Western Health

phn NORTH WESTERN MELBOURNE
An Australian Government Initiative

# *Common gynaecological challenges – a primary care refresher*

**Tuesday 11 August 2026**

*The content in this session is valid at date of presentation*

# *Acknowledgement of Country*

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.

# *Housekeeping – Zoom webinar*

## All attendees are muted

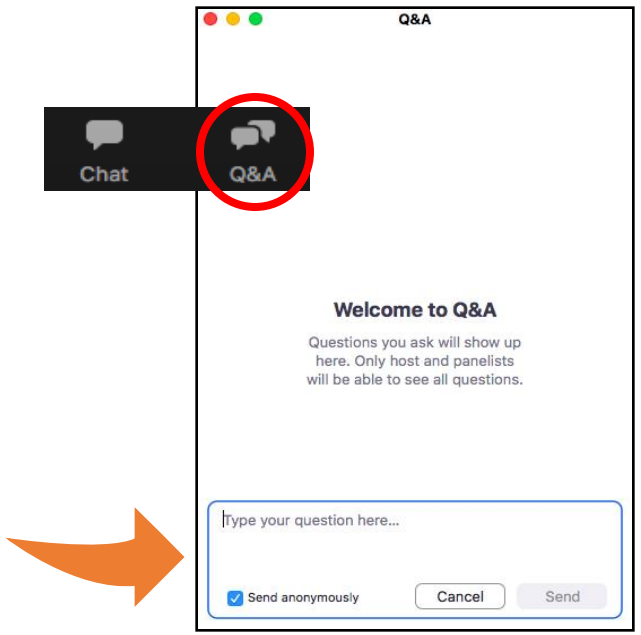
## Please ask questions via the Q&A box only

- Q&A will be at the end of the presentation
- Questions will be asked anonymously to protect your privacy

## This session is being recorded.

You will receive a link to this recording and copy of slides in post session correspondence.

**Type your questions in the Q&A box.**

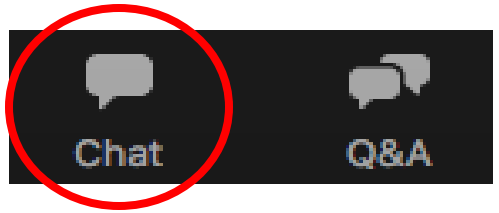


# *Housekeeping – Zoom webinar*

## Is your session name the same as your registration?

**To ensure we can issue your certificates and CPD** please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in).

**Not sure if your name matches**, send a Chat message to 'NWMPHN Education' to identify yourself.

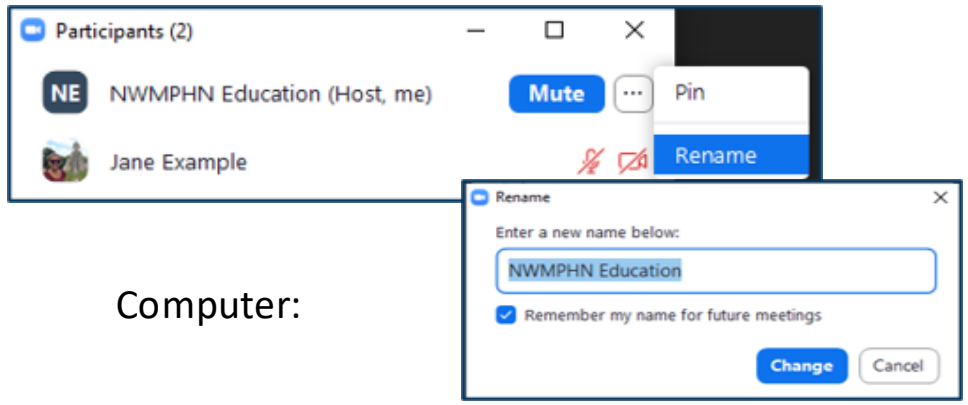


# *Housekeeping – Zoom webinar*

## How to rename yourself

1. Click on **Participants**
2. If using
   - App: click on your name
   - Computer: hover over your name and click the 3 dots
   - Mac: hover over your name and click More
3. Click on **Rename**
4. Enter the name you registered with and click **Done** / **Change** / **Rename**

Computer:

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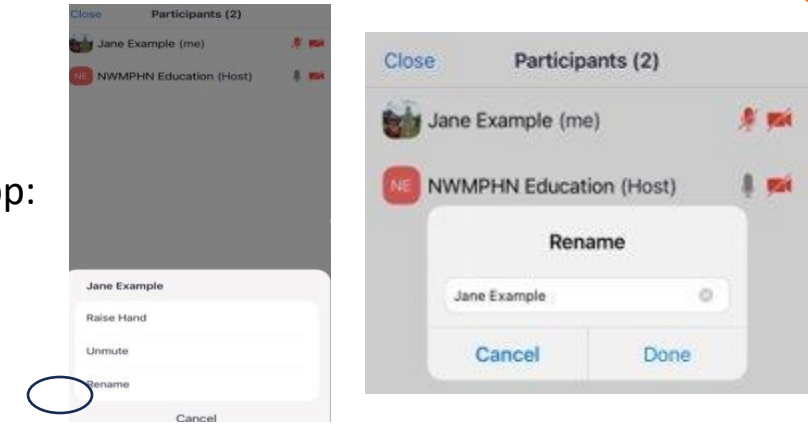


HealthPathways Melbourne

# Welcome to HealthPathways Melbourne

# HealthPathways : Clinical Management and Referral Resource

**Localised Clinical Pathways**
(Evidence-based guidance adapted for Melbourne clinicians)

**Referral Information**
(Clear referral instructions for local health services and hospitals)

**Regular Updates**
(Pathways reviewed and updated regularly by Clinical Editors)

**CPD Hours**
(Track and record CPD activities directly through Pathway page)

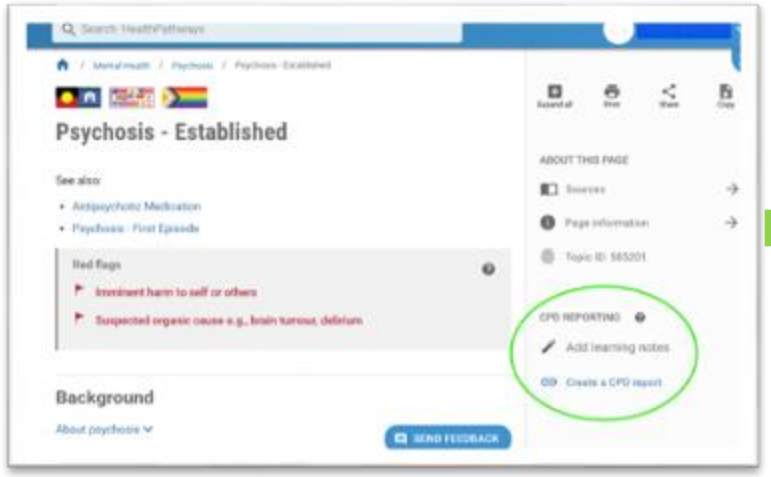
**Collaborative Development**
(Created by GPs, specialists, allied health and other health professionals)

**Easy Access**
(Web-based platform, mobile-friendly for point-of-care use)

**Streamlined Workflow**
(Quick navigation with Assessment, Management and Referral sections all in one place)

**Free for Clinicians**
(No cost access for all health professionals in North Western and Eastern Melbourne PHN catchments)

# Record Your CPD Today: Start with HealthPathways

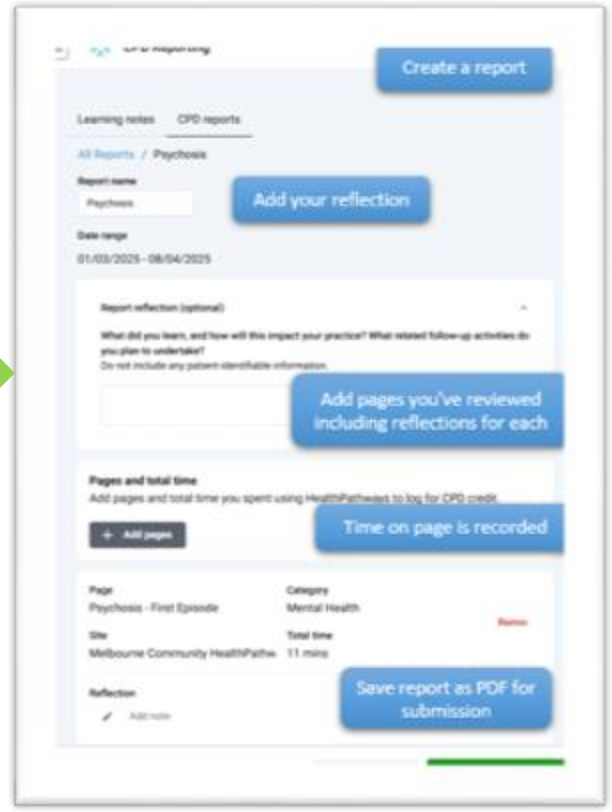



## Step 1: Access a Pathway Page

- Navigate to a clinical pathway (e.g., *Psychosis – Established*).
- Click **"Add learning notes"** or **"Create a CPD report"** to begin tracking your CPD activity.


## Step 2: Add Learning Notes

- Reflect on what you learned and how it will impact your practice.
- Include any planned follow-up activities.
- These notes are saved to your CPD record.




## Step 3: Generate Your CPD Report

- Go to the **CPD Reporting** section.
- Add reflections, review pages, and confirm time spent.
- Export your report as a **PDF for submission**.

For further information on the CPD reporting tool, please see these videos:

- How to create a CPD report
- How to add learning notes

# HealthPathways Melbourne Homepage

Search bar for quickly locating clinical pathways and conditions

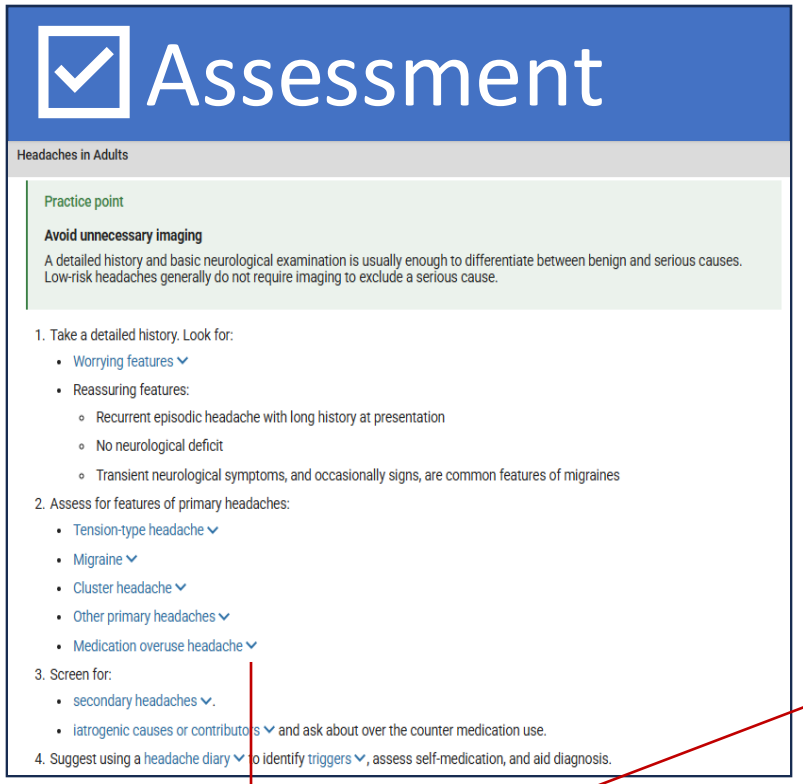
Browse clinical suites via left-hand menu, organised into easy to navigate categories

Essential quick-access links for latest updates, Pathway updates, clinical resources and MBS items

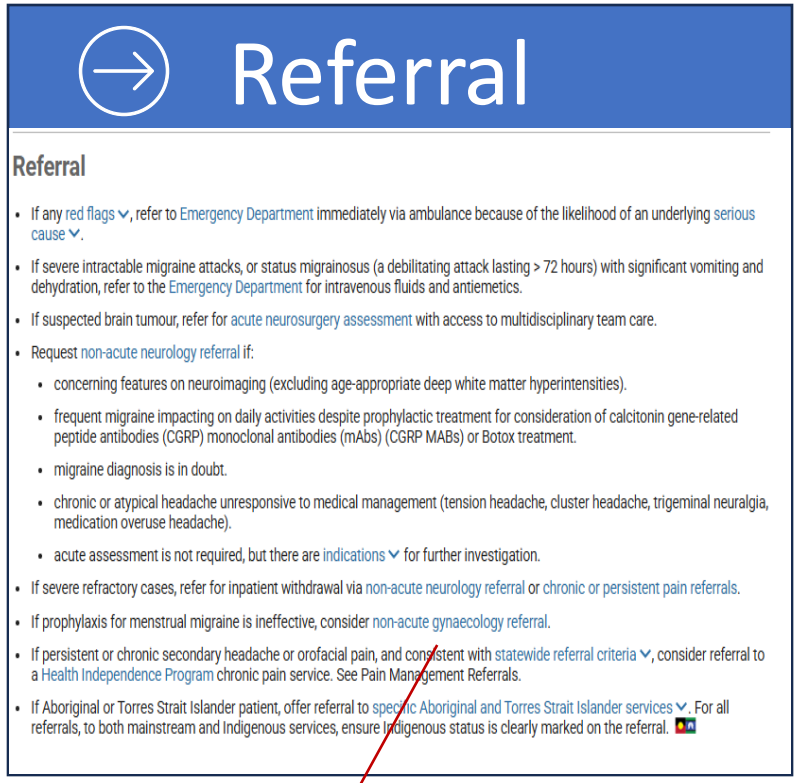
Click 'Send Feedback' to add comments and questions about this pathway.

# Streamlined Navigation of HealthPathways for General Practice

**All Sections in One Place:** Assessment, Management, and Referral sections on a single page, making it easy for GPs to quickly navigate the entire clinical pathway without switching screens.








**Click to Expand**

Drop-down boxes appear throughout the pathway, click them to view supplementary information.

**Click on the Links**

Use the interactive links to open related pathways and resources

# Stay Informed: Access Case Studies and Monthly Bulletin

Case Study


## Real clinical scenarios for everyday GP practice

- Concise, practical case studies designed to reflect real presentation in General Practice.
- Includes management summaries, pathway links and local service consideration for quick navigation.
- Access all case studies here.

Monthly Bulletin


## Monthly updates straight to your inbox

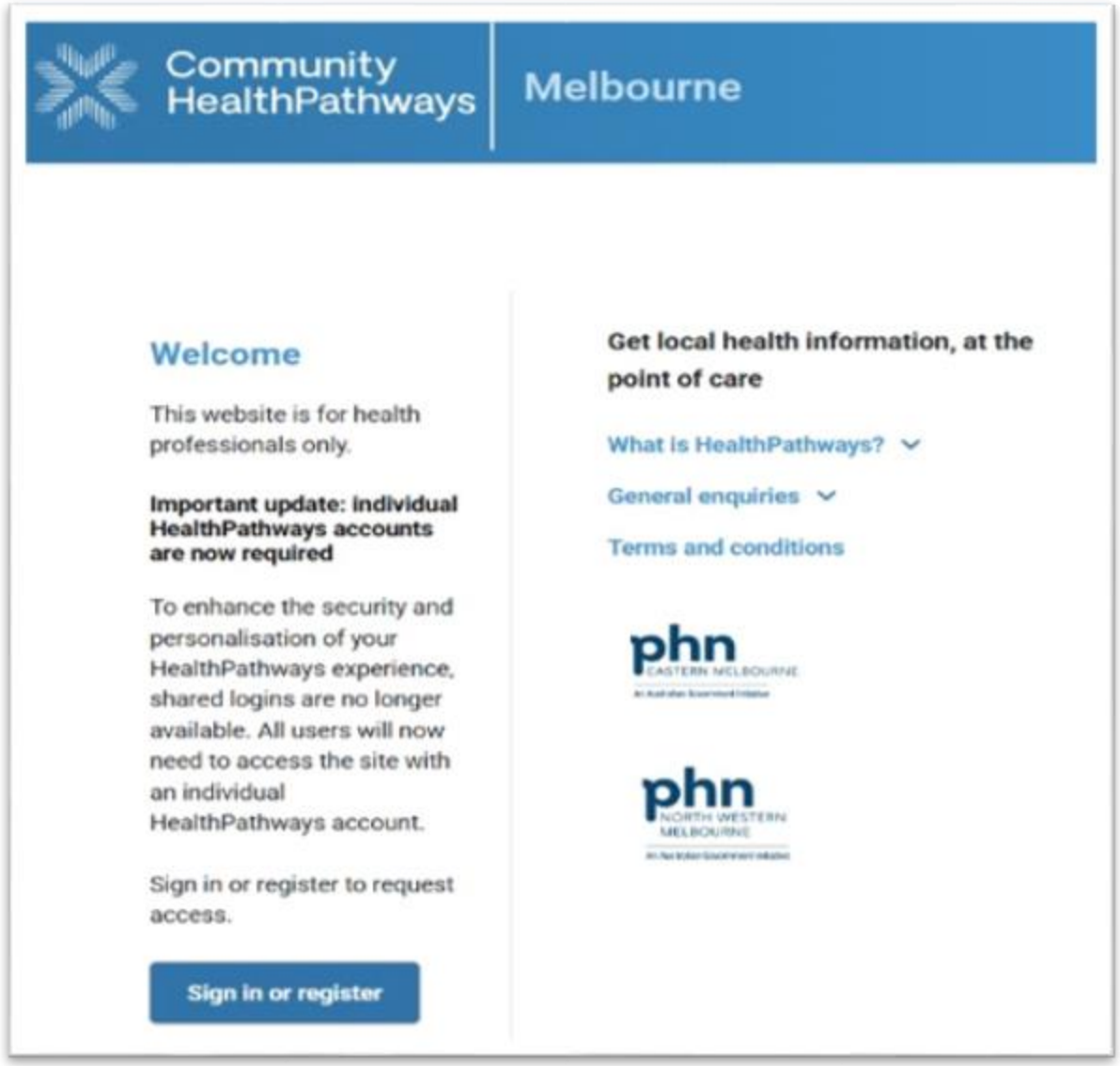
- Be the first to know about pathway updates, service changes , new case studies and employment opportunities

**Subscribe to the HealthPathways Melbourne Monthly bulletin or contact us at info@healthpathwaysmelbourne.org.au**

# Access Now: Sign In or Scan to Register

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team info@healthpathwaysmelbourne.org.au



# AusCAPPS Network
Community of Practice

A free online network designed to support primary care clinicians to provide **long-acting reversible contraception (LARC)** and **early medical abortion (EMA)** services.

## Benefits of joining AusCAPPS

- Connect with GPs, practice nurses, nurse practitioners, midwives, Aboriginal Health Practitioners and community pharmacists who have an interest in providing LARC and/or EMA services in Australia
- Discuss case studies and chat with peers and expert clinicians
- Find providers near you and build local networks
- Get access to the latest evidence-based resources, guidelines, webinars and podcasts
- Keep up to date with education and training opportunities related to LARC and EMA


**Join AusCAPPS**

## Project partners

The AusCAPPS Network is supported by funding from the Australian Government Department of Health, Disability and Ageing.

# *Speakers*

***Dr Sneha Parghi,*** *specialist Gynaecologist VMO at Joan Kirner Womens and Childrens & Director of Maven Centre, Joan Kirner Women's Centre*

Committed to providing compassionate, patient-centred care that empowers women to make informed decisions about their health and wellbeing. With extensive experience across leading public and private hospitals in Victoria and Queensland, she has developed expertise in the management of a broad range of gynaecological conditions, with a particular focus on minimally invasive surgical procedures, pelvic pain and endometriosis.

After graduating from the University of Adelaide in 2006, Dr Parghi worked in metropolitan, regional and international healthcare settings, including humanitarian work with Médecins Sans Frontières in Haiti. She completed specialist training in Obstetrics and Gynaecology and subsequently undertook advanced fellowship training in minimally invasive gynaecological surgery before attaining Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Western Health

Women's Health Clinic

# Heavy menstrual bleeding

**Dr Sneha Parghi**
**MBBS FRANZCOG SCCL**

Consultant Gynaecologist, Western Health

Clinical lead – Pelvic Pain Clinic, Outpatient Hysteroscopy

Director, Advanced Laparoscopic Surgeon, Maven Centre, St Albans

# Outline

- Definition of HMB
- PALM COEIN classification
  - Causes of HMB
  - Investigation
  - Management options

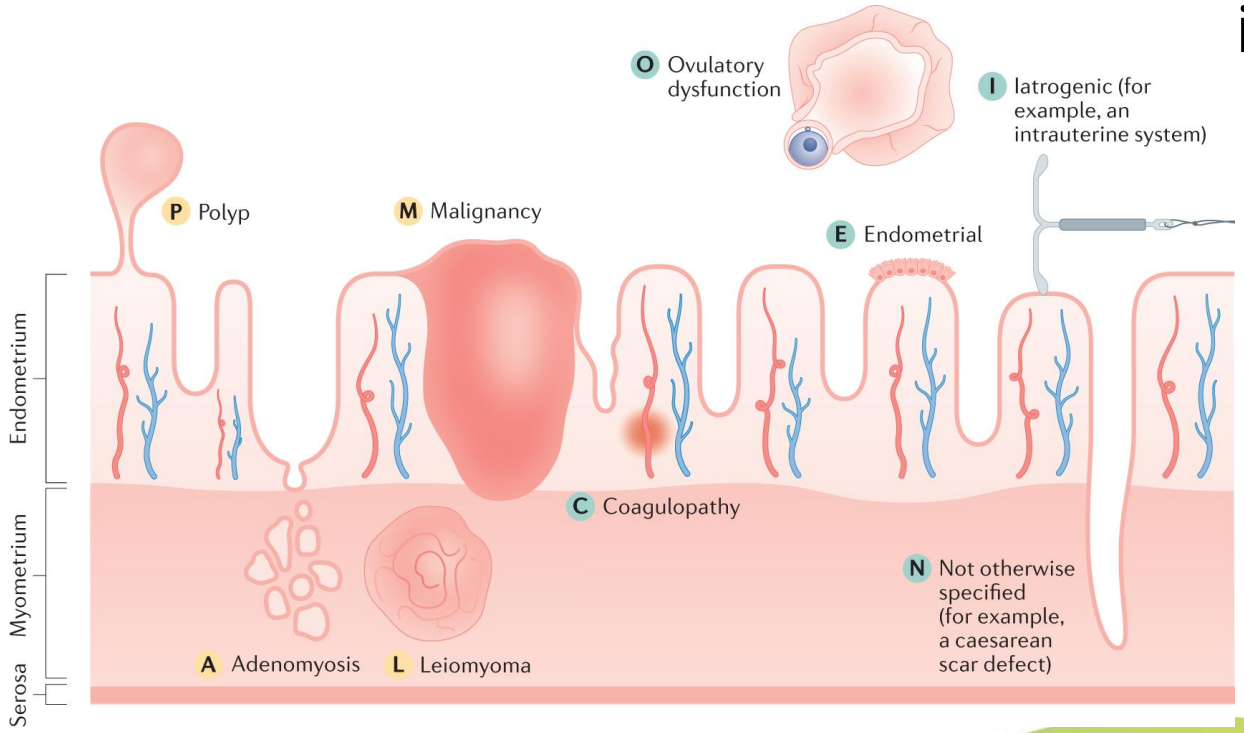
# Heavy menstrual bleeding: definition

Western Health

- Old-school thinking: total blood lost per period should be < 80mLs
  - > 80mLs = ‘menorrhagia’
  - Not practical to measure!
- New-age thinking: if a woman thinks her period is too heavy, it is too heavy!
  - = ‘**heavy menstrual bleeding**’

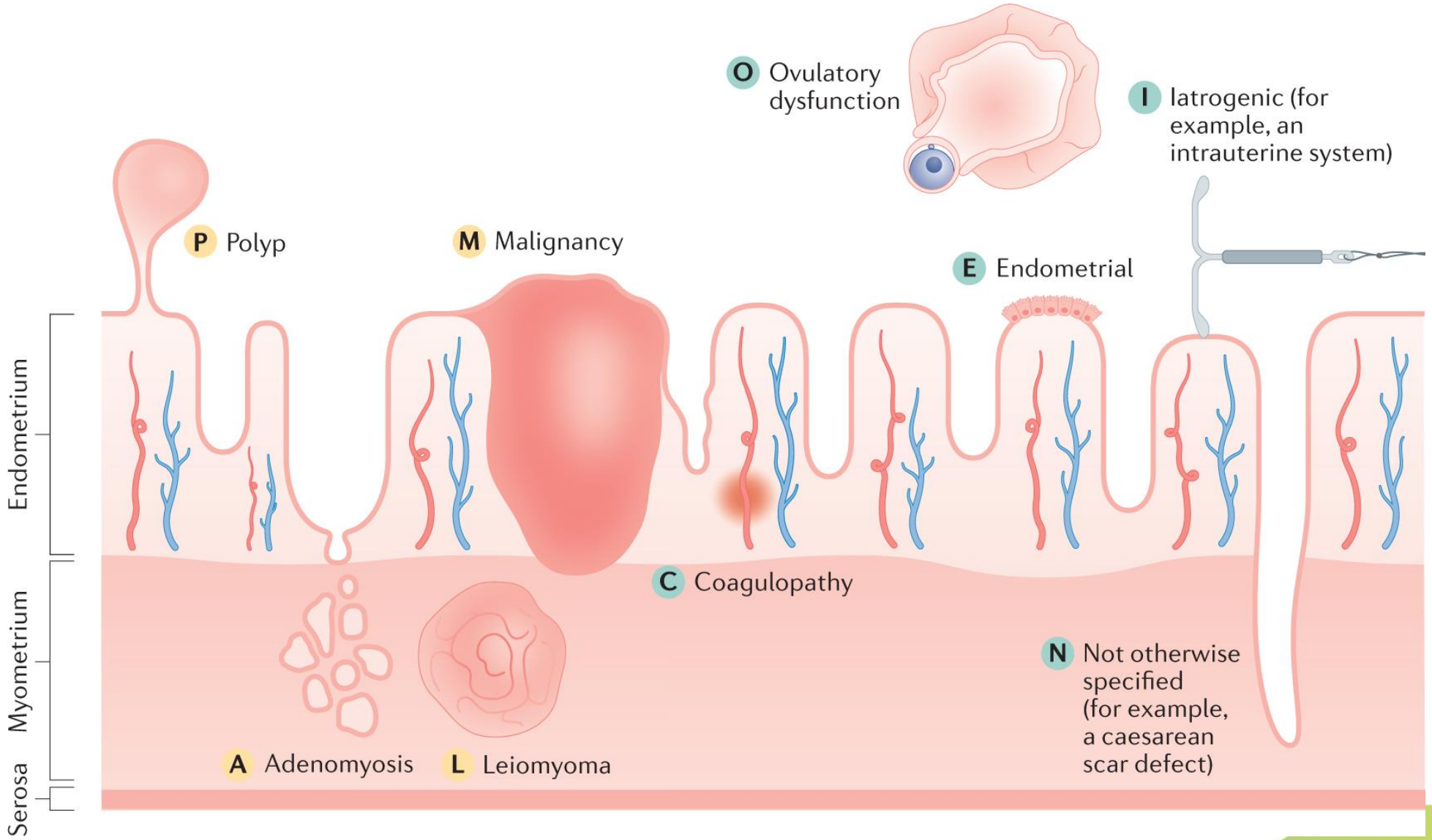
# PALM COEIN

- The International Federation of Gynaecology and Obstetrics uses ‘PALM COEIN’ as a formal classification system for the possible underlying aetiology of abnormal uterine bleeding
  - May be a helpful ic



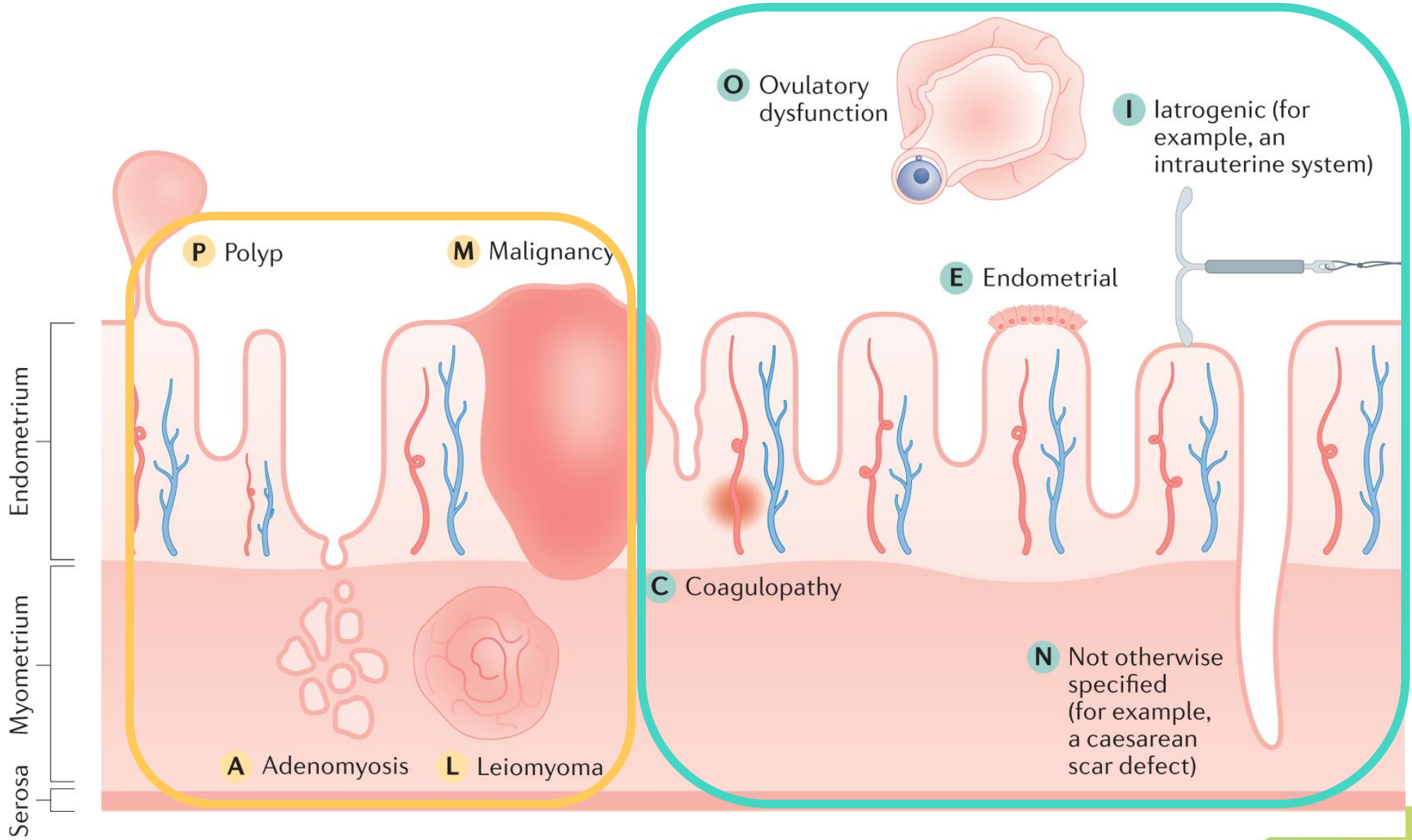
# PALM COEIN

Western Health



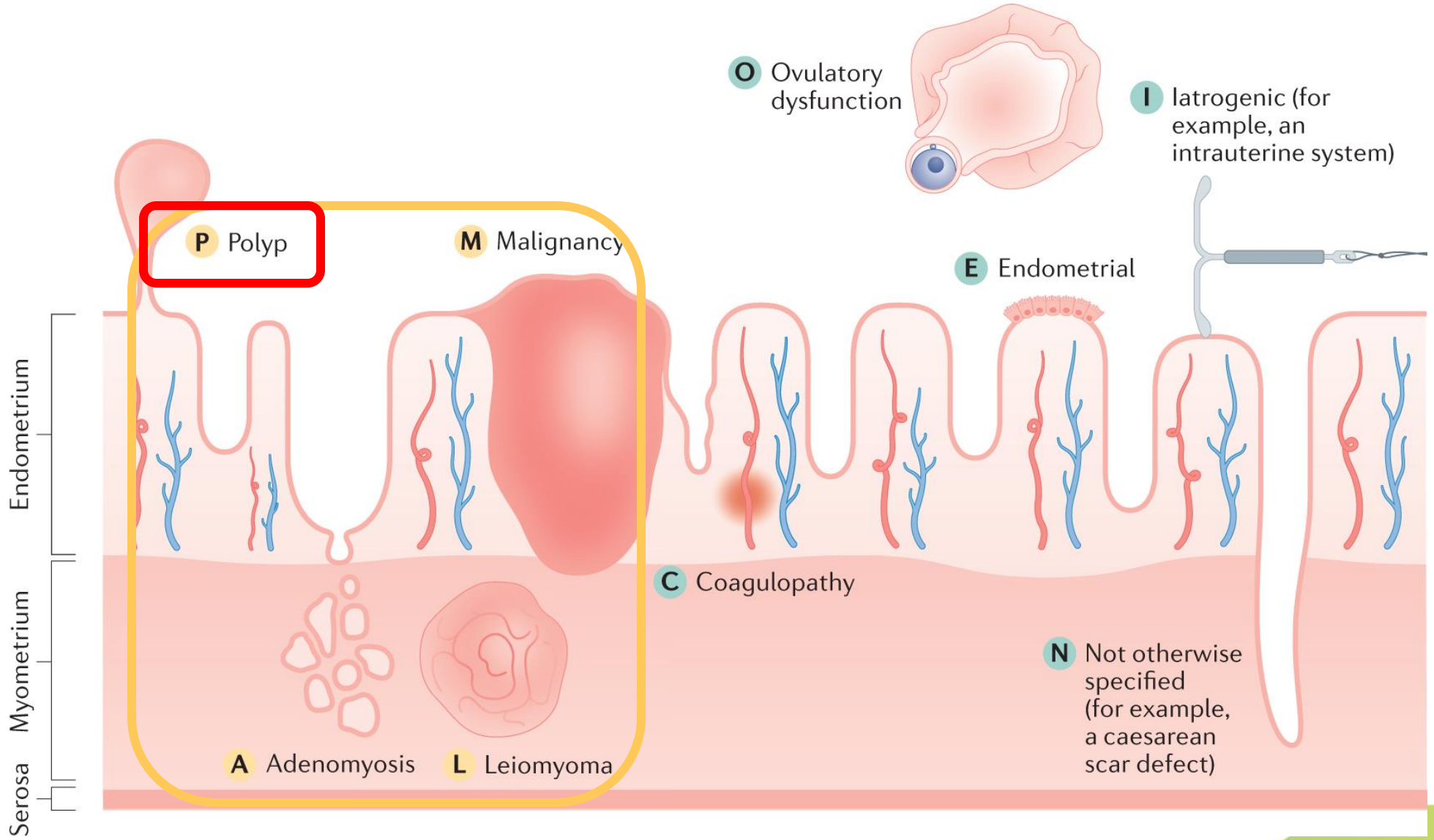
# PALM COEIN

## Non-structural causes



# PALM COEIN

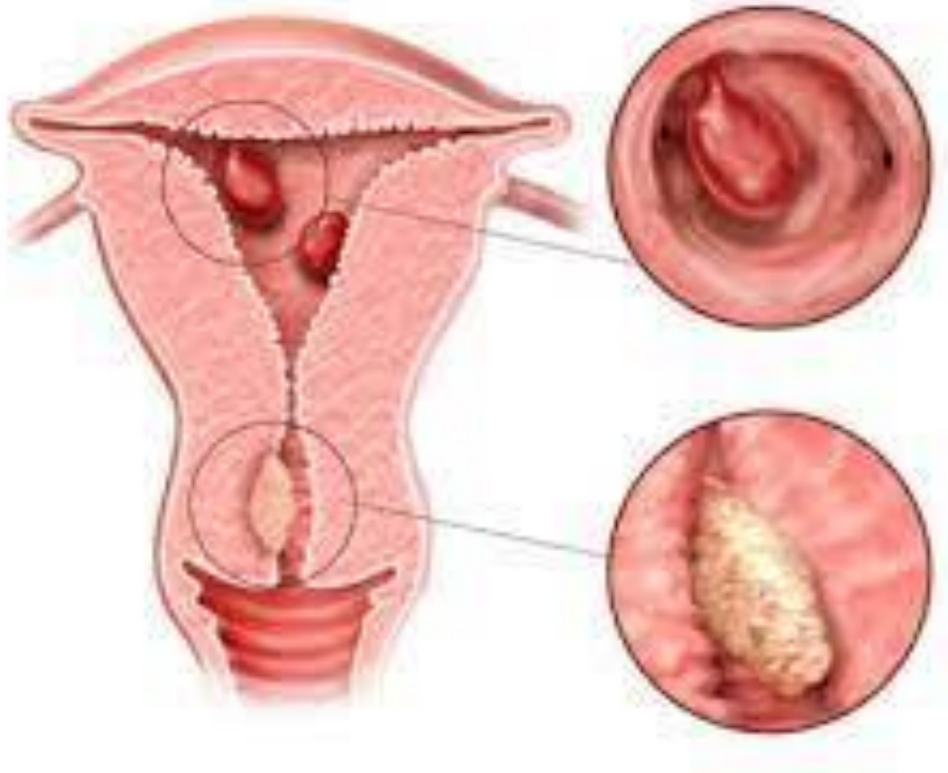
Western Health



# Polyps

Western Health

- Localised overgrowth of endometrial glands and stroma
- Can ⟶
  - Prolonged and / or heavy periods
  - Intermenstrual bleeding (IMB)
  - Post-coital bleeding (PCB)
  - Postmenopausal bleeding (PMB)



# Polyps

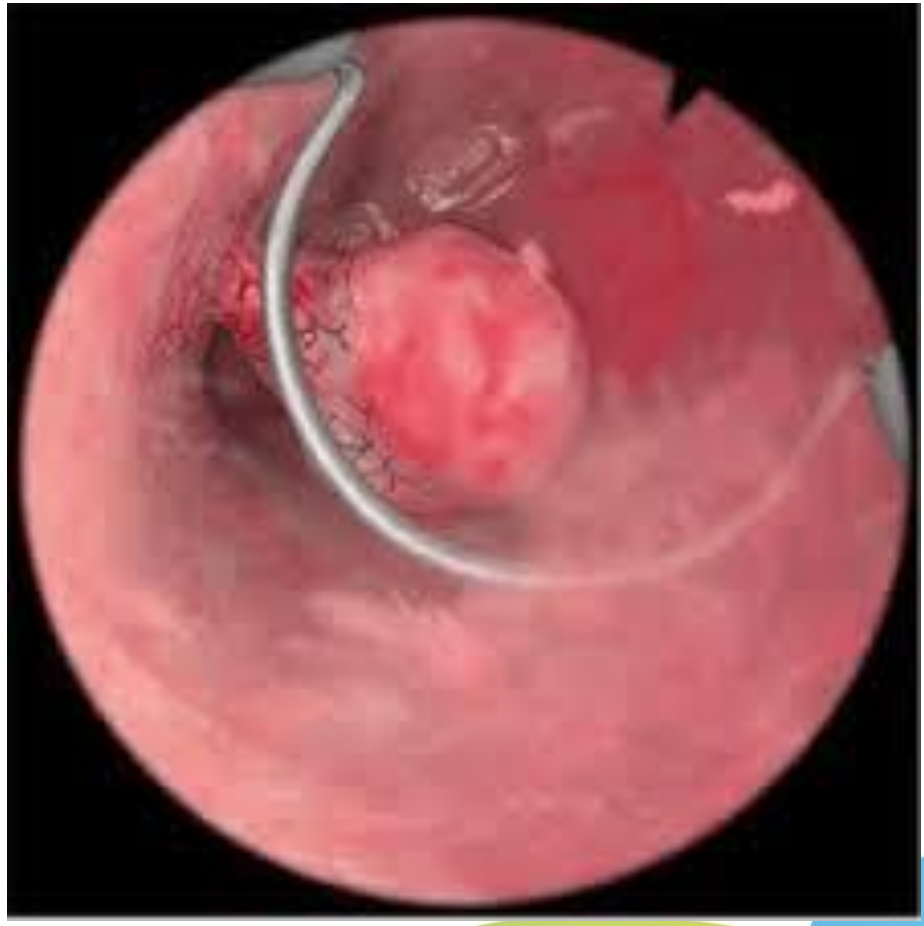
Western Health

- Vast majority are benign
  - 0.5 - 5% risk of malignancy
  - Higher if: > 60yo; post-menopausal; post-menopausal bleeding; and / or tamoxifen use

# Polyps: investigation and management

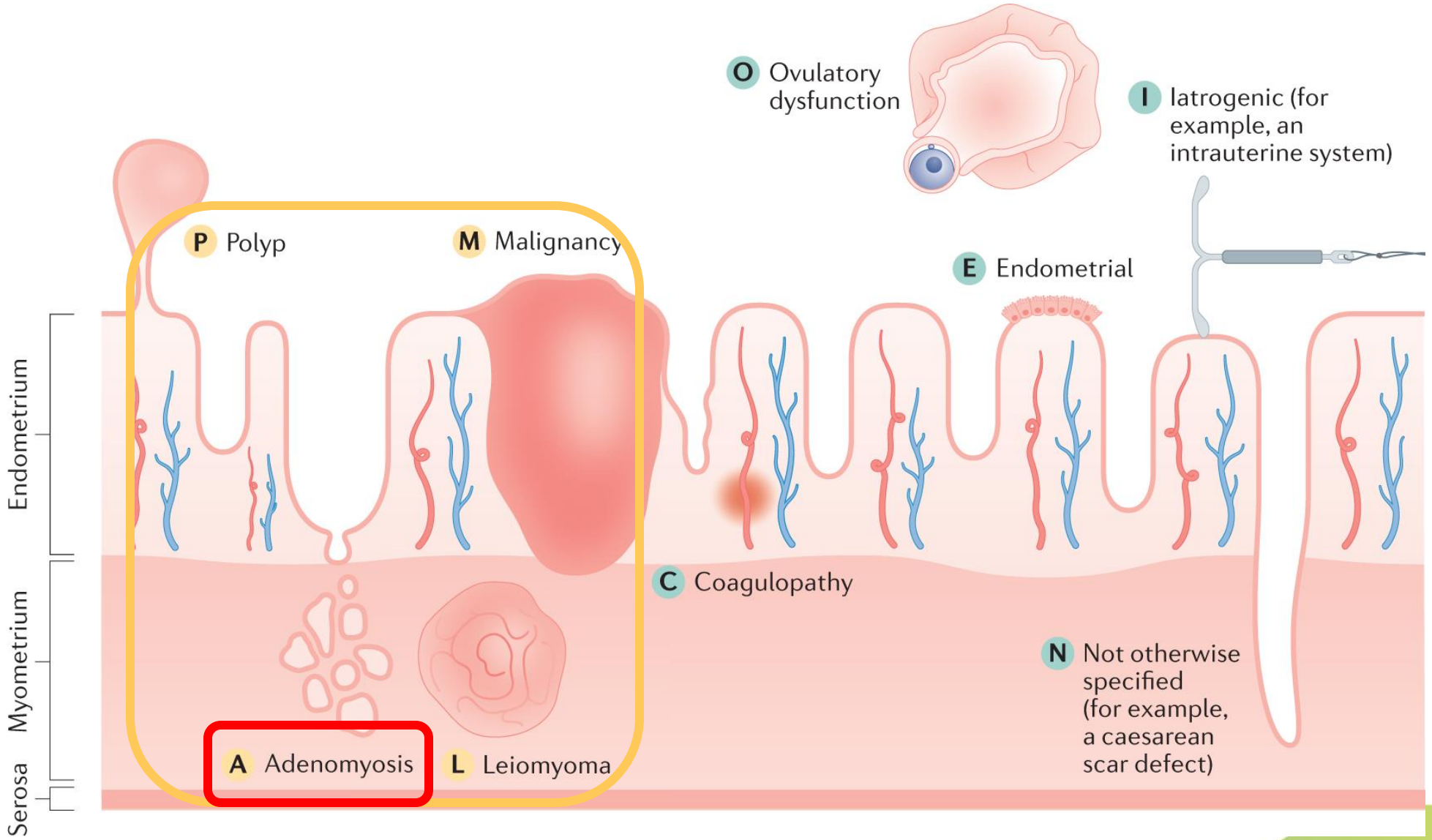
Western Health

- Ix:
  - T/V U/S
- Mx:
  - If low risk of malignancy: expectant management
  - If any risk factors for malignancy (> 60yo; post-menopausal; PMB; and / or tamoxifen use):
    - Hysteroscopic polypectomy
    - ± insertion of Mirena IUD



# PALM COEIN

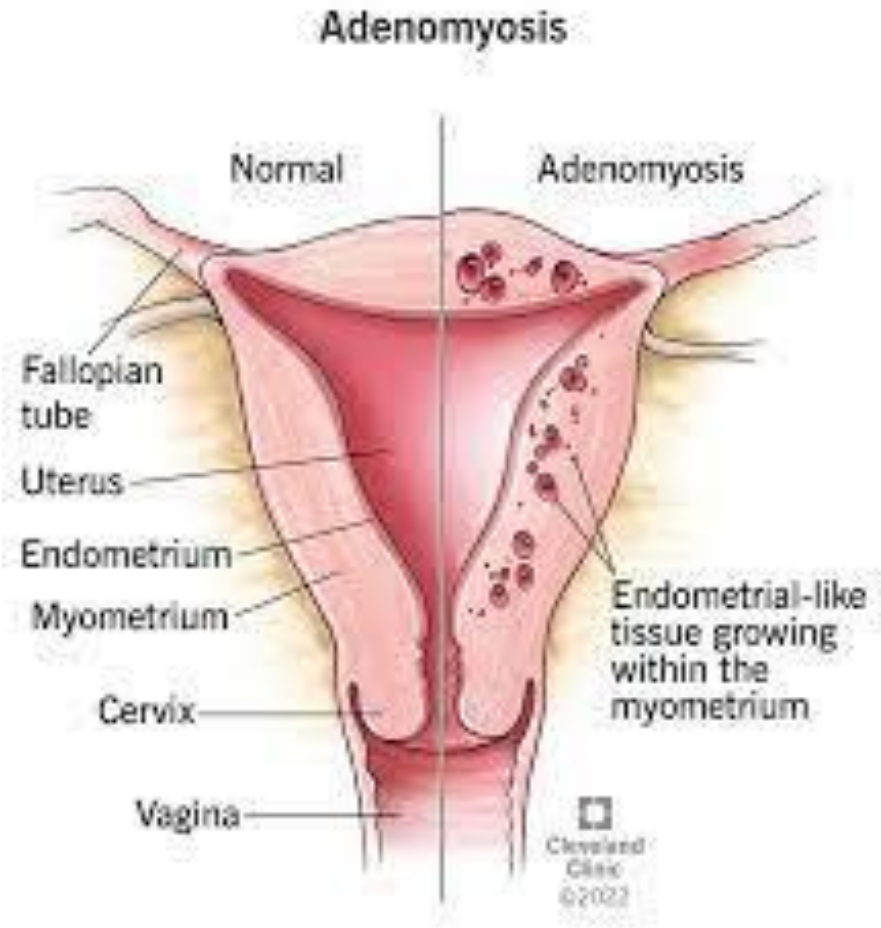
Western Health



# Adenomyosis

Western Health

- Benign condition in which the endometrial cells grow within the myometrium (uterine musculature) ⟶ hypertrophy of the surrounding myometrium
- Can ⟶ prolonged and / or heavy periods
  - And also dysmenorrhoea, pressure symptoms, ”swelling”

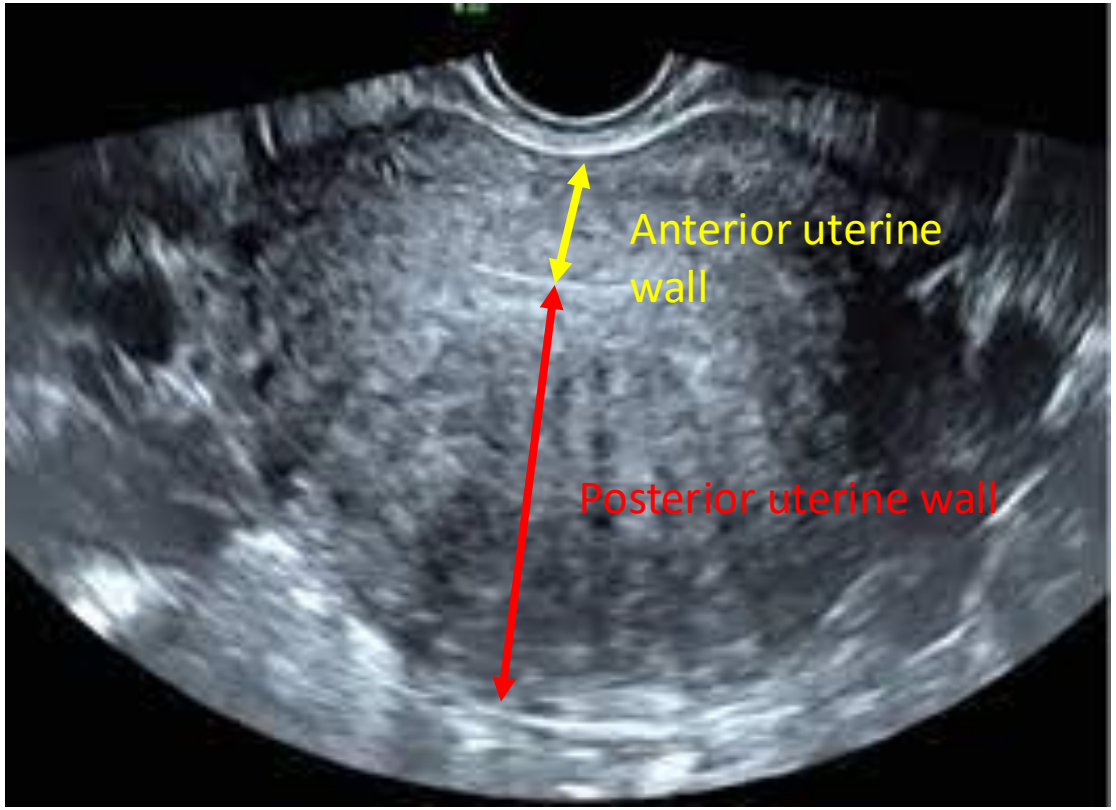


# Adenomyosis: investigation

Western Health

» T/V U/S:

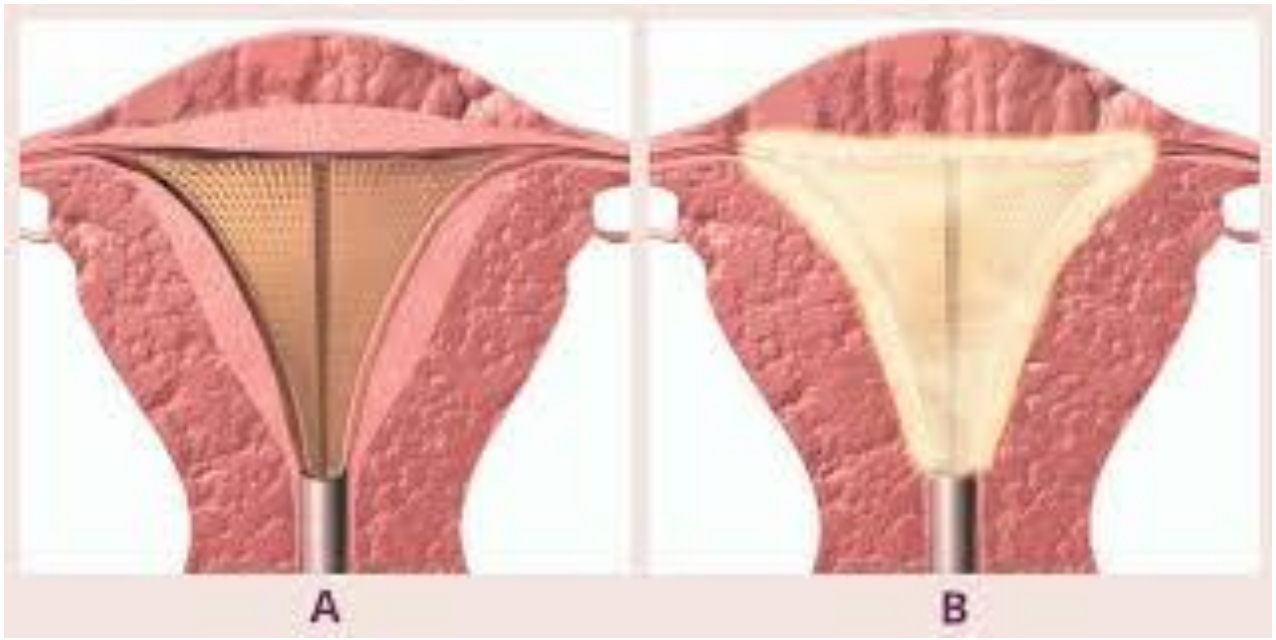
- Bulky, ‘globular’ uterus
- Heterogenous myometrium
- ± asymmetrical thickening of one wall (eg. posterior uterine wall)
- ‘Venetian blind’ shadowing



# Adenomyosis: management

Western Health

- Endometrial ablation
  - But only 40% success rate in the context of adenomyosis
  - Not appropriate if patient wants to bear children in future




- Hysterectomy
  - Only definitive management

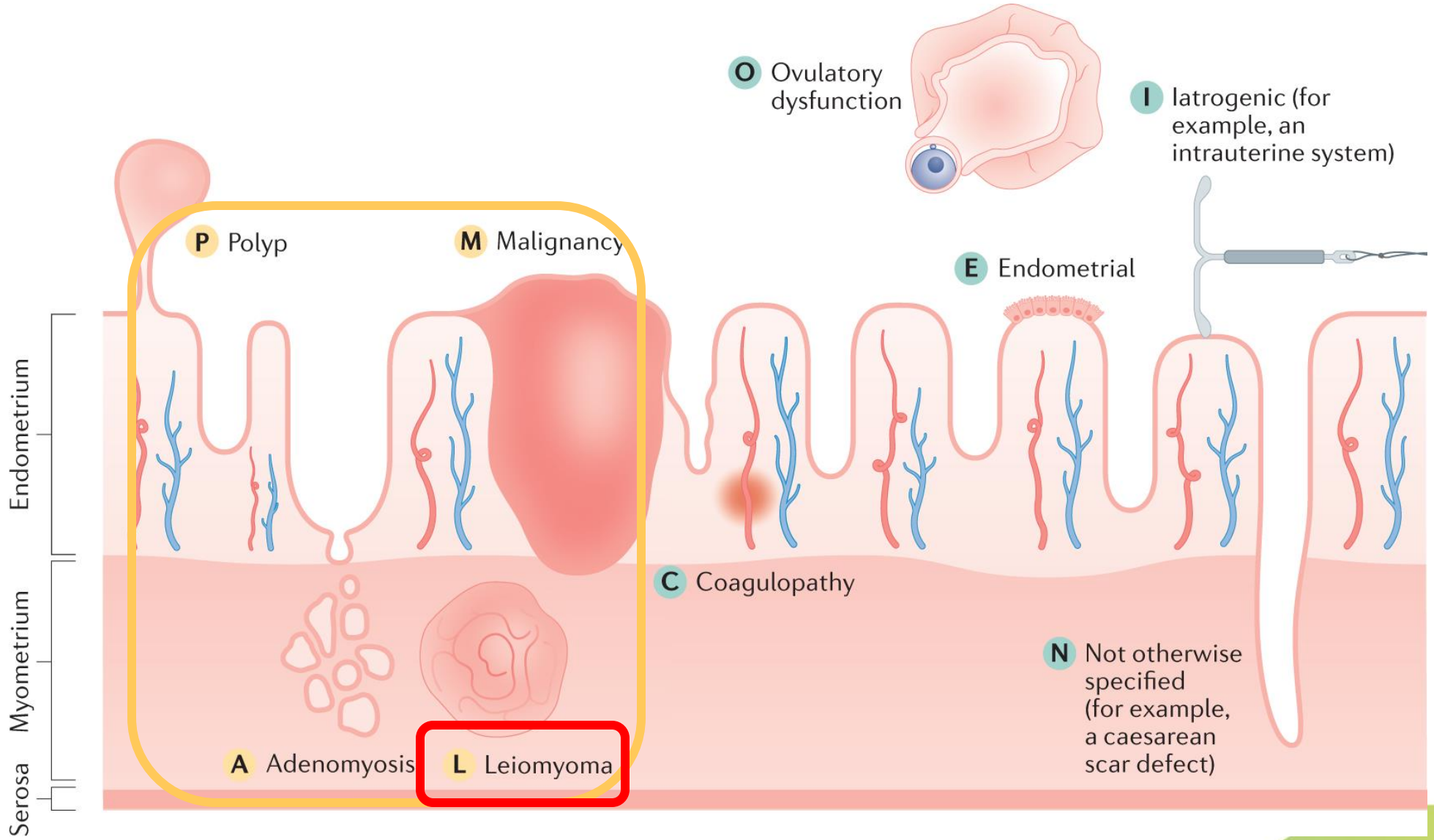
# Adenomyosis: management

Western Health

- If family is not yet complete:
  - COCP
  - Mirena IUD
  - GnRH agonists
  - ? off-label ‘Ryeqo’
    - For temporary amelioration of symptoms

# PALM COEIN

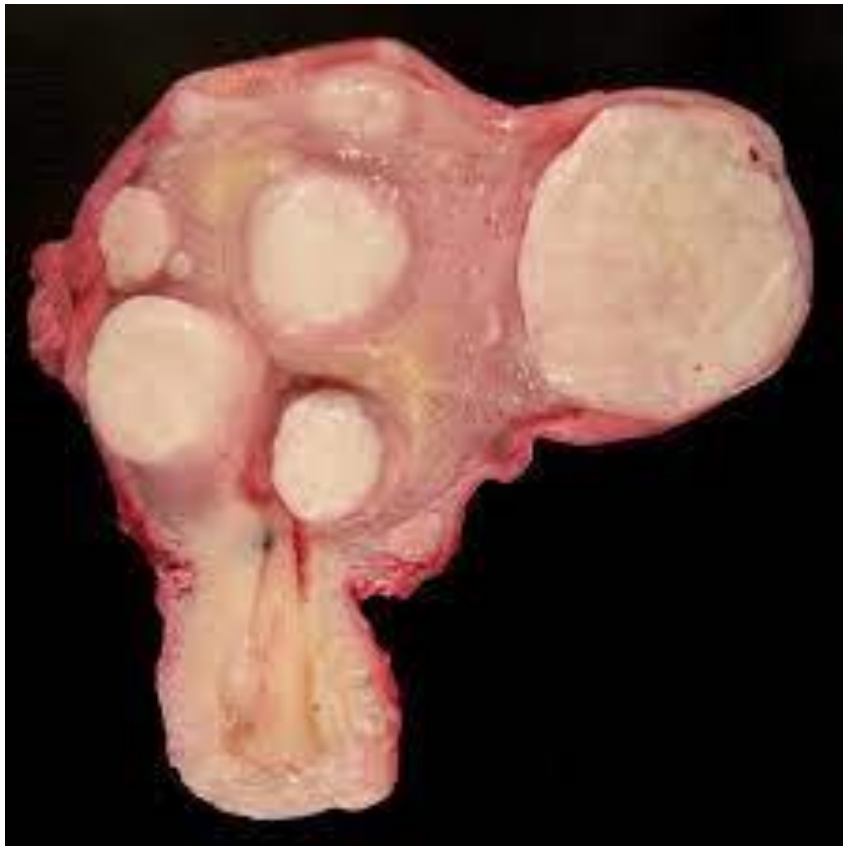
Western Health



# Leiomyoma = fibroids

Western Health

- Benign monoclonal growths that arise from the myometrium
- Extremely common in reproductive-age women
  - 1 in 4 women > 35yo have fibroids, half of whom are symptomatic

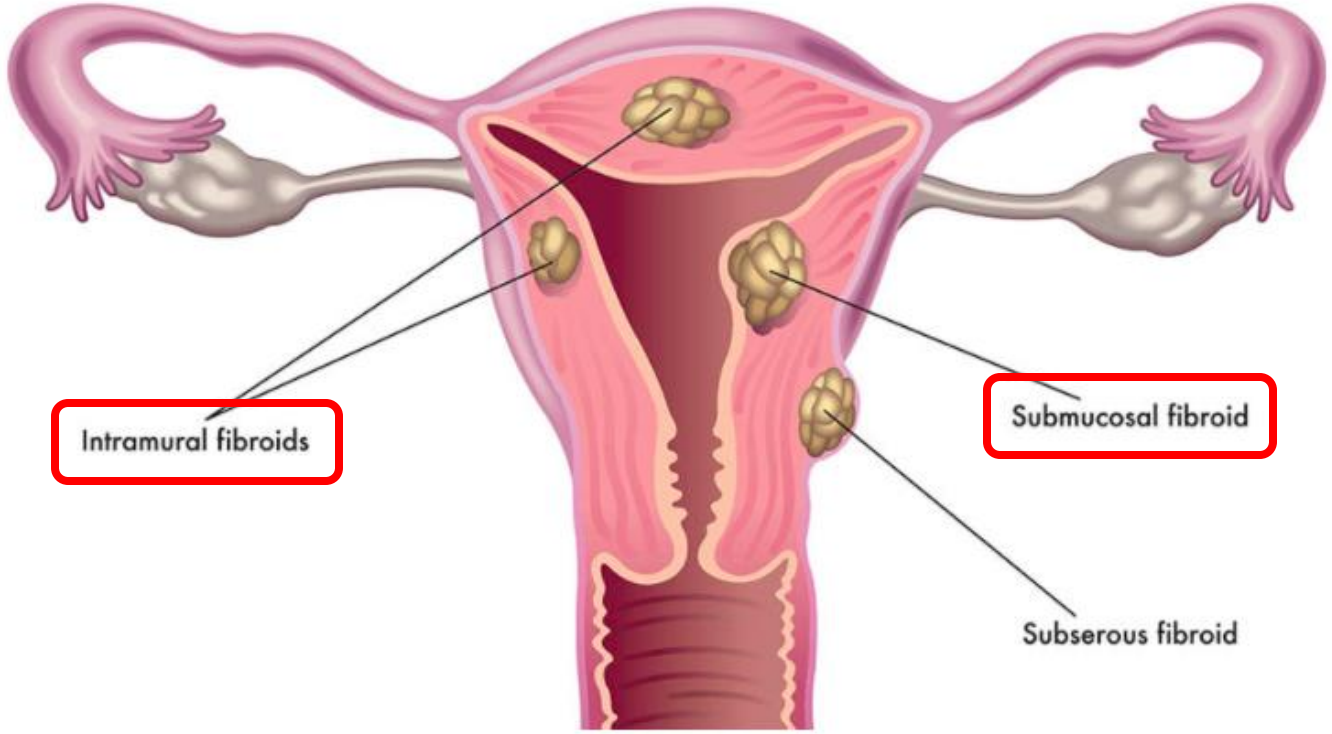


# Leiomyoma = fibroids

Western Health

» Fibroids can occur in various places in relation to the uterine cavity

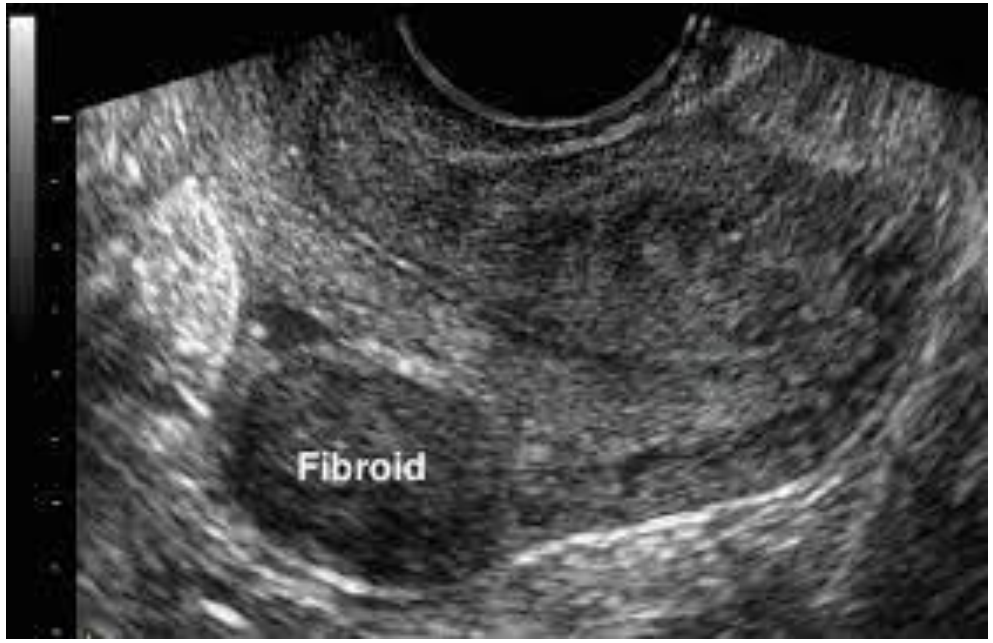
- Submucosal fibroids often ⟶ HMB
- Intramural fibroids can ⟶ HMB



# Leiomyoma (fibroids): investigation, management

Western Health

- Ix:
  - T/V U/S
  - ± MRI (if suspicious features on U/S)
- Management of fibroids that are causing HMB:
  - Medical
  - Interventional radiology
  - Minor surgical procedure
  - Major surgical procedure



# Leiomyoma (fibroids): first-line medical management

Western Health

- Iron supplementation
  - Oral iron supplementation
  - Iron infusion
  - Blood transfusion
- Non-hormonal tablets
  - Tranexamic acid during menses
- Hormones
  - COCP/Progesterone
  - Mirena IUD (note submucosal fibroids or cavity distortion)

# Leiomyoma (fibroids): second-line medical management

Western Health

- GnRH agonists
  - Eg. monthly goserelin implant ”Zoladex”
  - Eg. BD nafarelin nasal spray “Synarel”
- Typically used to:
  - Improve iron stores pre-op (95% of women are amenorrhoeic)
  - Shrink fibroids pre-op (by 40%) ⟶ less invasive operation
  - Avoid surgery altogether

# Leiomyoma (fibroids): GnRH agonists

Western Health

- Pros:
  - 95% of women amenorrhoeic
  - 40% shrinkage of fibroid uterus
- Cons:
  - Hypo-estrogenic side-effects
  - Maximum course is 6 / 12 months
- Offer add-back estrogen (eg. ‘tibolone’) to:
  - Mitigate side-effects
  - Lengthen course to 12 months

# Leiomyoma (fibroids): GnRH antagonist, ‘Ryeqo’

Western Health

- Polypill combination of:
  - GnRh antagonist (relugolix)
  - Estrogen (estradiol)
  - Progesterone (norethisterone)

  in a single daily tablet

- First *oral* formulation that both shrinks multi-fibroid uteri *and* reduces HMB

# Leiomyoma (fibroids): GnRH antagonist, ‘Ryeqo’

Western Health

- Pros:
  - Single oral tablet daily
  - Can be taken until menopause
  - Bone mineral density maintained
  - Lightens periods by 85%
  - Reversible contraception

# Leiomyoma (fibroids): GnRH antagonist, ‘Ryeqo’

Western Health

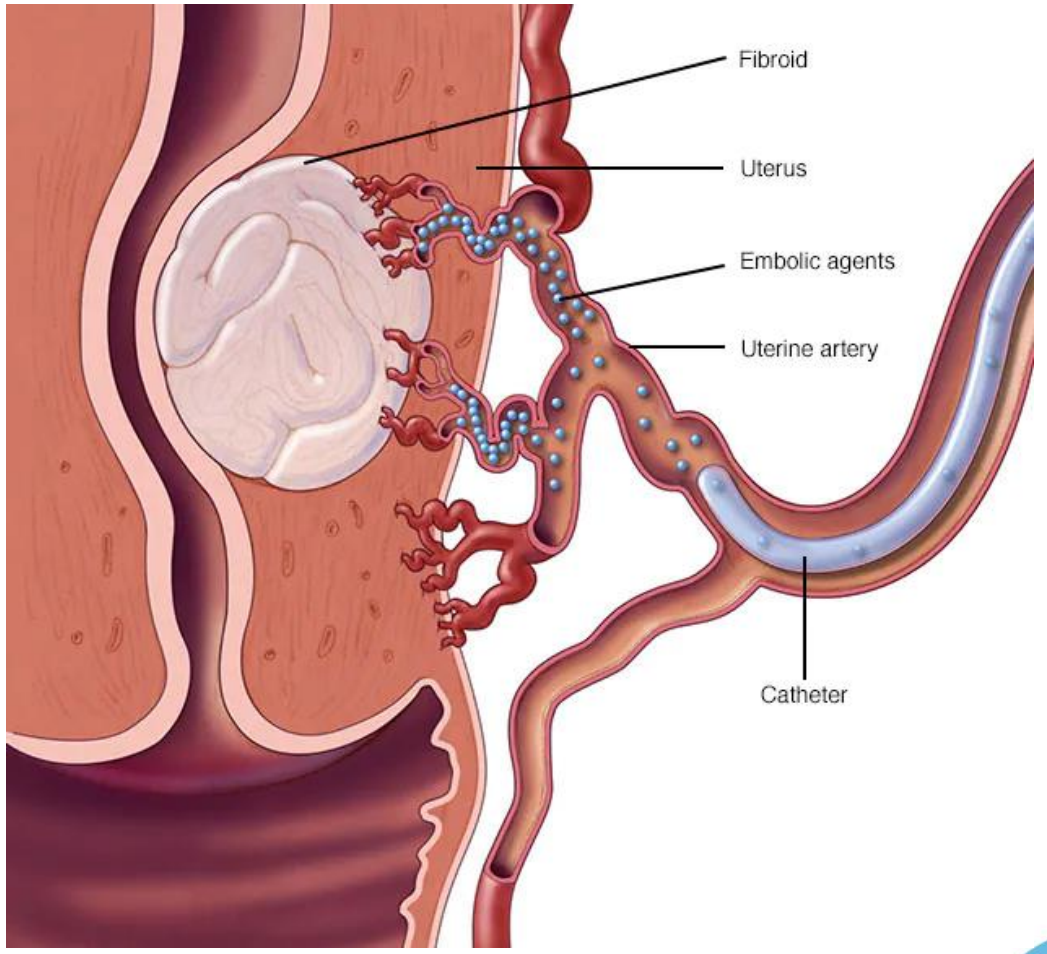
» Cons:

- TGA approved for fibroids but not on the PBS ⟶ $135 / month
- DEXA scan needed within first year and at 2 years
- Long-term studies in progress

# Leiomyoma (fibroids): interventional radiology

Western Health

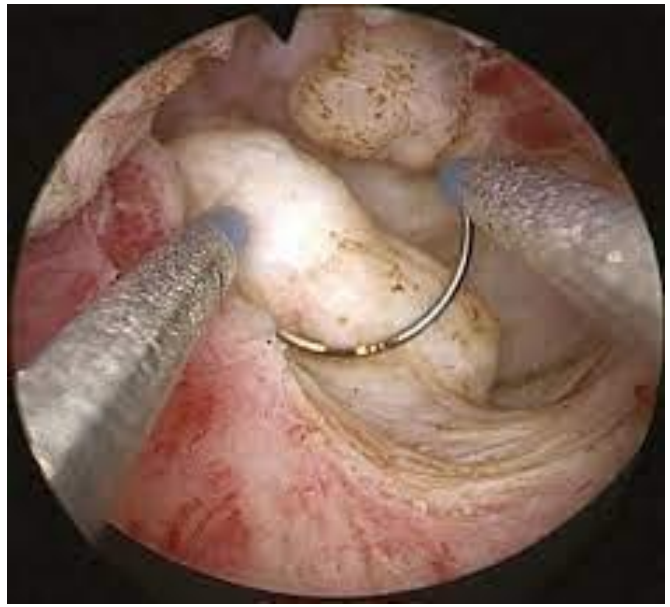
- Uterine artery embolization
- Now easy to access – IR department at WH can provide this service
- Future fertility: relative contraindication
  - evidence on UAE and fertility is limited and inconsistent, but several studies show higher miscarriage rates than after myomectomy

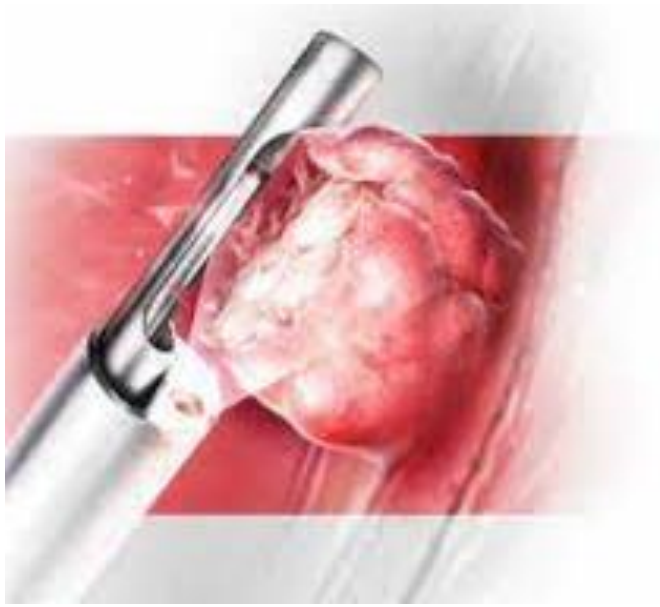


# Leiomyoma (fibroids): minor surgical procedure

Western Health

- Hysteroscopic myomectomy
  - Day procedure, under GA
  - ± endometrial ablation (if family complete)
  - ± insertion of Mirena IUD

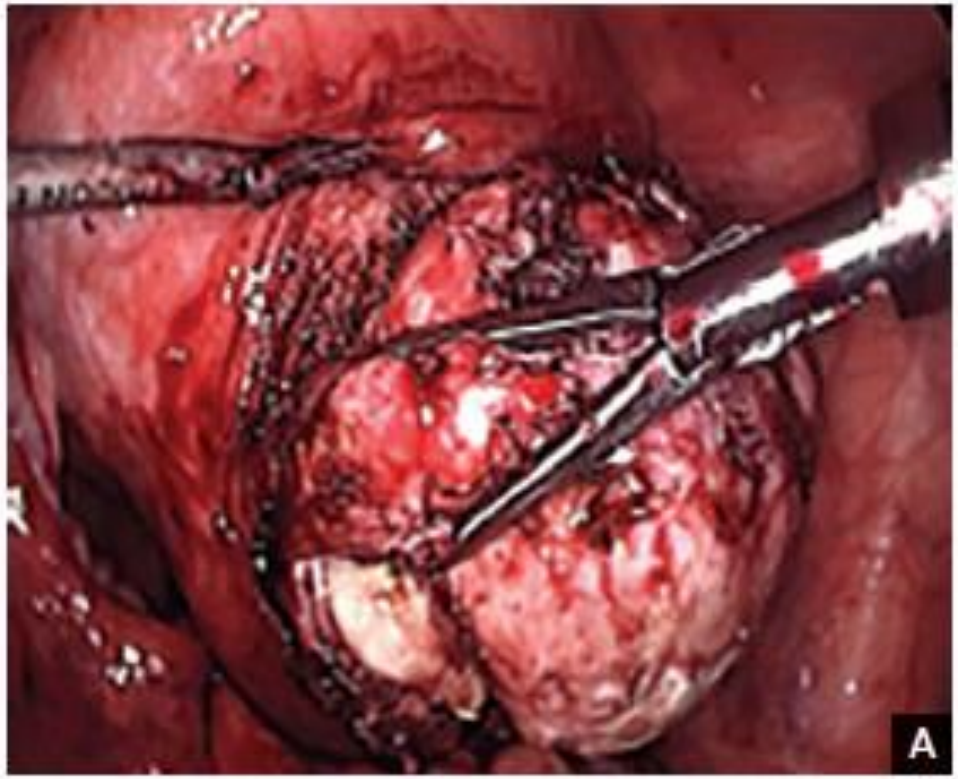


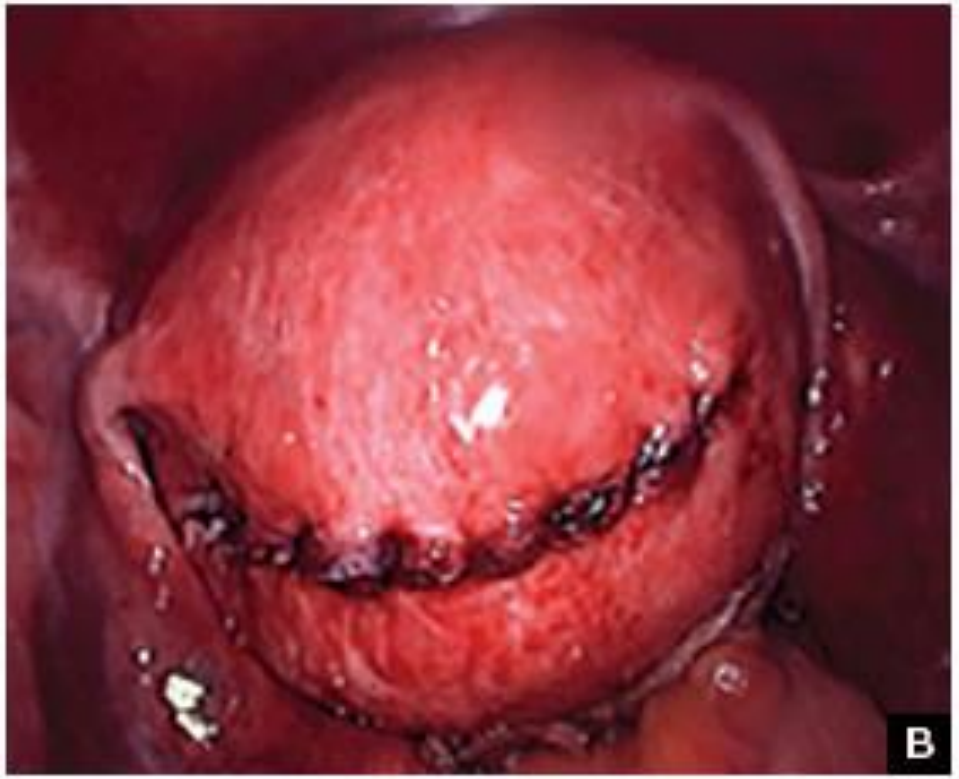


# Leiomyoma (fibroids): major surgical procedure

Western Health

- Laparoscopic myomectomy

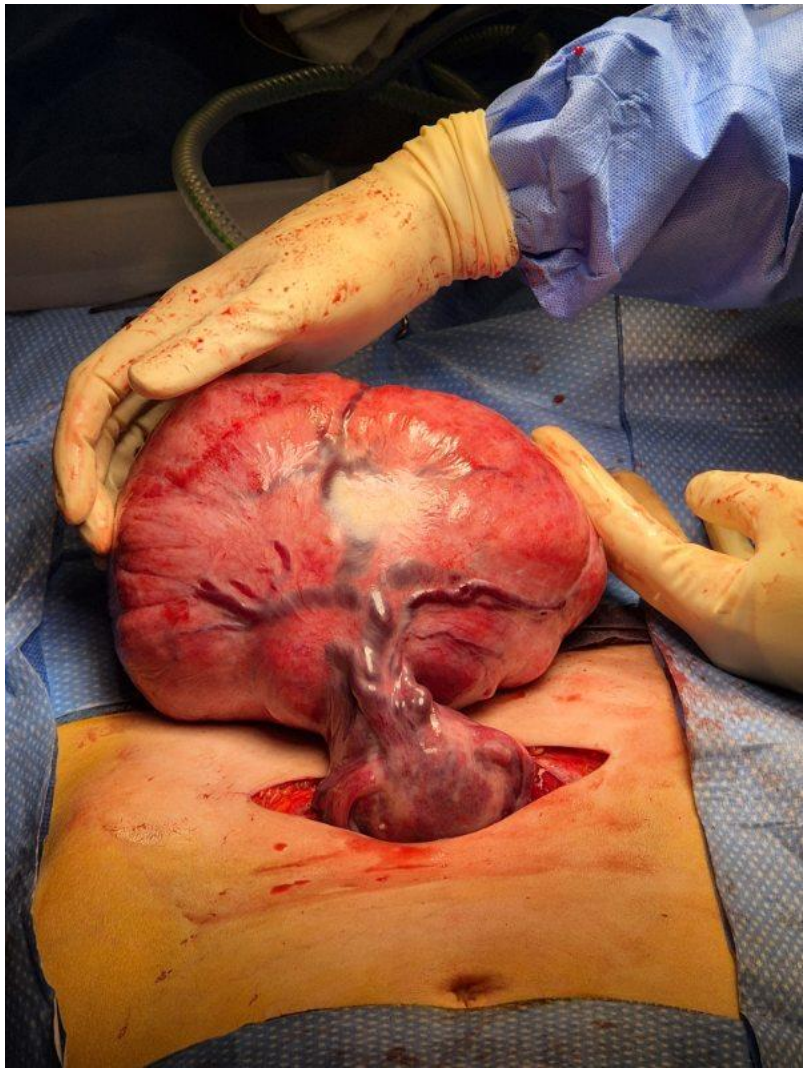


# Leiomyoma (fibroids): major surgical procedure

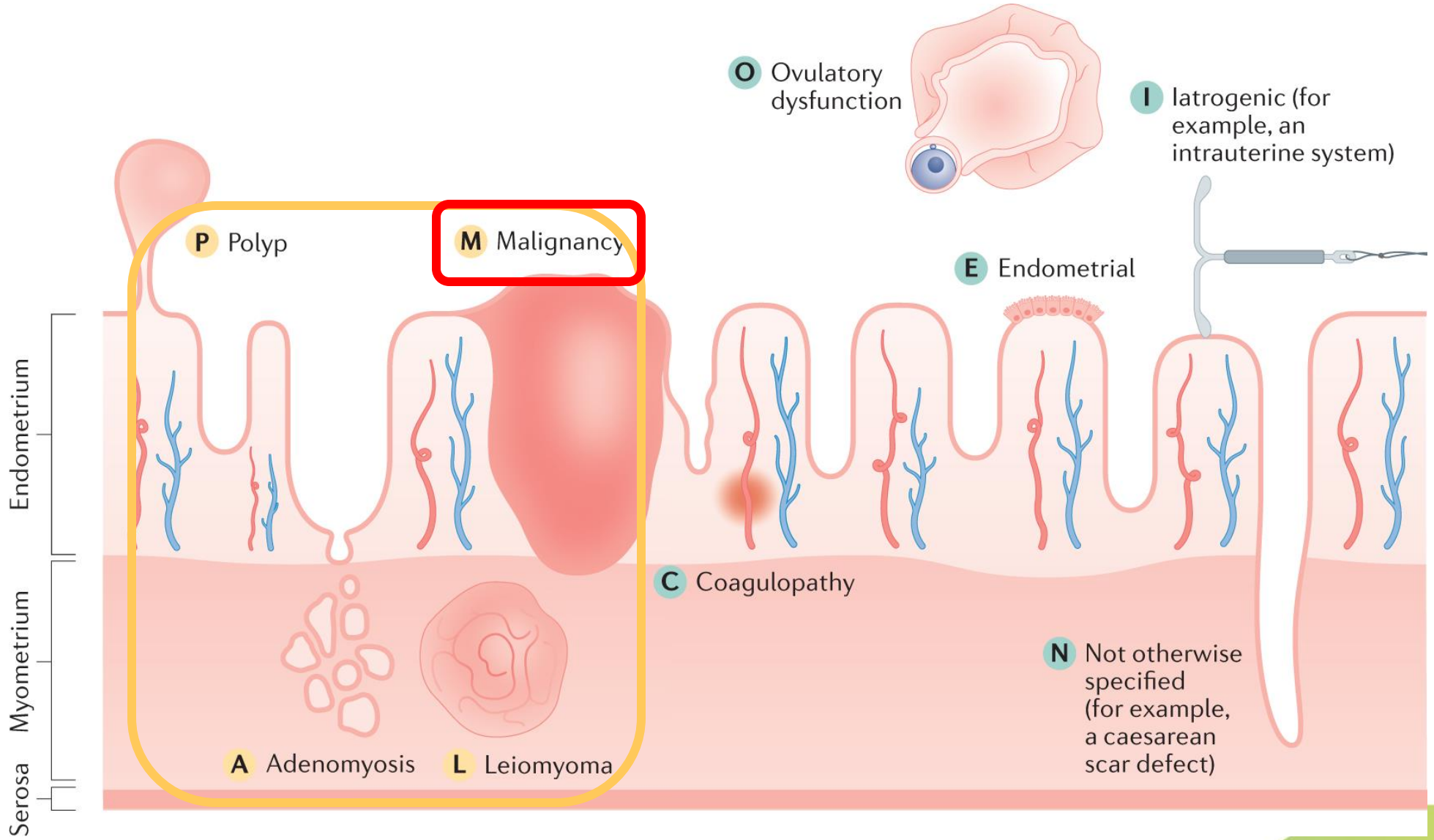
Western Health

- Open myomectomy
- Hysterectomy



# PALM COEIN

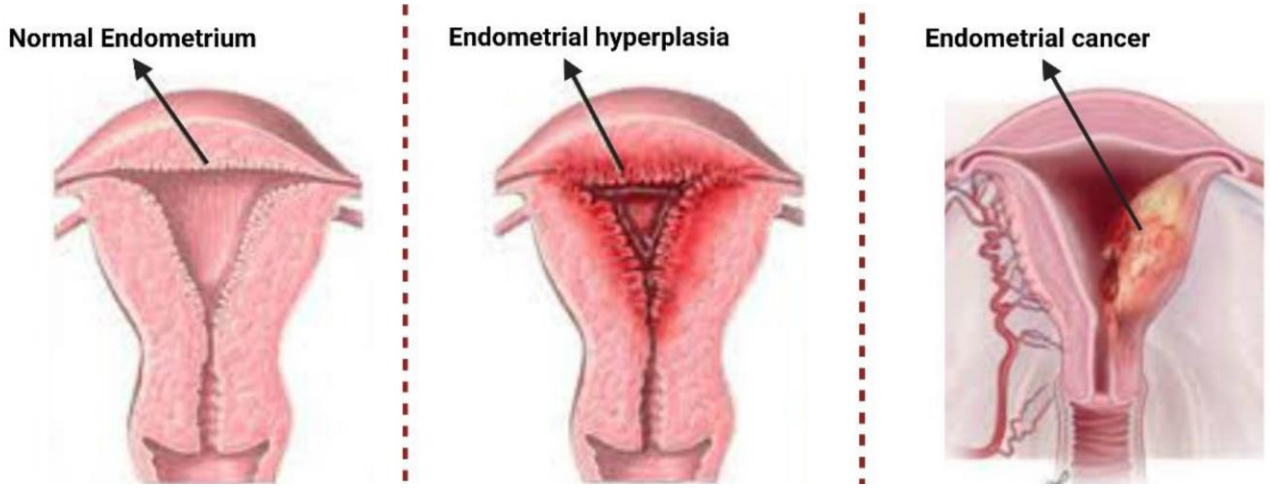
Western Health



# Malignancy: endometrial hyperplasia / cancer

Western Health

- Endometrial hyperplasia (E.H.) = a proliferation of endometrial glands
  - E.H. *with atypia* is considered an immediate precursor to cancer



# Malignancy: endometrial hyperplasia / Ca risk factors

Western Health

» Unopposed excess oestrogen

- Eg. estrogen-containing hormone replacement therapy without any progesterone to protect the endometrium
- Eg. increasing BMI and adipose tissue

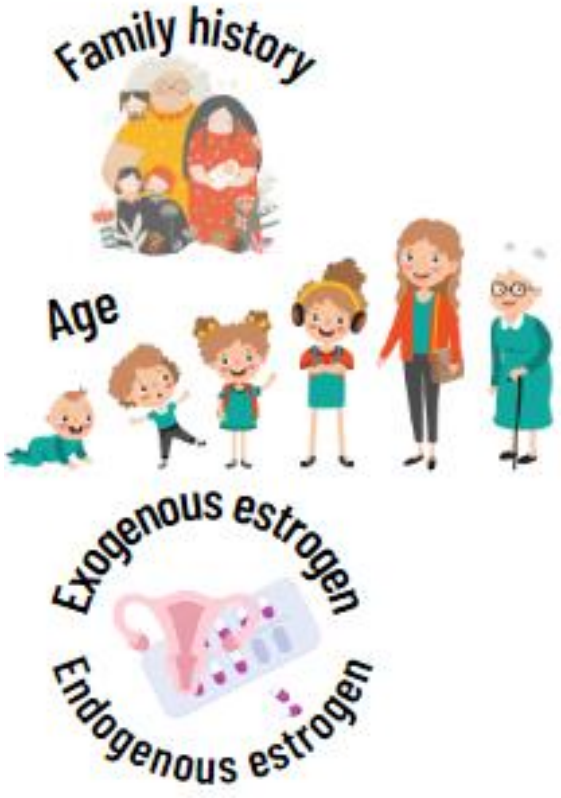
⟶ higher circulating estrogen

⟶ thickens endometrium

⟶ endometrial hyperplasia and / or cancer

» Lynch syndrome (aka. HNPCC)

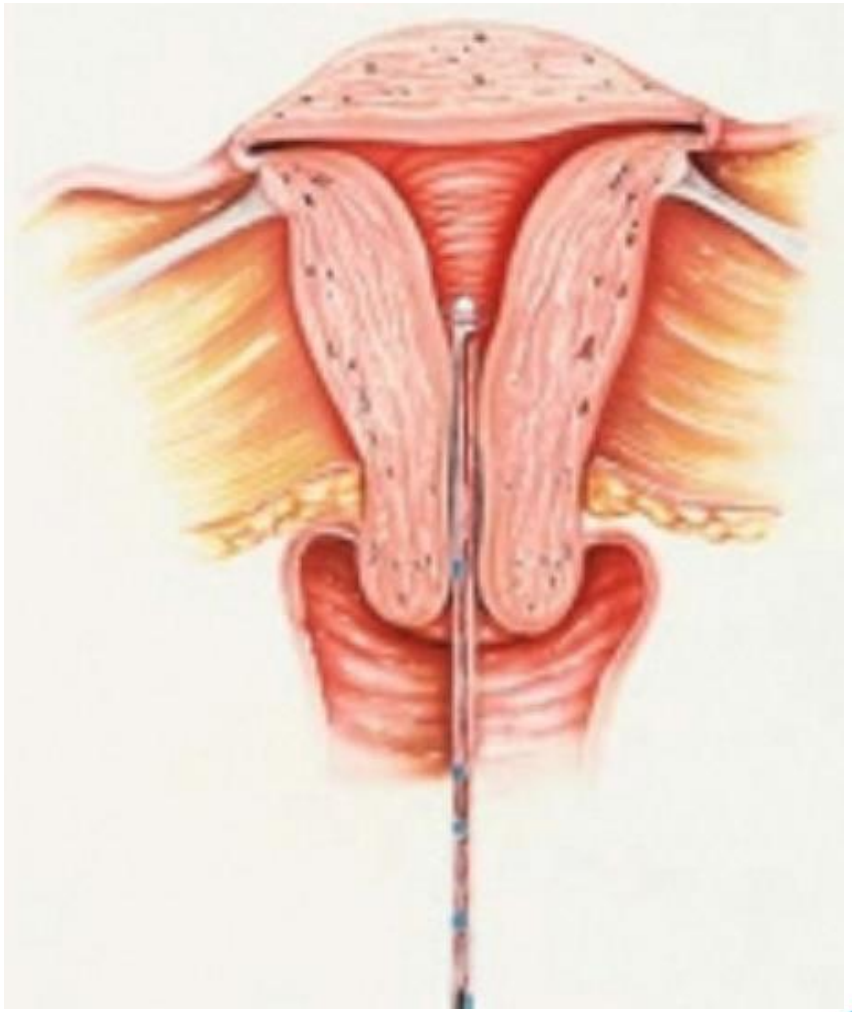
» PCOS



# Malignancy: endometrial hyperplasia / cancer Ix

Western Health

- T/V U/S
  - E.H. ⟶ cystic spaces in the endometrium, thickened endometrium
  - Endometrial Ca ⟶ thickened endometrium ± endometrial mass
- Endometrial biopsy
  - Pipelle biopsy (in clinic, while patient is awake)
  - Hysteroscopy and curettage (while patient is asleep)

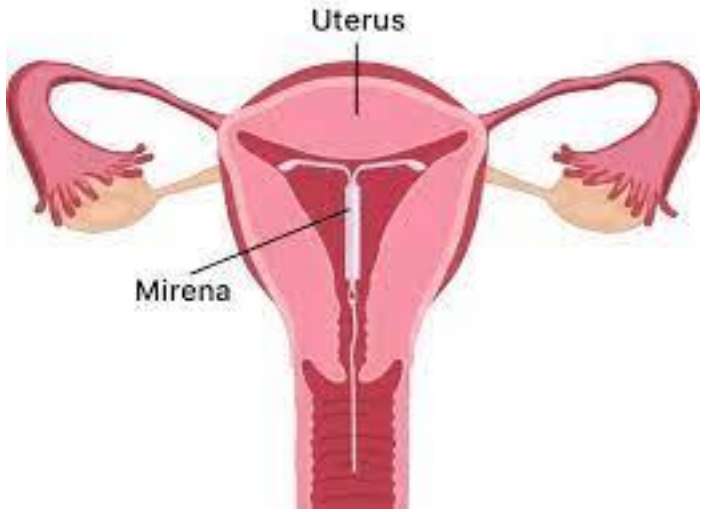


# Malignancy: endometrial hyperplasia Rx

Western Health

» E.H. without atypia:

- High dose progesterone (Mirena IUD / oral Provera)
- Six monthly curette + change of Mirena until E.H. regresses (two benign pathology results)



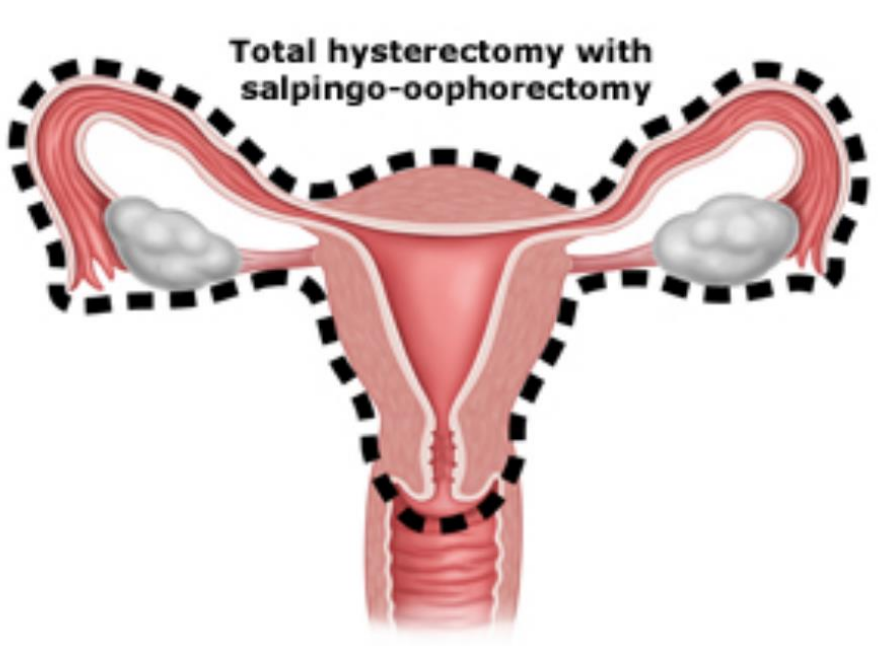

» E.H. with atypia: hysterectomy

- If fertility desired then above with hysterectomy once family complete

# Malignancy: endometrial cancer Rx

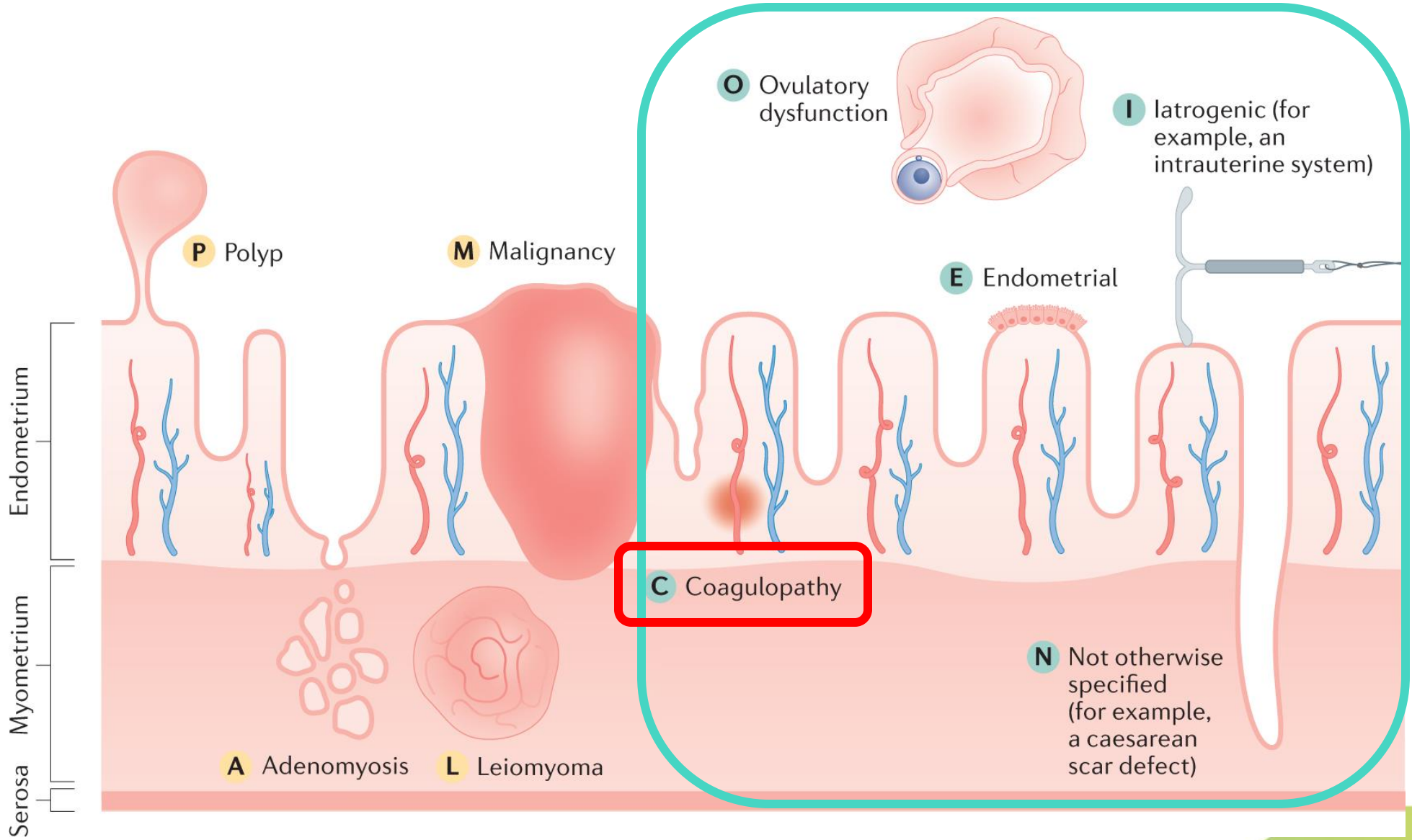
Western Health

- Referral to gynae-oncologist (eg. Western Health GynOnc Unit)
- Radical Hysterectomy, bilateral salpingo-oophorectomy
- ± radiotherapy



# PALM COEIN

## Non-structural causes



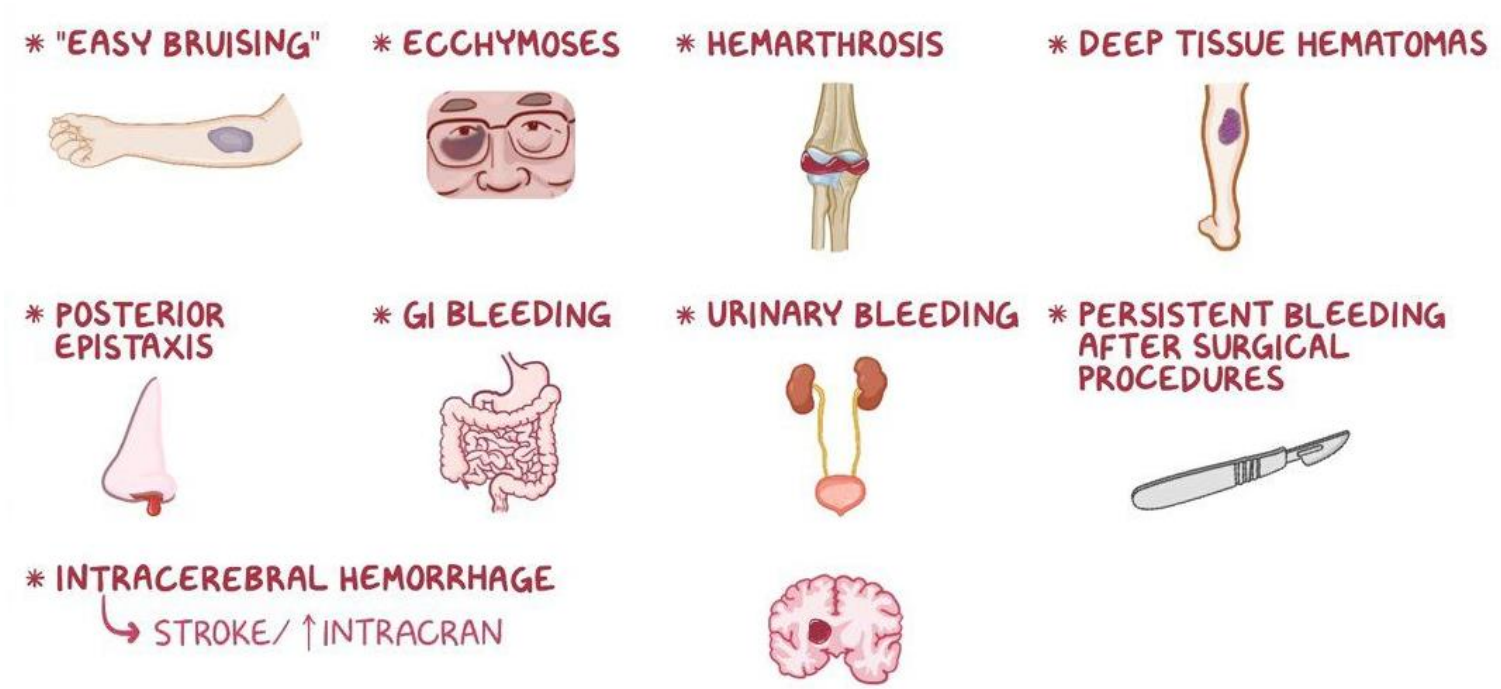
# Coagulopathy: hereditary coagulopathies

Western Health

- Eg. von Willebrand disease
- Hx: ISTH-BAT / self-administered

Self-BAT – validated tool

- ? bruise easily
- ? epistaxis lasting 10 mins
- ? bleeding excessively dental procedures
- ? family history



# Coagulopathy: acquired coagulopathies

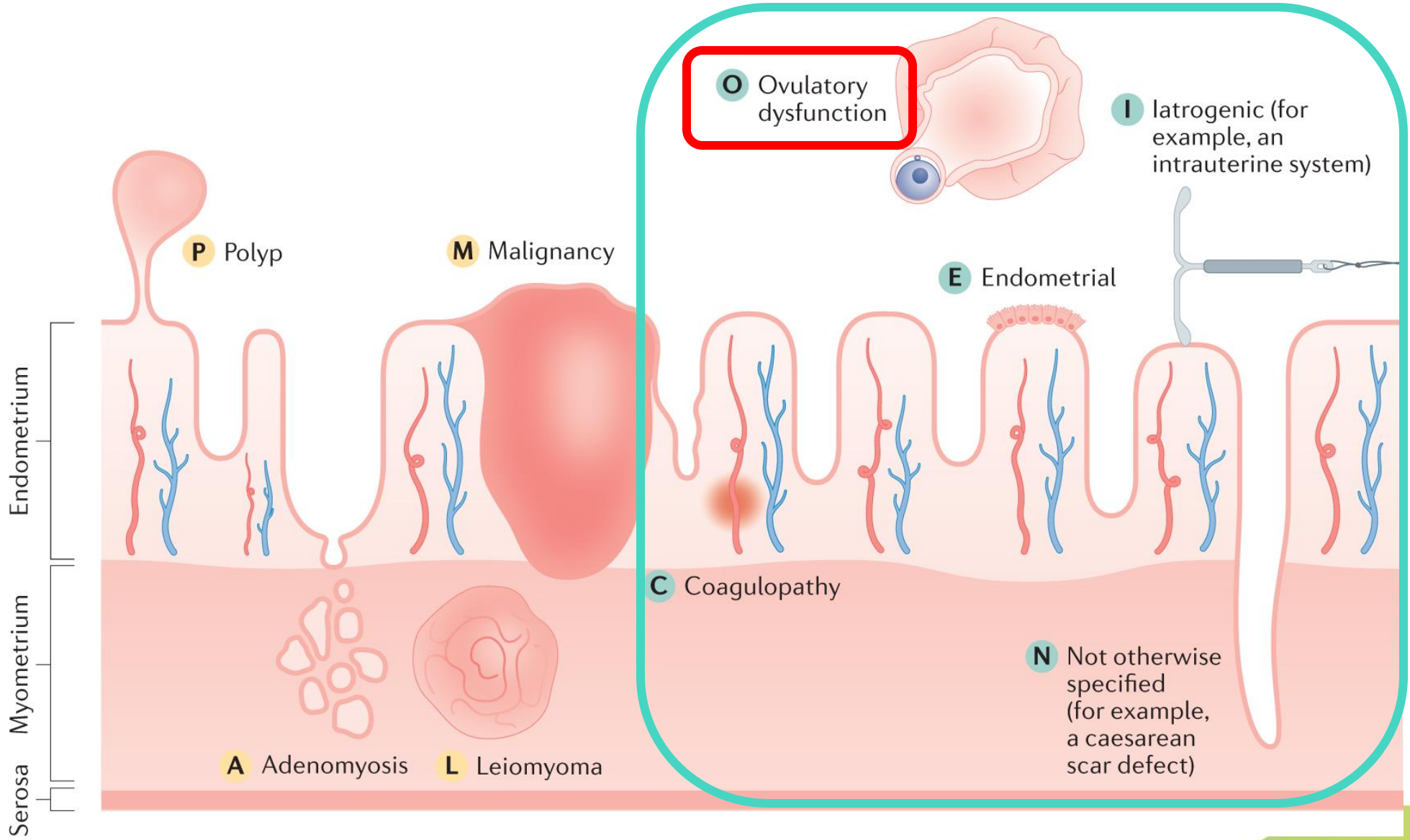
Western Health

- Thrombocytopaenia
  - Idiopathic thrombocytopaenia purpura (ITP)
  - Thrombotic thrombocytopaenia purpura (TTP)
  - Hypersplenism
  - Chronic kidney disease
- Acute leukaemia
- Anti-coagulant use
- Advanced liver disease

But: unlikely that heavy bleeding would be the presenting symptom of any of the above

# PALM COEIN

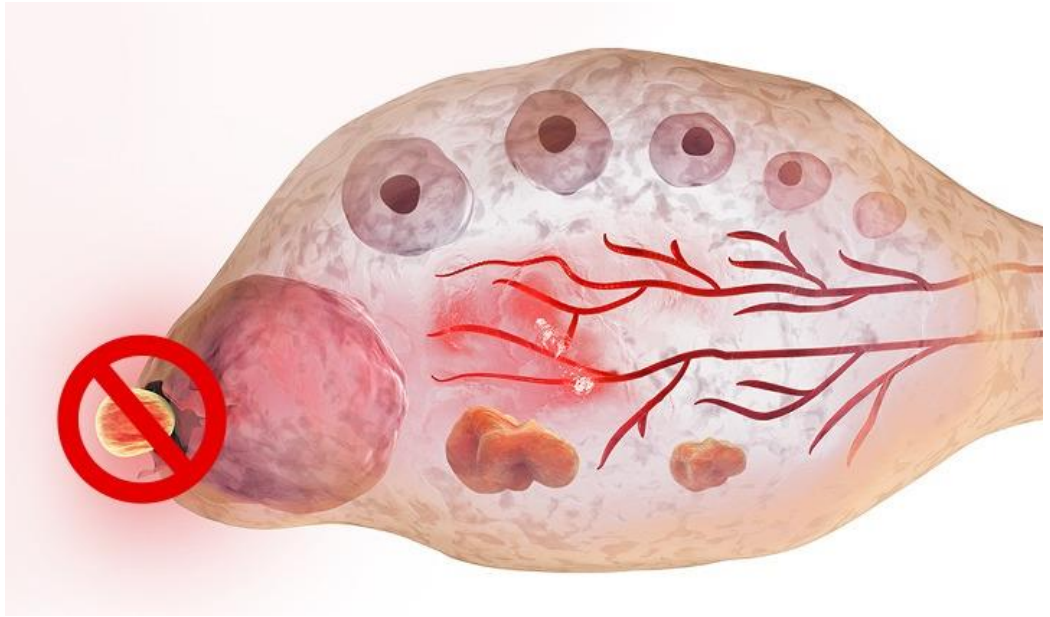
## Non-structural causes



# Ovulatory dysfunction: anovulatory cycles

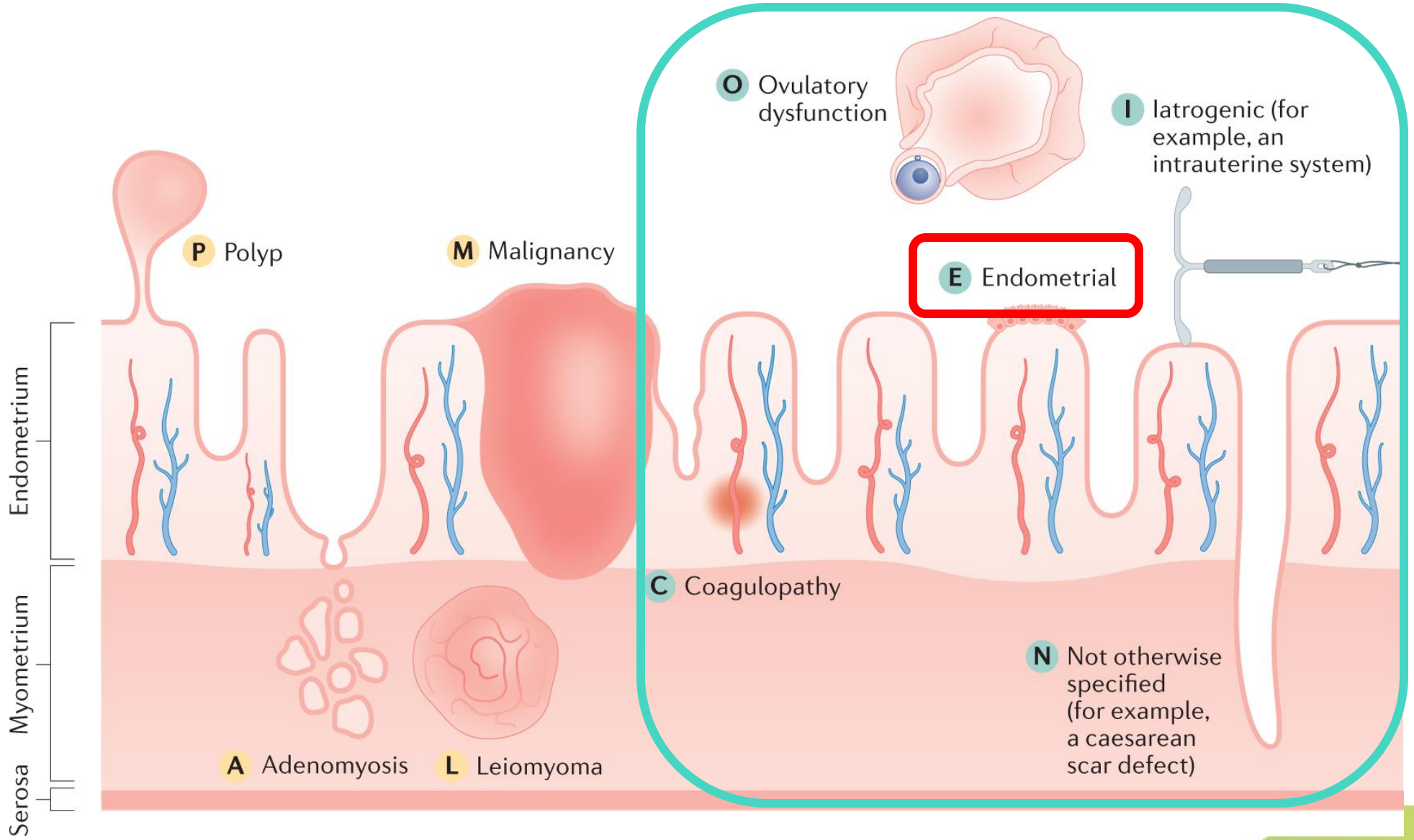
Western Health

- In teenagers
  - COCP to regulate cycle, lighten periods
- Peri-menopausal women
  - T/V U/S to exclude structural causes requiring management
  - Supportive management
  - Luteal phase norethisterone
  - TXA during menses
- Thyroid disorders



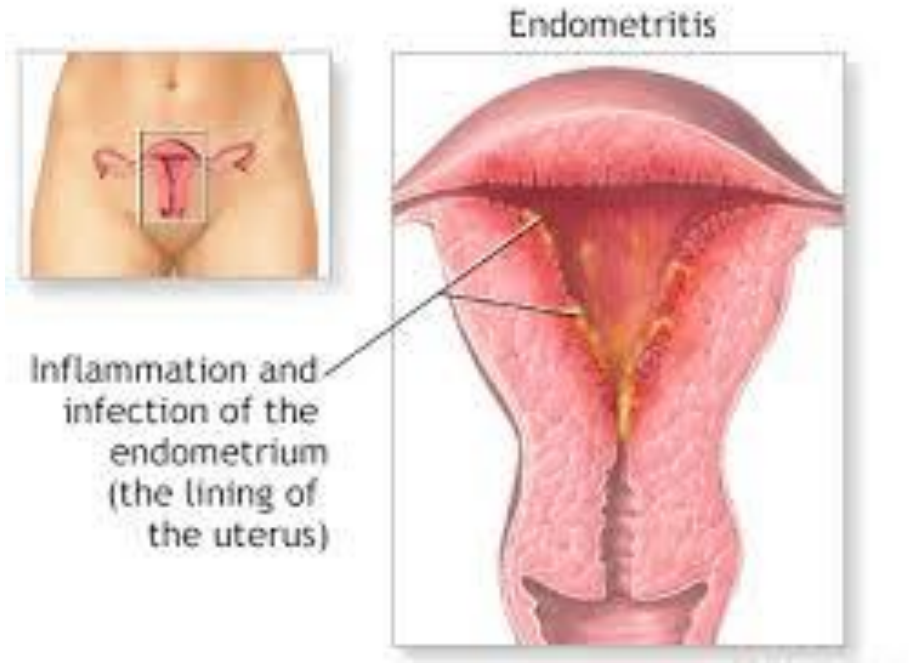
# PALM COEIN

## Non-structural causes



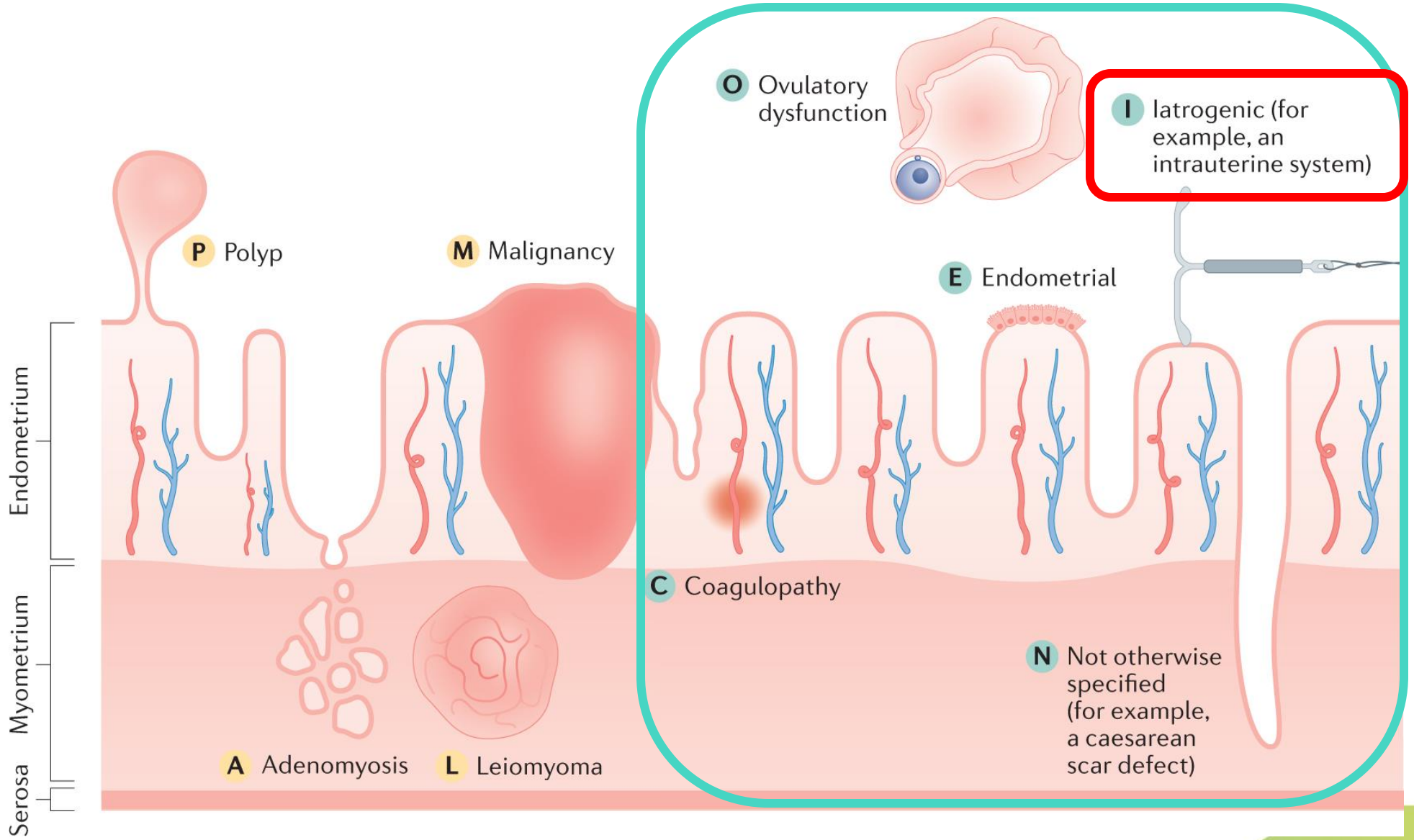
# ‘Endometrial’

- Diagnoses of exclusion
  - Eg. chronic endometritis



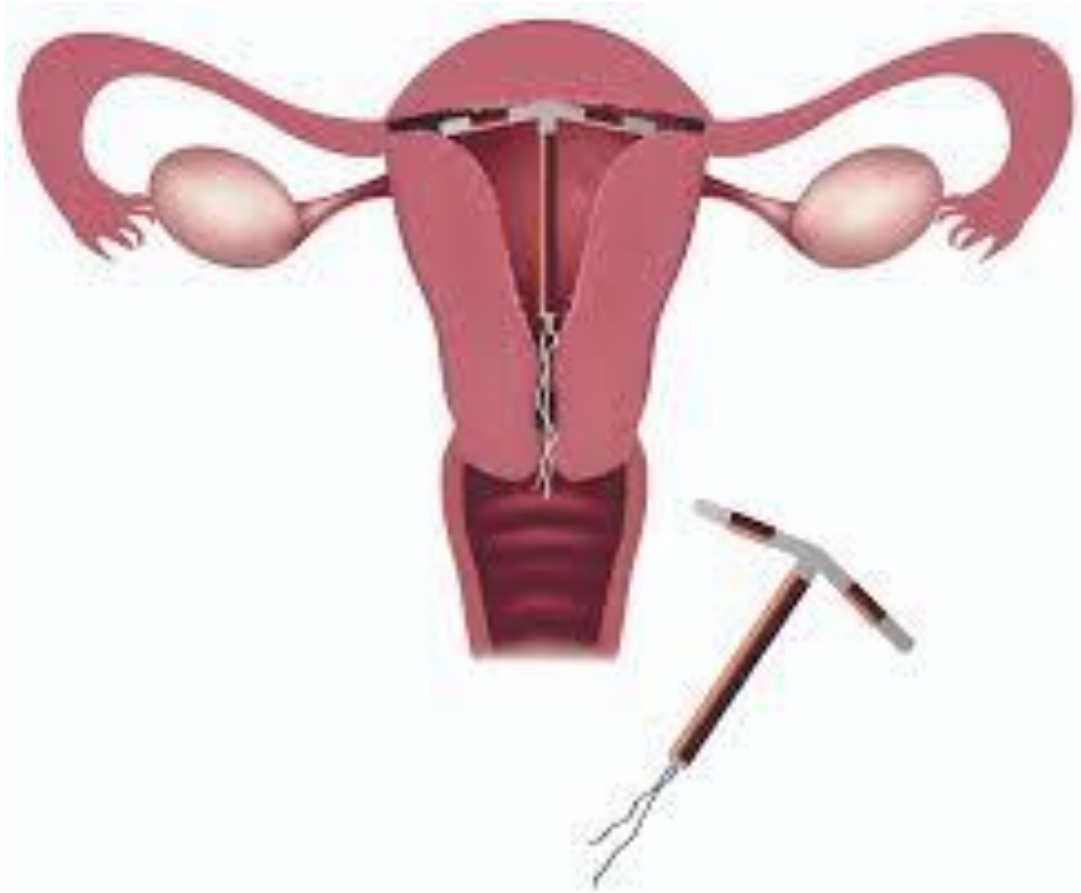
# PALM COEIN

## Non-structural causes



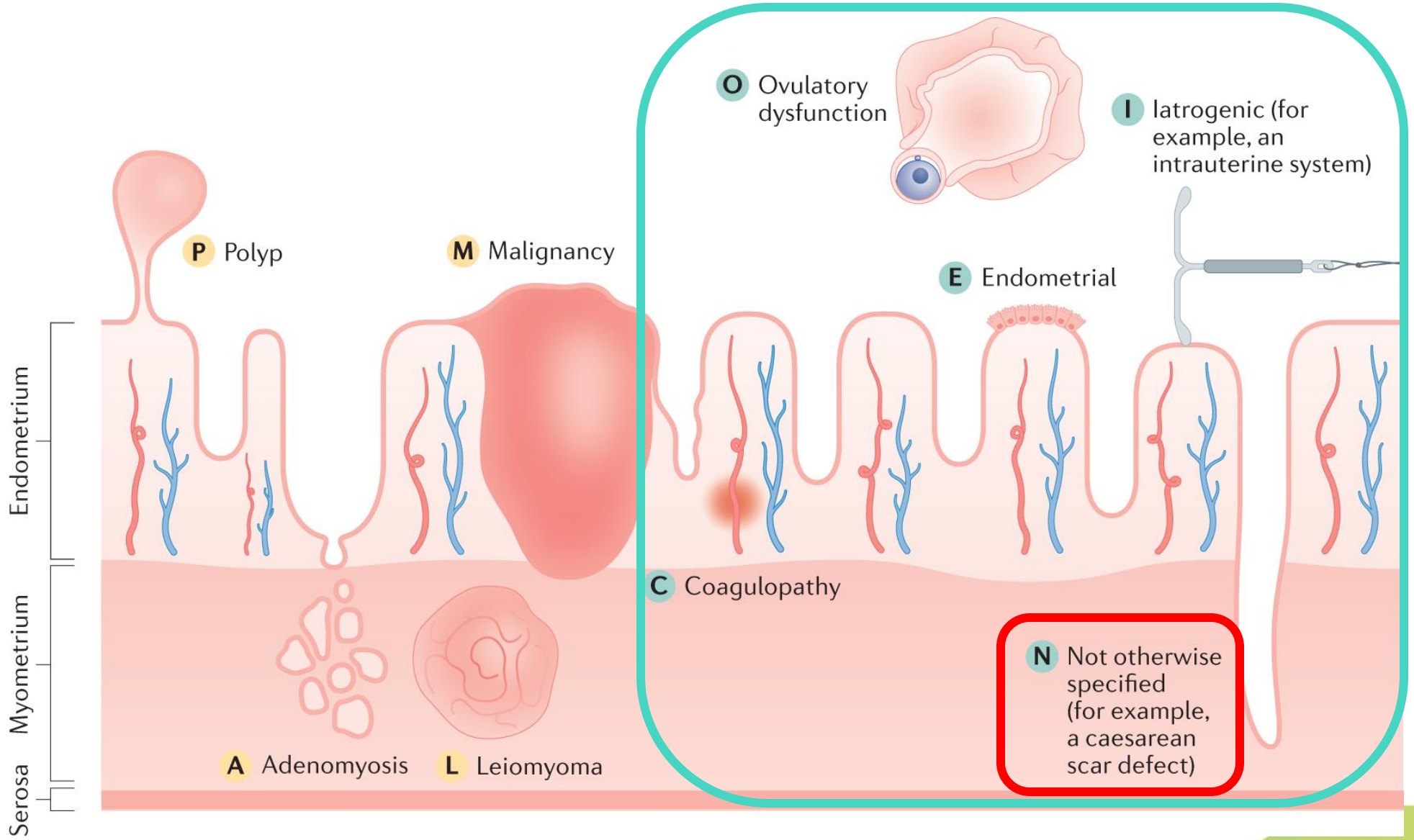
# Iatrogenic

- Copper IUD
- Anti-coagulant medication(s)



# PALM COEIN

## Non-structural causes



# Not otherwise specified

Western Health

- Arterio-venous malformations
- Caesarean scar defect – this would cause abnormal bleeding but not heavy bleeding

# Heavy menstrual bleeding: pragmatic approach

Western Health

- If Sxs since menarche:
  - ? hereditary coagulopathy
- **If Sxs have developed over time, patient in reproductive years:**
  - **? structural uterine cause: fibroids, polyp(s) and/or adenomyosis**
  - ? acquired coagulopathy
  - ? hypothyroidism
- If Sxs have developed over time and patient is in or beyond reproductive years:
  - ? pre-malignant / malignant process

MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Western Health

Women's Health Clinic

# Thank you!

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Follow these five steps:

1. Log-in to myCPD
2. At very top of myCPD, click on 'Log'
3. From drop-down menu, click on 'Measuring Outcomes Tool'
4. Complete the form
5. Once you have completed the form, go to top of form and click 'Submit'

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2. *RACGP CPD hours will be uploaded within 14 days.*
3. *Attendance certificate will be received within 4-6 weeks.*

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**Feedback - QR code**

We welcome your feedback. Let us know if you got what you needed from this session.