

ABNORMAL UTERINE BLEEDING PATHWAY

This pathway funds an ultrasound scan +/- pipelle biopsy for abnormal uterine bleeding for eligible patients according to access criteria below.

Abnormal Uterine Bleeding

Abnormal uterine bleeding (AUB) is bleeding that is abnormal in duration, volume, or frequency and may be attributed to one of the following:

- (i) Heavy menstrual bleeding (previously called menorrhagia) - an abnormally heavy and prolonged menstrual period at regular intervals. It can be caused by abnormal blood clotting, disruption of normal hormone regulation of periods or disorders of the endometrial lining of the uterus.
- (ii) Inter-menstrual bleeding - any vaginal blood loss outside of the normal menstrual period
- (iii) Post-menopausal bleeding - any vaginal bleeding after at least 12 months amenorrhoea in a woman over 40 years or with a previously diagnosed premature menopause
- (iv) Postcoital bleeding - vaginal bleeding after intercourse

Access Criteria:

- Hawke's Bay Resident AND
- Enrolled in a General Practice AND
- 35 years of age and over with abnormal uterine bleeding

CPO Service Scope:

The CPO Abnormal Uterine Bleeding Pathway specifically funds:

- Initial GP/NP Consultation and referral to pathway
- Pelvic Ultrasound (TA and TV, if required) - ensure CPO number on referral form
- Procedure for the pipelle sample, if required
- One follow-up consultation for results and management discussion

Note: Mirena Insertion funded under the LARC Pathway for eligible patients.

[Mirena pathway for Menorrhagia \(healthhb.co.nz\)](http://healthhb.co.nz)

Contra-Indications for Pipelle Biopsy:

Absolute contra-indications for pipelle biopsy

- Pregnancy
- Endometritis or acute PID

Relative contra-indications for pipelle biopsy

- Coagulation disorders or anti-coagulant therapy

Synthetic heart valves or heart murmurs/valve disease – consider rationale for prophylactic antibiotics- see [Infective Endocarditis Prophylaxis](#)

- Previous LLETZ or Cone Biopsy – these can stenose the cervical canal and make insertion difficult

Funding:

Referral and Claiming/Outcome is through the **Halcyon Provider Portal > CPO Programmes> Clinical Pathway (in the Clinical Details tab) > Abnormal Uterine Bleeding**

Service		Funding (inclusive GST)
GP/NP Consultation	Referral to pathway- includes ultrasound referral as appropriate	\$ 82.51
GP/NP Consultation	Pipelle biopsy procedure	\$ 152.22
Pipelle Consumables	Consumables	\$ 45.00
GP/NP Follow up Consultation Management	F/U must be done by person who has completed pipelle	\$ 62.88
Mirena Insertion, if required	Not funded under this pathway	Self-fund or CPO LARC pathway, if eligible

Ultrasound Scan Providers For Pelvic T/V Scans

The CPO number from Halcyon referral must be included on the Ultrasound request form.

Provider	Contact
TRG Imaging	06 873 1166 (Hastings) 06 835 3306 (Greenmedows) 06 867 0736 (Gisborne)
Onsite Ultrasound	0800 991 119 (Napier) 06 835 1900 (Havelock North)
Unity Specialist & Ultrasound	06 2812797 (Hastings)
Coastal Radiology	06 8673132 (Gisborne)
Mahora Medical	06 878 8600 (Dr Luis Fernandez de Castillo Torras)

Guidance on AUB, Other Investigations, and Management following Pipelle Results:

Management of AUB based on the results of the pipelle biopsy where appropriate, may include non-surgical treatment such as the insertion of a Mirena OR appropriate oral medication.

Refer to HealthPathways for further information, other required investigation, and management following Pipelle sampling: <https://hawkesbay.communityhealthpathways.org/15976.htm>

Link to Goodfellow online Abnormal Uterine Bleeding/ Pipelle sampling training.
<https://www.goodfellowunit.org/group/186>

AUB Investigation and Referral Guidance Table

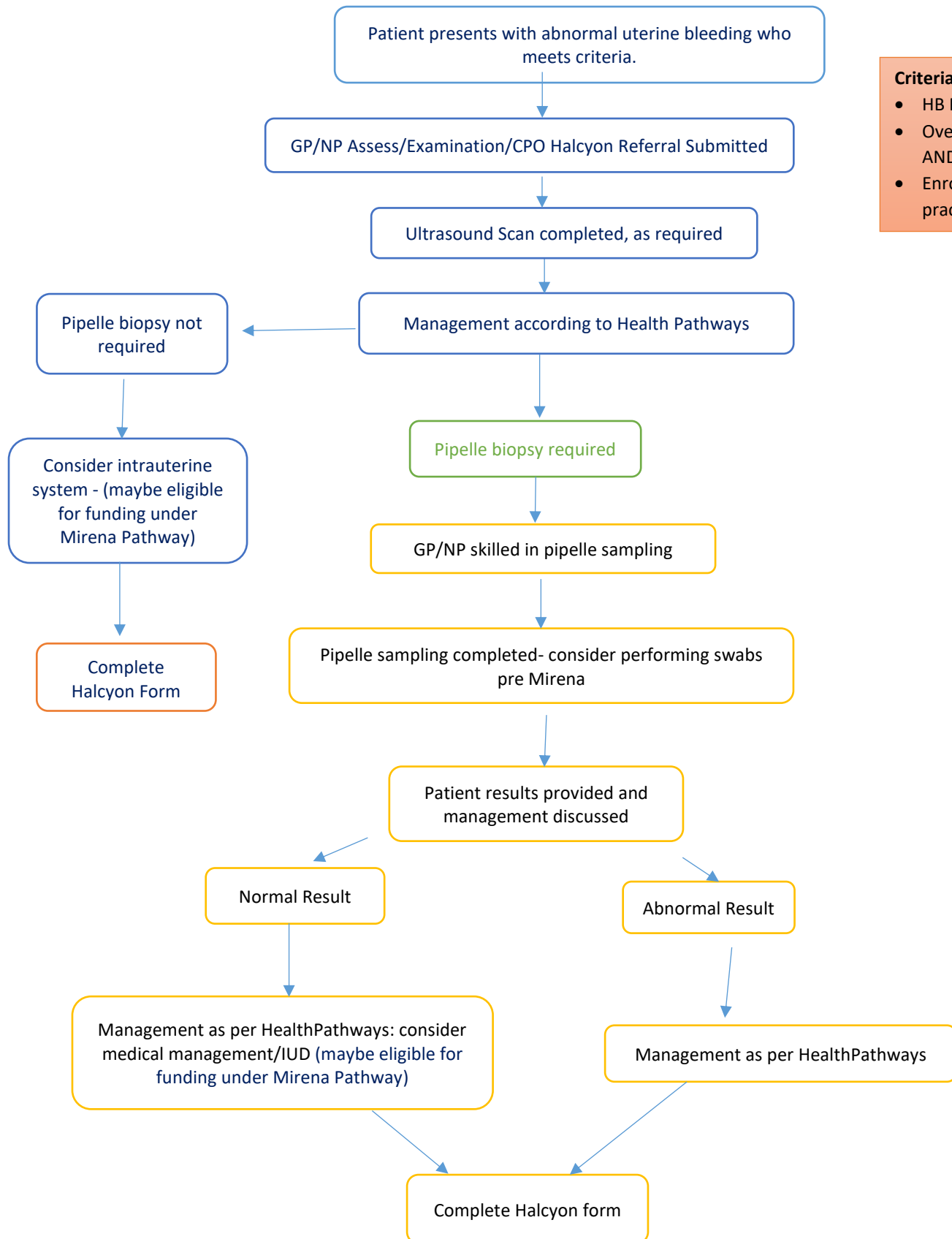
Abnormal Uterine Bleeding PLUS	Pelvic Ultrasound	Pipelle	Request Non-Acute Gynaecology Assessment
Risk factors for endometrial cancer or hyperplasia: Aged > 45 years, or Aged > 35 years and has 1+ or other risk factors below: <ul style="list-style-type: none"> BMI ≥ 30 Diabetes Hypertension Exposure to unopposed oestrogen Nulliparity, infertility, polycystic ovarian syndrome (PCOS) Māori or Pacific peoples Familial disposition fulfilling the Amsterdam criteria for Lynch syndrome Exposure to tamoxifen 	Yes	Yes	Yes– mark referral as "high risk of cancer"
Post-menopausal bleeding (unless within first 6 months of taking menopausal hormone treatment)	Yes	Yes	Yes, unless non-endometrial cause identified, in which case, treat cause or refer as appropriate depending on cause. See HealthPathways for more details.
Endometrial cells on cervical cytology in woman aged > 45 years	Yes	Yes – if US shows concerning endometrial findings	If any investigations are abnormal
Abnormal endometrial cells seen on cervical cytology suggestive of hyperplasia/malignancy	No	Yes	Yes
Uterus palpable abdominally or vaginal examination reveals a pelvic mass	Yes	No	Yes
Heavy menstrual bleeding associated with IMB or PCB	Yes	No	If any investigations are abnormal
Persistent unexplained abnormal bleeding for > 3 months or despite trial of more than one treatment	Yes	No (Gynaecology may arrange after referral)	Yes

Pipelle has already been done and is inadequate	Yes	N/A (No need to re-attempt pipelle in primary care)	If any investigations are abnormal
Concerning endometrial findings on ultrasound: <ul style="list-style-type: none"> Endometrial thickness > 4 mm if post-menopausal Irregular endometrium 	N/A	Yes	Yes

ABNORMAL UTERINE BLEEDING PATHWAY

Pathway for GP/NP skilled in Pipelle Sampling

(Refer to alternative Pathway, page 6, if you are not skilled in providing Pipelle Biopsy)



Pathway for Referral to another Provider for Pipelle Sampling

