



PRIMARY CARE  
WOMEN'S HEALTH FORUM

THIS RESOURCE IS INTENDED FOR UK HEALTHCARE PROFESSIONALS ONLY

# AUB Myth Buster

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*This advice has been produced by PCWHF clinical expert consensus. This guidance is not intended to replace the need to apply your clinical judgement on a case-by-case basis.*

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# AUB Myth Buster

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**Abnormal uterine bleeding (AUB) is defined as any unusual or heavy bleeding from the uterus. It is an umbrella term that encompasses heavy menstrual bleeding (HMB), intermenstrual bleeding (IMB) and post coital bleeding (PCB) This myth buster will focus on HMB and IMB.**

## MYTH

*"Heavy periods – it's my age, I should just put up with it"*

## FACT

Women should never tolerate HMB if it impacts on their quality of life. They need accurate facts and information in order to make an informed choice.

## MYTH

*"Treatment for heavy periods will impact on my fertility."*

## FACT

Hormonal treatment may temporarily impact on fertility while being used. However there are non-hormonal options available for women trying to conceive. Women need information to understand their options.

## MYTH

*"My Mum had a hysterectomy I want/need one too."*

## FACT

Safer, newer, less invasive options for treatment are recommended before hysterectomy.

## MYTH

*Norethisterone is the preferred hormone treatment to stop abnormal bleeding.*

## FACT

Norethisterone increases risk of venous thromboembolism (VTE). Medroxyprogesterone acetate (MPA) is the preferred option in women with thrombotic risk factors.

## MYTH

*Tranexamic acid increases the risk of VTE.*

## FACT

Tranexamic acid reduces menstrual loss by 50% with no increased risk of VTE.

## MYTH

*"I need investigating – I might have cancer."*

## FACT

If history of HMB only in women with no comorbidities (i.e. obesity, PCOS, diabetes, increasing age) or previous failed treatment no investigations other than FBC may be required before starting pharmacological treatment.

For more resources visit: [www.pcwhf.co.uk](http://www.pcwhf.co.uk)

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### MYTH

*Everyone presenting with heavy bleeding needs a speculum exam.*

### FACT

If HMB only, (with in date normal cervical cytology) no speculum examination is required before treatment. Any other abnormal bleeding pattern requires examination to help decide on appropriate investigations

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### MYTH

*All women need an ultrasound scan.*

### FACT

A careful history is required. If low risk of fibroids, uterine cavity abnormality, histological abnormality or adenomyosis, no investigations are required prior to treatment.

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### MYTH

*All women need hormone and thyroid tests.*

### FACT

Perform full blood count (FBC) in all women with HMB, but other tests are only required with additional concerns.

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### MYTH

*Endometrial ablation requires a hospital admission.*

### FACT

Women should be offered the option of endometrial ablation performed in the outpatient setting.

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### MYTH

*All patients need specialist attention.*

### FACT

Treatment can be provided by primary care clinicians for the majority of women. This counselling guide will help you to identify when treatment can be carried out in the primary care setting, and when to refer.