

Bleeding beyond menopause– an audit of PMB investigations at the Royal Hobart Hospital

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Introduction:

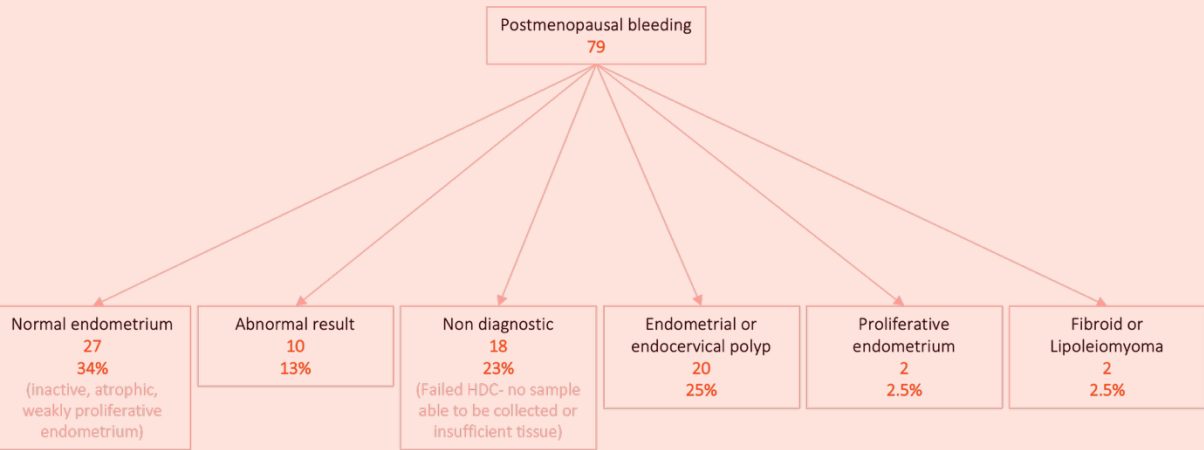
We noted high numbers of patients being referred with postmenopausal bleeding (PMB) who went on to have hysteroscopy, dilation and curettage (HDC), highlighting a need to audit the performance of PMB investigations at the Royal Hobart Hospital (RHH).

Aims:

To compare histology results to indications, risk factors and procedural waiting time for patients undergoing HDC for PMB and determine the effectiveness of PMB investigations at the RHH.

Methods:

Patients undergoing HDC between 11/2024 and 11/2025 at the RHH were included if they were postmenopausal, had HDC in theatre and had no prior endometrial abnormalities. Medical records were reviewed to determine risk factors for endometrial cancer/hyperplasia and waiting times.



Results:

79 patients were included in the audit. 27 had normal histology, 10 had abnormal results, 18 were non-diagnostic, 22 had other benign pathology. Within abnormal results, 5 had endometrial hyperplasia, 4 had endometrial endometrioid adenocarcinoma (EEAC) and 1 had endometrial stromal sarcoma. 8 patients with abnormal pathology had a BMI ≥ 30 ; other risk factors were less prevalent. 51 patients had an endometrial thickness (ET) ≥ 4 mm, and 11 had no USS or ET was not measured. Risk factors were frequently not identified in clinic documentation. 74 patients were triaged category 1, though 45 of these patients waited > 30 days, and one patient waited 119 days. 5 patients were triaged category 2, 1 of whom was diagnosed with grade 3 EEAC.

Discussion:

We noted several areas for improvement in the investigation of PMB at our site. These included ensuring appropriate triage of HDC for PMB as urgent, reducing prolonged waiting times and clearer documentation of risk factors for abnormal pathology at the time of clinic review, to better identify high-risk patients preoperatively. The risk factor most associated with abnormal results in our cohort was BMI, with 80% of patients with an abnormal result having an obese BMI. We also observed a relatively high rate of nondiagnostic results, largely due to cervical stenosis. A future audit could review the use of cervical ripening and other perioperative factors that improve diagnostic yield.

