

Bay Navigator Menorrhagia Pathway

Aims:

1. To ensure patients presenting with Red Flags are referred to secondary services
2. To improve awareness of all the treatment options available to GPs and access to them
3. To ensure patients are referred with the right information to allow appropriate prioritization
4. To improve pelvic USS access for high risk patients

1. To ensure patients presenting with Red Flags are referred to secondary services

The Red Flags for referral are clearly indicated in the pathway. On this pathway Red Flags identify those patients 'at risk' of pre-cancerous endometrial hyperplasia and endometrial cancer (which is rare), rather than those 'high risk' of cancer. These patients should therefore NOT be referred 'high suspicion of cancer' (i.e. do not expect them to have an appointment within 2 weeks of the referral) **unless** they have specific signs/symptoms which identify them as such e.g. pelvic mass.

2. To improve awareness of all the treatment options available to GPs and access to them

Non-hormonal, hormonal and iron deficiency treatment options are presented. There is a link to the Mirena Special Authority Form and a list of GPs who are able to insert Mirenas for those outside of their practices.

3. To ensure patients are referred with the right information to allow appropriate prioritization

A table is available on the pathway clearly identifying the history, examination and investigation findings that will assist the secondary care physician to make the correct grading decision. An eReferral is now available which should be used for all menorrhagia referrals wherever possible reflecting this table.

4. To improve pelvic USS access for high risk patients

For most menorrhagia patients an USS result does not influence the requirement for further investigations. Those identified with Red Flags will require a specialist assessment and endometrial sampling (usually hysteroscopy) irrespective of the USS result i.e. even if the USS is normal they will still need this investigation. Therefore in order to limit pelvic USS access to those patients whose management is influenced by the USS result, GPs should only order a scan if there is a pelvic mass >12 weeks size. Bill McAuley and Brad Chittenden have the expertise to carry out USS in their clinics at the Hospital if they are required. The other gynaecologists will order one if it will assist with their decision management.

Menorrhagia Pathway

