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**SPA PCP Treatment & Referral Guidelines**  
**Gynecology**

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**I. Bleeding disorders in women – a Primary Care Approach**

A) Definitions:

- a) Menorrhagia – Menstrual blood loss greater than 80ml/cycle or lasting longer than seven days
- b) Intermenstrual bleeding – Bleeding or spotting between normal periods
- c) Menometrorrhagia – Irregular heavy menstrual bleeding
- d) Polymenorrhea – Menstrual interval less than 21 days
- e) Oligomenorrhea – Menstrual interval greater than 36 days

Comment: Make sure you define the pattern with a written menstrual calendar.

1) Dysfunctional or Anovulatory bleeding

Bleeding in the absence of pathology

- No tumor
- No infection
- No pregnancy

75% in adolescent women

Anovulatory bleeding:

Breakthrough bleeding - occurs when estrogen is withdraw and no progesterone is being produced.

It can mimic any pattern

2) Abnormal bleeding

Intermenstrual or menorrhagia in the presence of progesterone denotes pathology

B) Workup Initially:

- a) CBC
- b) TSH
- c) FSH – if patient is over 40 years old or premature menopause suspected
- d) Serum Progesterone
- e) Endometrial biopsy – peri-menopause age > 40

C) Potential Primary Care Therapies

a) Menorrhagia-

- 1) Fibroids suspected or shown on ultrasound –

➤ Refer

- 2) No pathology, no polyps, no fibroids

➤ Trial of NSAID's or OCP's refer if not improved.

b) Irregular Bleeding (short cycles or skips)

- 1) No treatment if not repetitive.

- 2) Menstrual calendar to confirm pattern.

- 3) Trial of OCP's unless patient desires pregnancy.
- 4) Endometrial biopsy if bleeding prolonged > 7-10 days and cycles are very irregular (confirm anovulation).
- c) Persistent intermenstrual bleeding (bleeding between periods) with normal progesterone before period is probably indicative of endometrial polyps. Ultrasound to rule out polyps then refer.

## **II. Pelvic Pain**

Acute pelvic pain is a common complaint, especially among women of childbearing age, in whom it is the second most common gynecological complaint. Chronic pelvic pain, defined as pain continuing for more than six months without relief from non-narcotic analgesics, also affects primarily young women who are under 40 years of age. In the U.S. it is the second most common indication for laparoscopy and the third most common indication for hysterectomy.

## **III. Diagnosis:**

- A) Consider pregnancy
  - a) Intra-uterine or ectopic
  - b) Correlated with the menstrual cycle – often it's gynecological
- B) Bimanual pelvic exam may elicit specific tenderness of cervix or ovaries.
- C) Consider irritable bowel syndrome (IBS)
  - a) Try to rule out IBS by obtaining history. Left sided pain especially, can be related to mild cycle pain that may be related to ovulation.
- D) Psychological origin of chronic pain.
  - a) Consider history of childhood sexual abuse.
- E) Ultrasound is not essential if history and physical exams are done carefully.
  - a) Ultrasound should be considered if exam difficult or history not obtainable.

## **IV. Acute Pain**

- A) Consider
  - a) Ectopic pregnancy
  - b) PID
  - c) Ruptured follicle
  - d) Ruptured cyst
  - e) Non GYN origin

**V. Chronic Pain**

- A) Consider
  - a) Endometriosis
  - b) Ovarian cancer
  
- B) Non GYN causes
  - a) Bowel
  - b) Psychological

**APPROVAL:**



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SMF/SPA Medical Director

October 27, 2008

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Date

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**Revisions / Approval Summary:**

SPA OB Department Chairman

Date: October 27, 2008

SIP AMD's

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SMG Division Chiefs

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SMF QM Committee

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