Suffolk and North East Essex Integrated Care System Heavy menstrual bleeding; Treatment Pathway [1]

Discuss treatment options taking into account the woman's choices & preferences:

- desire to retain fertility and/or uterus
- benefits and harms of treatment
- clinical considerations (comorbidities, multiple pathologies, size of uterus)

No identified pathology, fibroids <3 cm, or adenomyosis
Take into consideration severity of symptoms

- Consider LNG-IUS
  - If LNG-IUS declined/ not suitable → Consider alternative pharmacological treatment:

    Non-hormonal:
    - TXA
    - NSAIDs

    Hormonal:
    - combined hormonal contraceptives
    - cyclical oral progestogens
  - If LNG-IUS failed → Consider referral to specialist care
- **Submucosal fibroids**

Submucosal fibroids → Consider hysteroscopic removal

Alternative pharmacological treatment declined, not suitable, or failed → Consider referral to specialist care

Consider referral to specialist care → +/- investigations

- Consider alternative pharmacological treatment:

  Non-hormonal:
  - TXA
  - NSAIDs

  Hormonal:
  - LNG-IUS
  - combined hormonal contraceptives
  - cyclical oral progestogens
- Consider Surgery
  - 2nd generation endometrial ablation
  - hysterectomy

Fibroids ≥3 cm
Take into consideration size, location and number of fibroids, and severity of symptoms
Be aware that the effectiveness of pharmacological treatments (excluding ulipristal acetate*) may be limited for fibroids substantially greater than 3 cm in diameter

Consider referral to specialist care

If treatment is needed while investigations and definitive treatment are being organised, offer tranexamic acid and/or NSAIDs

- Consider surgery
  - Myomectomy
  - Hysterectomy

  → Pretreatment with GnRHa or ulipristal acetate* before surgery should be considered if uterine fibroids are causing an enlarged or distorted uterus
- Consider UAE → Prior to scheduling of UAE or myomectomy, the uterus and fibroid(s) should be assessed by ultrasound. If further information is needed, MRI should be considered
- Consider 2nd generation endometrial ablation → Consider alternative pharmacological treatment:

  Non-hormonal:
  - TXA
  - NSAIDs

  Hormonal:
  - Ulipristal acetate*
  - LNG-IUS
  - combined hormonal contraceptives
  - cyclical oral progestogens
  - Relugolix–estradiol–norethisterone acetate [3]

GnRHa: gonadotrophin-releasing hormone analogue; LNG-IUS: levonorgestrel-releasing intrauterine system; NSAIDs: non-steroidal anti-inflammatory drugs; TXA: tranexamic acid; UAE: uterine artery embolisation.

*Ulipristal acetate is indicated for one course (up to 3 months) of preoperative treatment for moderate to severe symptoms of uterine fibroids and for intermittent treatment (up to four courses) of moderate to severe symptoms of uterine fibroids in women ineligible for surgery. See also the summary of product characteristics.

Reference

1. NICE Guidance (NG88) Heavy menstrual bleeding: assessment and management Published: 14 March 2018 Last updated: 24 May 2021. Accessed 7th February 2023 Management Care Pathway (adapted)https://www.nice.org.uk/guidance/ng88/resources/management-care-pathway-pdf-4783791278
2. NICE Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids Technology appraisal guidance [TA832]Published: 19 October 2022. Accessed 7th February 2023 https://www.nice.org.uk/guidance/ta832

Developed in collaboration with: East Suffolk and North Essex Foundation Trust (ESNEFT) and Suffolk and North East Essex (SNEE) Integrated Care Board- Ipswich and East Suffolk Alliance, North East Essex Alliance. Version 1 FINAL SNEE IMOC approved 14/03/2023 ESNEFT MGG approved 14/03/2023 Review March 2026