

Surgical management of AUB – Are we choosing surgery judiciously?- A retrospective audit

Dr Smitharaghavan M V, Mr Samen Roy

North tees and Hartlepool University Hospital, Stockton-on-Tees, UK

Background

AUB is the most common condition presenting to specialist gynae clinics. It constitutes high volume referrals, and can have significant impact on the QOL of the patient. AUB is also a sign of malignancy in the reproductive organs of high risk women. Appropriate assessment of cause of bleeding (especially ruling in/out malignancy) and management with least possible intervention constitute best medical practice in the management of women with AUB.

Objectives:

To improve quality of management of women with AUB, through appropriate use of medical options and ensuring thorough counselling and informed consent if surgery is opted.

Materials and methods:

Sample size	25 cases
Time period	February '18 – February '20
Case identification	Patients who have had Novasure ablation, Myomectomy, hysterectomy for AUB. Identified through Report Manager by date.

Conclusions:

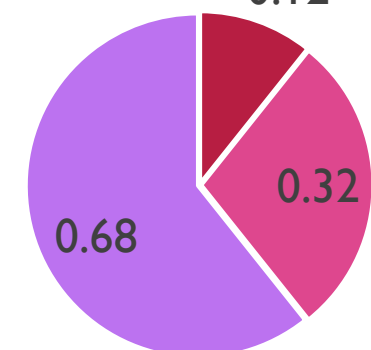
Women with AUB were appropriately managed in our unit, as per the NICE guideline. Surgical option was chosen after exhausting medical options if possible.

References:

2018. NICE guidelines Heavy menstrual bleed NG88.

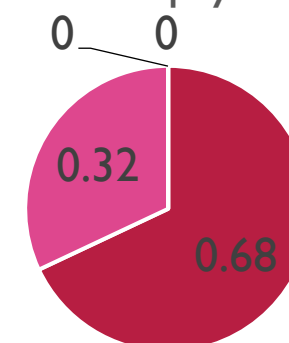
Results

Ultrasound



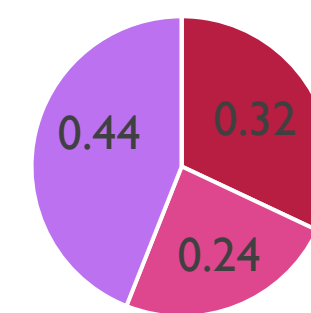
None Normal
Fibroids

Biopsy



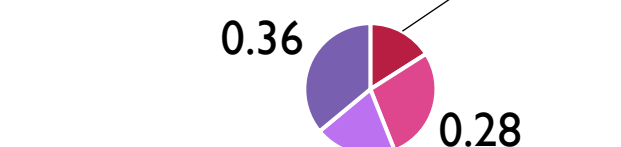
Normal None

Hysteroscopy



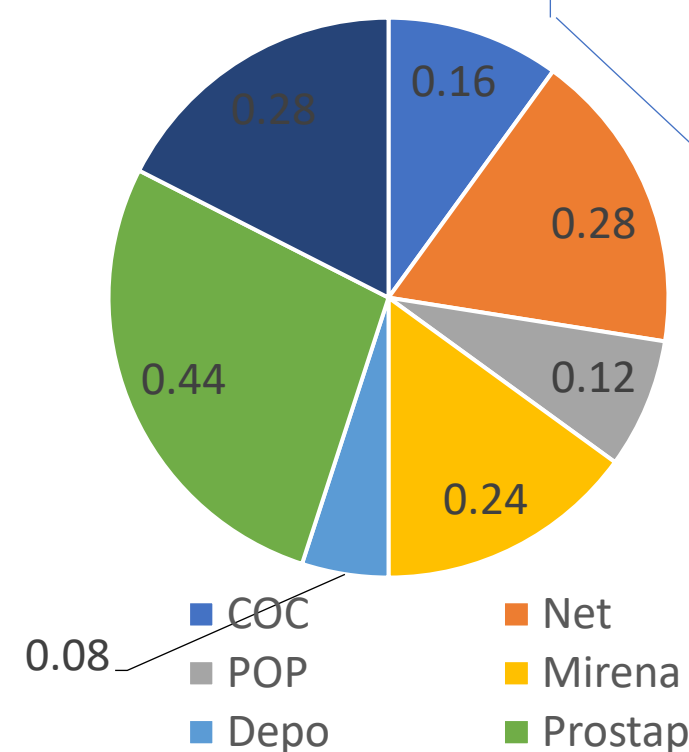
Normal Polyp None

Surgery



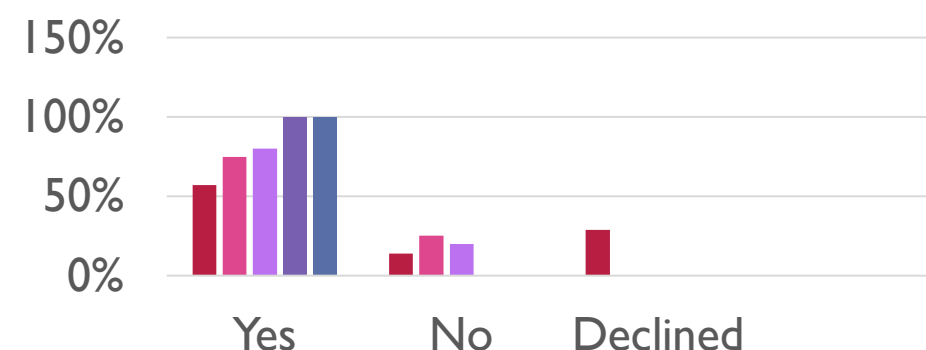
Hysterectomy
Ablation
Ablation+polypectomy
Myomectomy

Treatment



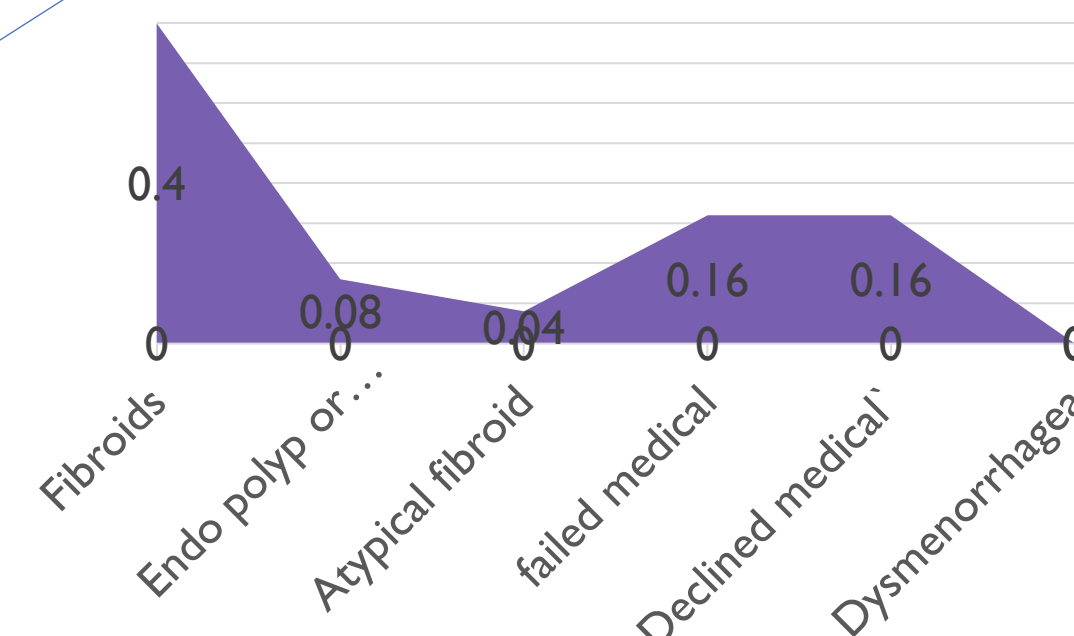
COC POP Depo
Net Mirena Prostag

Medical management in context of subsequent surgery



EA Myomectomy
EA+polypectomy Hysterectomy
Polypectomy

Reason for surgery



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