TYGERBERG HOSPITAL
Department of Obstetrics and Gynaecology: General Specialist Services
Protocol for management before referral to Specialist Services

Work-up for a suspected uterine cancer

TO KNOW:

- Endometrial carcinoma often presents early with postmenopausal bleeding.
- Type I endometrial adenocarcinoma, is the commonest type of uterine malignancy (80%). This type has a favourable prognosis.
- Type I is caused by endometrial hyperplasia from unopposed estrogen. This often occurs in obese, diabetic patients or those with metabolic syndrome.

- STABLE PATIENTS SHOULD REMAIN UNDER THE CARE OF A DISTRICT/REGIONAL HOSPITAL FOR INITIAL WORK-UP.
- PATIENTS WITH COMPLICATIONS: Ongoing, active bleeding, systemic sepsis, renal failure etc. should be transferred urgently to Tygerberg Hospital (call the registrar on call for gynaecology)

WORK-UP:

The aim is to do the work up fast, efficiently, and as far as possible AS AN OUT-PATIENT. Patients from far should be admitted while all relevant investigations are being performed. This will speed-up referral and prevent loss to follow-up. The Oncology Book should be COMPLETED at the referring hospital with all results. In the case of abnormal clinical findings, complex pathology or special investigations that are abnormal, please phone and discuss the patient with the gynae-oncology registrar (021 9384428).

1. Pipelle™/ Endometrial histology sample (not cytology). Must be requested to be processed urgently (within 1 week) if there is a high suspicion of malignancy. Provide your cell phone number on request form so that the NHLS can contact you with the result. Confirm cancer diagnosis and inform patient of result, then arrange investigations.
2. A cervical cytology smear must also be done on these patients to exclude simultaneous cervical pathology.

3. Full blood count – look for anaemia & sepsis
4. U&E and creatinine – exclude renal failure
5. ALP, GGT, AST, ALT - to detect liver metastases.
6. Random blood glucose (Type 1 endometrial carcinoma is associated with diabetes).
7. HIV test with consent – contact HIV counsellor to do counselling and rapid test. Take CD4 count if patient is positive. Patient must be informed of the result and be referred for initiation of Anti-retrovirals.
8. Chest X-ray & report. Specifically ask to assess for lung metastases.
9. Gynae (transvaginal) ultrasound: comment on size/ location of uterine primary, ovarian masses, ascites.
10. Abdominal ultrasound. Request radiographer to report on: liver metastases, pelvic or para-aortic lymph nodes, ascites and hydronephrosis.
11. Syphilis testing and treat if positive.
12. Urine MCS and treat if infection.

INITIAL TREATMENT:

1) Analgesia: Panado & IMI morphine if in severe pain.
   Can convert IMI to oral mist morphine: 20mg/5ml. Give 2.5mls P.O. 4 hourly. The dose can be increased if pain not controlled.
2) Treat anaemia with iron and folate and transfuse if necessary. If patients continue to actively bleed in the ward, they should be transferred to Tygerberg. Hb should be around 10g/dL.
3) Large tumours protruding into the vagina often become infected. Treat all patients with offensive discharge with antibiotics.
4) Bleeding from the tumour is often due to infection. If there is active bleeding, give Tranexamic acid 500mg – 1g 8 hourly.
5) Anticoagulation should be avoided in patients who are bleeding. Encourage mobilization for thrombus prevention.

REFERRAL TO TYGERBERG HOSPITAL:

1) All blood results collected and filled in on the Oncology booklet. A printed copy of the histology report confirming the diagnosis of malignancy must be sent with the referral.

Patients with suspected uterine malignancy cannot be referred without a histology result confirming the diagnosis.

2) If the patient has already had surgery related to this malignancy include a copy of the THEATRE REPORT.
3) Contact the registrar at the gynaecology clinic on the day of referral to arrange a bed for admission.

AUTHORISED BY	GS Gebhardt, FH van der Merwe
COMPILED BY	Z Momberg, JL Butt
COMMITTEE RESPONSIBLE	Z Momberg, S Gebhardt, E Swart, L Muller, J Butt, L Terblanche,
DATE REVISED	1 July 2018
DATE EFFECTIVE	1 August 2018
REVIEW DATE	30 April 2019
EVIDENCE	Evidence basis for the above decision is available on request

Signed: GS Gebhardt

Head: General Specialist Services; Obstetrics and Gynaecology