

Referral Support Service

Gynaecology

GY13

Post-Coital Bleeding

Definition

- Non-menstrual bleeding that occurs after sexual intercourse.
- Post-coital bleeding is predominantly cervical in origin.
- Main causes are:
 - Cervical ectropion (34%).
 - Cervical polyp (5-13%).
 - Cervicitis (STIs - usually chlamydia) (2%).
 - CIN (7-17%).
 - Cervical cancer (0.65--4%).
- Rare causes include syphilis, herpes simplex, vaginal atrophy, vaginal cancer, pelvic organ prolapse, endometrial cancer, endometriosis, trauma.
- **No specific cause is identified in 50% of cases.**

Exclude Red Flag Symptoms

- [Postmenopausal Bleeding](#) (PMB) i.e. bleeding >12 months after last period over age 55.
- Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for women if, on examination, the appearance of their cervix is consistent with cervical cancer (new NICE recommendation for 2015).

Management

- History, including sexual health history. Think Chlamydia under age 25.
- Routine examination and swabs (remember increased risk of chlamydia if aged < 25 or change of sexual partner).
- Perform smear ONLY if due.
- If an ectropion is found- consider change in contraception as ectropions are commonly hormone-induced.
 - Note ROUTINE CRYOTHERAPY for treatment of an ectropion is not routinely performed as high risk of recurrence and risk of scarring
- If cervical polyp found please [see guidance](#)
- Consider USS if normal appearance of cervix, to exclude endometrial pathology.

Referral Information

Indications for referral

- If PCB > 6 months or bleeding is particularly heavy.

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Clinical Research & Effectiveness approved:
Date published:
Next Review: Sep 24

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- Cervical pathology- 2ww for suspicious features, routine referral for large polyp, ectropion present or childbirth related superficial trauma/ scarring.
- Consider early referral in women over age 40

Information to include in referral letter

- Describe problem (cycle, quantify e.g. pad usage, duration) and effect on quality of life / activities of daily living
- FBC and USS results
- Current contraception
- Smear history (including last smear & result) *the patient will still be seen without this but if you include it automatically, this will speed up the appointment.*
- Treatment options *please include what has been tried and whether it has been effective*

Investigations prior to referral

- Chlamydia screening (better taken as ECS when presenting with PCB).
- High Vaginal Swab
- Pelvic USS
- Smear test (only if due) N.B. **DO NOT** perform a cervical smear if outside the screening programme

Patient information leaflets/ PDAs

- [Intermenstrual and postcoital bleeding on patient.co.uk website](http://patient.co.uk)

References

- [NICE Guideline Aug 2016 Heavy Menstrual Bleeding](#)
- https://www.gp-update.co.uk/SM4/Mutable/Uploads/pdf_file/Post-coital_bleeding.pdf
- BMJ 2013;346:3251