



Newson Health vaginal bleeding audit

Newson Health Menopause and Wellbeing Centre provides evidence-based, individualised and holistic care to thousands of patients every year.

This provides us with vast clinical experience and allows us to collate a huge amount of rich data about the symptoms, treatment and impact of treatment on patients.

We regularly undertake clinical audits to ensure our practice is individualised and patient centred. One such exercise is a retrospective audit of patients diagnosed with abnormal vaginal bleeding (bleeding lasting for more than six months).

Background: bleeding and HRT

Vaginal bleeding can be common in the first three months of starting HRT, or when changing the dose or type of HRT.

For the vast majority of women taking HRT, bleeding should not be a cause for concern.

However, bleeding which lasts for six months or more is classed as abnormal bleeding, and warrants investigation. It can be a sign of a thickening of the lining of the uterus (endometrium) and which in some cases can lead to endometrial cancer.

If you are taking HRT and still have a uterus, you will need to take progesterone (known as micronized progesterone or a synthetic progestogen) with oestrogen, as taking oestrogen on its own will thicken the endometrium.

Our audit

The audit period cover November 2019 to June 2022, comprising 354 patients diagnosed with abnormal vaginal bleeding who had a transvaginal ultrasound in our clinic.

154 patients with endometrial thickness of 4mm or greater, of which 35 patients (23%) were on oestradiol doses higher than 4 pumps (100mcg).

Patients on more than 4 pumps of oestradiol had an average endometrial thickness of 6.1mm. Patients on 4 pumps of oestradiol or less had an average endometrial thickness of 6.4mm

Findings and conclusion

1. We found no difference in endometrial thickness between women prescribed low verses high doses of oestradiol. In fact, the average endometrial thickness in patients prescribed higher doses of oestradiol was slightly less than it was for patients prescribed lower doses.
2. We found no relationship between patients who were prescribed lower doses compared with patients prescribed higher doses of oestradiol in terms of their likelihood of experiencing abnormal vaginal bleeding.



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3. There were three cases of endometrial cancer in our patient population – approximately 30,000 patients – over the three-and-a-half-year audit. All cancers were detected at Stage 1 (localised to the uterus) and all patients underwent appropriate clinical management in terms of transvaginal ultrasound and prompt referral for hysteroscopy and biopsy. One patient had a cancer at the time of her first presentation to Newson Health, which was diagnosed by our ultrasound service because she presented with vaginal bleeding at her first consultation. The second and third cases were women with problem bleeding who underwent hysterectomy and have subsequently remained patients of Newson Health (and receiving HRT) after completing their surgery.

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