatment Workflow (STW)

HEAVY MENSTRUAL BLEEDING (HMB)

ICD-11-GA20

TO DO AT ALL LEVELS

HISTORY

- Age
- Parity, Abortions, Infertility
- Detailed Menstrual History Including Irregularities
- Other Medical Illness: Thyroid Disorder, Hypertension, Bleeding Disorders, Heart Disease, Liver Disorders,
- IUCD Use, Tubectomy
- Drug History
- Family history-Malignancies, Bleeding disorders

EXAMINATION

General
- Pallor (Mild/Moderate/Severe)
- Calculate BMI
- Pulse rate and BP measurement
- Lymphadenopathy

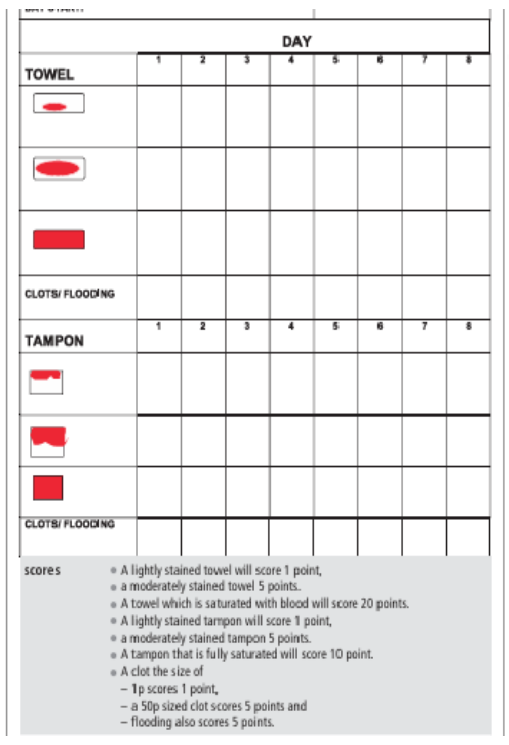
Systemic
- CVS, RS and hepatosplenomegaly,
- Mass abdomen

SUPPORTIVE TREATMENT

- Reassurance
- Hematinics
- Tranexamic acid **during** episode of heavy bleeding (Injection/Oral)
- Tranexamic acid+ Mefenemic acid- if pain is associated

MANAGEMENT OF HMB AT PRIMARY LEVEL

PICTORIAL BLOOD ASSESSMENT CHART (PBAC)



HISTORY AND EXAMINATION

- Abnormality → Refer to Higher centre
- No Abnormality
  - Adolescents → USG → Supportive Treatment → -Tranexamic acid - OC Pills → No Relief → Refer to higher centre
  - Women of Reproductive Age → Exclude pregnancy Speculum examination Pelvic examination → Any Abnormality → Refer to higher centre
    - No abnormality
      - Contraception desired → OC Pills → No Relief → Refer to higher centre
      - Contraception not desired → - NSAIDs - Tranexamic acid - Progestogens** → No Relief → Refer to higher centre
  - Age > 40 years → Refer to higher centre

INVESTIGATIONS
- Hemoglobin
- CBC with peripheral smear
- BT / CT
- LFT

If Hb <7g/dL or acute ongoing blood loss refer to higher centre
* Exclude pregnancy in all women of reproductive age group after appropriate consent
** Amongst progestogens Norethisterone provides the best hemostasis

MANAGEMENT OF HMB AT SECONDARY LEVEL (CHC)

HISTORY AND EXAMINATION

- Adolescents → USG → Supportive treatment → -Tranexamic acid - OC Pills → No Relief → Refer to higher centre
- Married <40 years → Do USG
  - Endometrial thickness < 12 mm → Supportive treatment
  - ET>12mm or High Risk for endometrial cancer* → Do endometrial sampling and send for histopathological examination
    - Secretory/Proliferative Phase endometrium without hyperplasia → - NSAIDS - Tranexamic acid - Combined OC Pills - Progestogens - LNG IUS → If no relief, Refer to higher centre
    - Hyperplasia without atypia → - Levonorgestrel-releasing intrauterine system (LNG IUS) Progesterones Hormonal therapy to continue for 6 months → If no relief or recurrence Refer to higher centre
    - Hyperplasia with atypia/ malignancy → Refer to higher centre
- Married >40 years → Do endometrial sampling and send for histopathological examination
- Post Menopausal → Refer to higher centre

INVESTIGATIONS
- Hemoglobin
- CBC with peripheral smear
- BT /CT, LFT, RFT
- ABO and Rh typing
- Thyroid function test
- USG of Abdomen & Pelvis

In selected cases
- SIS/Hysteroscopy MRI

If Hb <7g/dL or acute ongoing blood loss refer to higher centre

HIGH RISK FOR ENDOMETRIAL CANCER

Patient having:
- Low parity
- Obesity
- PCOD
- Diabetes

MANAGEMENT OF HMB AT TERTIARY LEVEL

HISTORY, EXAMINATION AND ULTRASONOGRAPHY

- No structural abnormality
  - Adolescents → Treat underlying cause if present (thyroid disorders, jaundice, Bleeding disorders etc) → In absence of obvious cause - NSAIDS - Tranexamic Acid - OC Pills - Progestogens
  - < 40 years → - NSAIDS - Tranexamic Acid - OC Pills - Progestogens - LNG IUS - Ormeloxifene - Ablative Techniques → If no relief 3-6 months → Consider hysterectomy
  - > 40 years → Endometrial sampling - D&C/ Hysteroscopic guided
    - No hyperplasia or benign hyperplasia → Conservative modalities - Tranexamic Acid - Progestogens - LNG IUS - Ormeloxifene - Ablative techniques → If no relief → Hysterectomy
    - Atypical Hyperplasia → Hysterectomy
- Structural abnormality
  - Thickened endometrium → Endometrial sampling - D&C/ Hysteroscopic guided
  - Adnexal mass Fibroids & polyps, and adenomyosis → Management as per the condition

INVESTIGATIONS
- Hemoglobin
- CBC with peripheral smear
- BT/CT
- ABO and Rh typing
- TSH
- USG of Abdomen & Pelvis

Blood transfusion if Hb <7g/dL or acute ongoing blood loss

TREATMENT FOR ACUTE BLEEDING EPISODE

- IV Tranexamic acid 1g stat slowly followed by oral Tranexamic acid 0.5-1g, 6-8 hourly for 5 days
- Blood transfusion if Hb <7g/dL

HORMONE THERAPY

- Consider one of the following
  - Norethisterone (max daily dose 40 mg) OR
  - Medroxyprogesterone acetate (max daily dose 40 mg)
  - Hormone therapy should be given orally daily in divided doses from the fifth day of the cycle for three weeks and repeated in a cyclical manner for total of 4-6 cycles of treatment
  - As an alternative LNG IUS should be considered

COUNSELLING IS AN IMPORTANT ADJUNCT TO MANAGEMENT

CONSERVATIVE MANAGEMENT FOR HMB MUST BE ATTEMPTED BEFORE DEFINITIVE SURGICAL PROCEDURE ESPECIALLY IN YOUNGER WOMEN

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.
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