

Post-Menopausal Bleeding (PMB)

Information and advice for patients

Gynaecology and Gynaecological Oncology

What is Post-Menopausal Bleeding?

Post-menopausal bleeding (PMB) is any vaginal bleeding that occurs after the menopause. You are classed as menopausal if you are over the age of 40, have not had a period for over 12 months and are not pregnant or lactating.

Therefore, this term does not apply to women whose periods have stopped for other reasons such as eating disorders or being on certain medications. Although it usually has a benign cause, it is important to investigate PMB as in 10% of cases it can be a sign of precancer or cancer.

How common is it?

Post-menopausal Bleeding is a common occurrence accounting for 5% of all gynaecological consultations.

What causes Post-Menopausal Bleeding?

1. Atrophic vaginitis (thinning out of vaginal skin):

This is the most common cause of PMB (70%). This condition usually occurs secondary to the fall in the hormone oestrogen that occurs at menopause and results in the tissues of the vagina becoming thin and fragile. This makes them more prone to inflammation and bleeding. If you have this condition you may also experience vaginal dryness, recurrent urinary infections and discomfort during intercourse.

2. Endometrial polyps or fibroids:

Polyps are localised overgrowth of the cells which line the womb, usually into finger-like projections. They are found in 15-20% of ladies with PMB. These polyps are benign in more than 90% of cases.

3. Endometrial hyperplasia (pre-cancer) or cancer:

This is diagnosed in up to 10% of ladies referred with PMB. There are 2 types of endometrial hyperplasia (pre-cancer):

(i) Non-atypical: with 1-3% risk of progression into cancer if left untreated, and

(ii) Atypical: with up to 40% risk of progression into cancer if left untreated.

4. Other causes:

- Hormone replacement therapy (HRT)
- Ovarian cancer (rare)
- Vaginal/vulvar cancer (rare)
- Non-gynaecological causes such as trauma or bleeding disorders

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Risk factors include:

- Family history of endometrial cancer (womb cancer)
- Certain medical conditions including Diabetes
- High body mass index
- Ladies who have used unopposed oestrogen therapy
- Ladies on tamoxifen

What are the symptoms?

Any bleeding from the vagina after your period has stopped for 1 year irrespective of the amount.

How is it investigated?

1. Transvaginal ultrasound scan:

This is offered routinely to all ladies.

2. Biopsy from the lining of the womb:

- This is offered to ladies if the womb lining is more than 4mm as measured on the scan.
- This can tell us if there are any cancer or precancerous cells.
- It involves inserting a small, thin flexible plastic tube into the womb and to remove some of the cells lining the womb with suction. It is not very painful, so no anaesthetic is required but some ladies say that it can mimic the sensation of period cramps.
- You can expect some spotting/light bleeding afterwards so you may wish to wear a panty liner/sanitary towel for the rest of that day.

3. Hysteroscopy (womb camera):

- This can be offered on the day or booked for another day.
- Hysteroscopy is a test where a thin telescope is passed through your cervix (neck of the womb) into the uterus (womb) to have a close look at the lining. This allows us to see any abnormalities such as polyps, fibroid or cancer.
- A biopsy of the cells lining the womb may be taken and sent off to the laboratory to be looked at under the microscope. This can tell us if there are any cancer or precancerous changes.
- The research shows that more than 85% of ladies tolerate hysteroscopy well in the outpatient setting (with or without local anaesthetic and gas and air).
- If you have a polyp or fibroid inside the womb cavity, you will be booked to have these removed in the outpatient setting (under local anaesthetic with gas and air if required). Some women may have the procedure under general anaesthetic (depending on the size of polyp/fibroid and their choice).

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Results of investigations

- Treatment offered will depend on the cause of the bleeding.
- In the majority of women, no cause is found and no treatment is required.
- The main aim of referral and investigation is to exclude precancer or cancer. There is a 10% chance of finding abnormal cells, precancer or cancer.
- There may be a need for further investigations such as MRI or CT scans. These will be requested as appropriate and help to build a better understanding of your problem, before your consultant discusses all the findings with you.
- You must attend any appointments for extra investigations, to avoid any delays to your treatment pathway.
- Extra investigations may take place in other areas of the hospital by different teams. Appointments could even be at different hospital sites.

How is it treated?

- Atrophic vaginitis can be treated with Local oestrogen cream.
- Endometrial polyp or fibroid removal by morcellation, a technique to gently remove the polyp or fibroid under local anaesthetic.
- Endometrial polyp or fibroid removed by resection under general anaesthetic.
- Endometrial hyperplasia -Non-atypical hyperplasia: progestogen tablet or Intra-Uterine System (Levosert) -Atypical Hyperplasia: Hysterectomy.
- Endometrial cancer may lead to a Hysterectomy or other therapy as per gynaecological cancer team advice.

What are the benefits of the treatment?

- Cancer or pre cancer conditions of the lining of the womb can be treated appropriately or ruled out
- The bleeding can be stopped
- Improved quality of life

What are the risks of not getting treatment?

- The bleeding may continue
- Pre cancer cells may develop into cancer cells

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Are there any alternatives to this treatment?

Your specialist clinician will discuss available treatment methods with you during your consultation.

If you experience any of the below symptoms following your procedure please attend the A and E department at City Road Hospital, Birmingham.

- Abdominal pain that is increasing in severity
- Excessive vaginal bleeding where you are soaking a sanitary pad every 1 – 2 hours
- High temperature or fever and chills
- Inability to pass urine or a reduction in the amount of urine passed
- Feeling generally very unwell

Contact details

Please contact the Out Patient department you attended if you have any further questions

Gynaecology 6A, Sandwell hospital. 0121 507 3249

BTC1, City Hospital 0121 507 4246

Monday – Friday, 9.00 - 16.00

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Further information

- Royal College of Obstetrics and Gynaecology (2018) *Outpatient hysteroscopy*. Available at: <https://www.rcog.org.uk/en/patients/patient-leaflets/outpatient-hysteroscopy/> (Accessed: 28 May 2020).
- Patient.info (2017) *Endometrial hyperplasia*. Available at: <https://patient.info/doctor/endometrial-hyperplasia-pro/> (Accessed: 28 May 2020).
- Mayo Clinic (2018) *Uterine Polyps*. Available at: <https://www.mayoclinic.org/diseases-conditions/uterine-polyps/symptoms-causes/syc-20378709> (Accessed: 28 May 2020).

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