



Standard Treatment Workflow (STW) for the Management of **HEAVY MENSTRUAL BLEEDING (HMB)**

ICD-10-H90.5

TO DO AT ALL LEVELS

HISTORY

- Age
- Parity
- Detailed menstrual history including irregularities
- Other medical illness: thyroid disorder, coagulopathy, jaundice etc
- IUCD use
- Lactation
- Drug intake

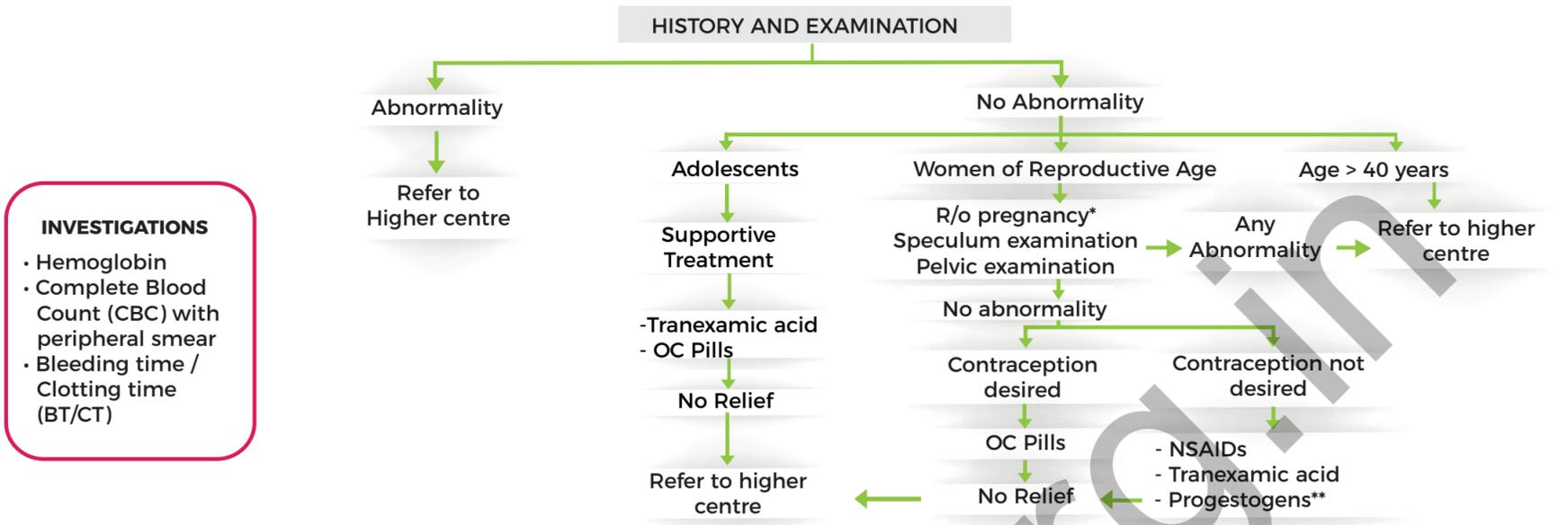
EXAMINATION

- **General**
Evaluate pallor
Calculate BMI
- **Systemic**
CVS, RS and hepatosplenomegaly
- **Local examination** (where indicated)
P/S and P/V

SUPPORTIVE TREATMENT

- Reassurance
- Hematinics
- Tranexamic acid during episode of heavy bleeding

MANAGEMENT OF HMB AT PRIMARY LEVEL

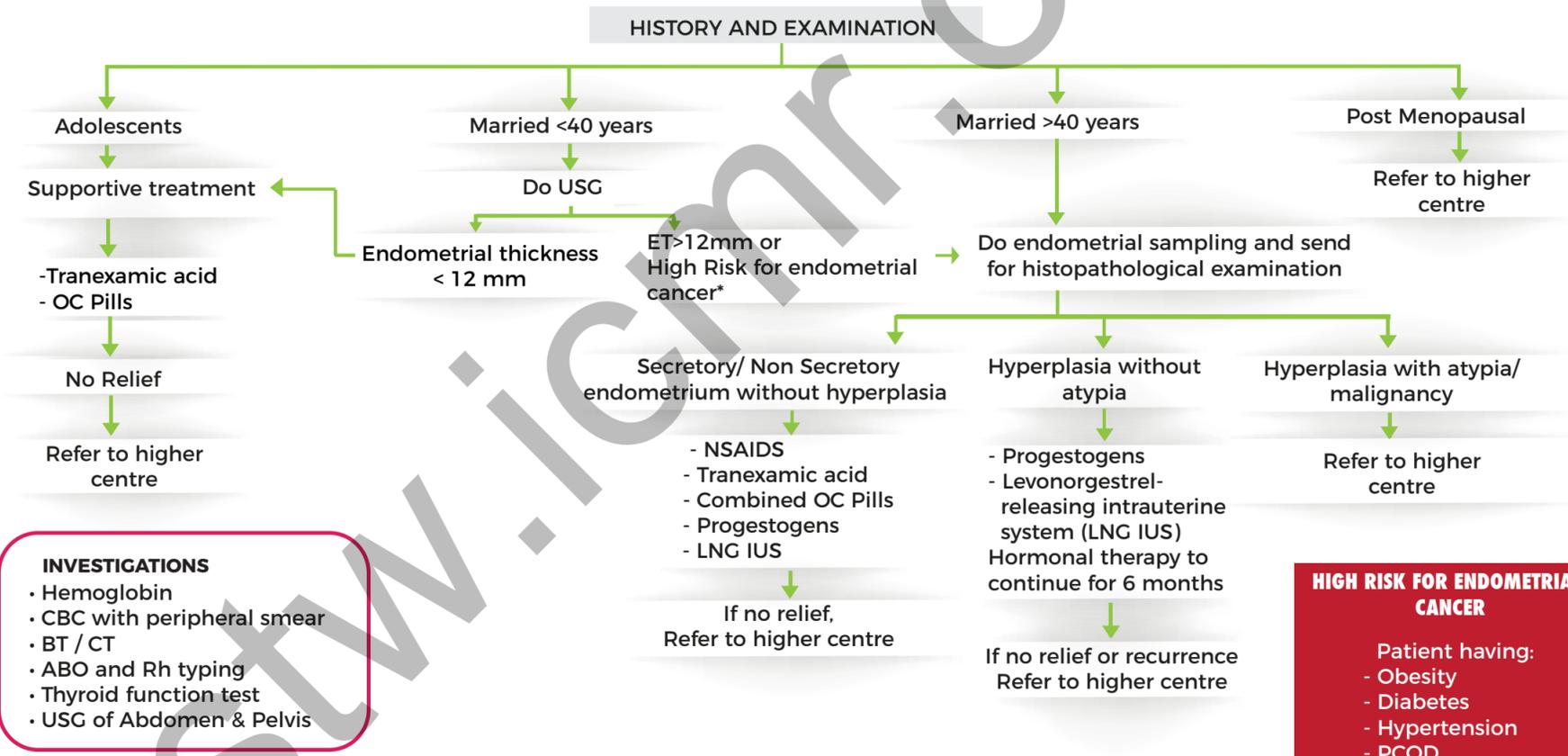


INVESTIGATIONS

- Hemoglobin
- Complete Blood Count (CBC) with peripheral smear
- Bleeding time / Clotting time (BT/CT)

* R/o Pregnancy in doubt especially in all women of reproductive age group after appropriate consent
** Amongst progestogens Norethisterone provides the best hemostasis

MANAGEMENT OF HMB AT SECONDARY LEVEL (CHC)



INVESTIGATIONS

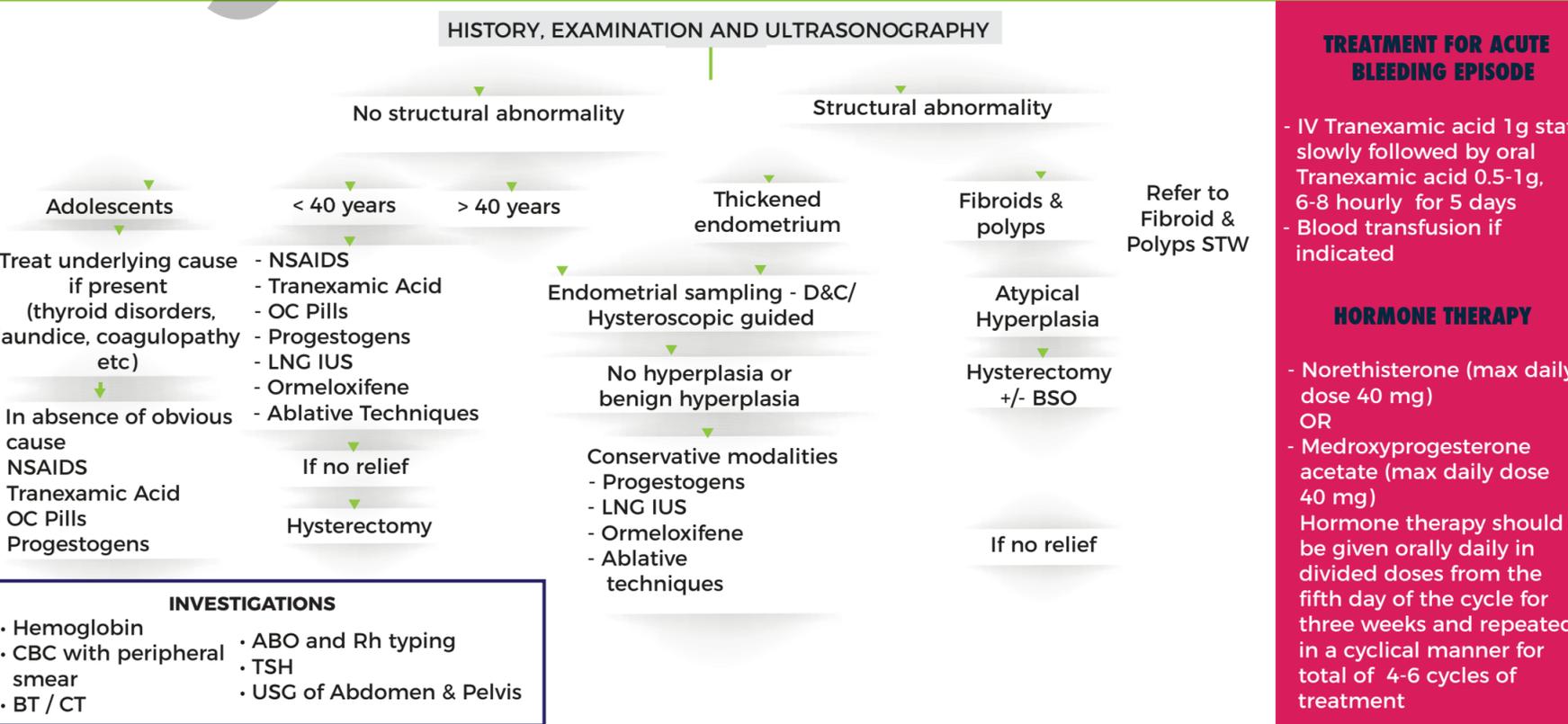
- Hemoglobin
- CBC with peripheral smear
- BT / CT
- ABO and Rh typing
- Thyroid function test
- USG of Abdomen & Pelvis

HIGH RISK FOR ENDOMETRIAL CANCER

Patient having:

- Obesity
- Diabetes
- Hypertension
- PCOD

MANAGEMENT OF HMB AT TERTIARY LEVEL



INVESTIGATIONS

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

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 indicated

HORMONE THERAPY

- 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

COUNSELLING IS AN IMPORTANT ADJUNCT TO MANAGEMENT

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES