

**OPTIMISE HRT**

**NO**

**ULTRASOUND reviewed by 2WW service**

1. sHRT ET ≥7mm? (aim for directly after bleed)
2. ccHRT ET ≥4mm?

**YES**

**Endometrial biopsy +/- hysteroscopy**

1. Discuss mirena insert at 2 ww review
2. If declines IUS, optimise HRT regime (see below)

*sHRT: sequential HRT*

*ccHRT: continuous combined HRT*

**HYPERPLASIA RISK FACTORS:**

*Refer if 1 major or 2 minor*

Major: BMI>40, Lynch syndrome, unopposed oestrogen use (off license)

Minor: BMI>30, diabetes, hypertension, liver disease, PCOS

**OPTIMISING HRT TO REDUCE UNSCHEDULED BLEEDING:**

1. Mirena IUS (supplement with additional progestogens such as norethisterone, provera, utrogestan if already insitu)
2. If using utrogestan discuss switching from oral to vaginal use (same dose - off license) or 200mg days 1-25
3. Switch to an equivalent androgenic progestogen (e.g elleste duet, kliofem / kliovance, evorel conti / sequi)
4. Switch to sHRT for 6-12 months if ccHRT
5. Decrease oestrogen dose



1. If bleeds minor and patient preference remain on same preparation. Discuss additional progesterone cover.
2. Review 6 months after HRT start. If irregular bleeding ongoing investigate and optimise HRT.

**UNSCHEDULED BLEEDING ON HRT**

1. Which HRT regime and duration?
2. Cervical smears up to date?
3. Location of bleed – examine

Complex cases can be discussed via the gynae eRS Advice and Guidance service (mark as urgent)

**YES**

**NO**

**NO**

**YES**

LESS THAN 6 MONTHS SINCE STARTING HRT?

1. Order urgent TVS (UHBW referrals only)
2. Refer to 2ww(USC)
3. Do NOT stop HRT
4. Provide information on Mirena IUS

Heavy / prolonged bleed or risk factors for hyperplasia?