Peri- and postmenopausal assessments:

Assessing perimenopausal and postmenopausal bleeding

Postmenopausal bleeding, abnormal perimenopausal bleeding and breakthrough bleeding in women on menopausal hormone therapy are indications for an investigation to exclude primarily endometrial or cervical cancer and premalignant endometrial hyperplasia.

Causes of bleeding

The causes of perimenopausal or postmenopausal include:

- Uterine cancer
- Endometrial hyperplasia
- Polyps
- Fibroids
- Vaginal atrophy
- Vaginal and vulvar cancer
- Abnormalities of blood clotting
- Medications such as anticoagulants

Assessment

The assessment should incorporate:

- A detailed medical history, either in person or via telehealth
- A check that cervical cytology (PAP smears) is up to date
- A pelvic examination
- A transvaginal ultrasound
- A hysteroscopy
- An endometrial biopsy
- A pregnancy test, if indicated

Women who experience perimenopausal or postmenopausal bleeding but who have no clear diagnosis or who have recurrent or persistent symptoms should be followed up, typically after 6 months.

Routine screening of asymptomatic women at average risk of endometrial carcinoma is not advised.

Further information

EMAS (2025). CareOnline. Health at menopause and beyond https://emas-online.org/guidelines-and-education/#emas-care-online

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