

## Polycystic Ovary Syndrome

### **Suspected PCOS:**

Investigations for PCOS in women presenting with oligomenorrhoea / amenorrhoea and subfertility, acne or hirsutism

- Pregnancy test if indicated
- Weight, height, body mass index (BMI)
- STI screen if indicated
- Hormone profile (see below; please do at initial visit so that results are available when patient attends gynaecology service)

### **Hormone profile (yellow tube to biochemistry, ideally delay until $\geq 3$ months since CHC use):**

- LH (luteinising hormone)
- FSH (follicle stimulating hormone)
- E2 (oestradiol)
- Prolactin
- Full Androgen profile (mass spec testosterone, androstenedione, 17OH progesterone)
- Thyroid function tests

### **'Rotterdam' Criteria for Diagnosis of PCOS:**

PCOS diagnosed if other causes of hyperandrogenism excluded and patient has at least **2 out of 3** of the following criteria:

- Oligomenorrhoea or amenorrhoea or anovulation
- Clinical hyperandrogenism (hirsutism or acne)  
and / or  
biochemical hyperandrogenism (raised androstenidone)
- Polycystic appearance of one or both ovaries (>12 peripheral follicles or ovarian volume >10cm<sup>3</sup>)

### **For patients with known PCOS:**

Manage presenting complaint and check whether PCOS symptoms and associated health risks adequately managed

- Weight, height, body mass index (BMI). Patients should be advised that lifestyle changes including diet and exercise are first line treatment for PCOS and can lower serum androgen levels and help to restore regular menses
- Blood pressure
- Pregnancy test if indicated
- STI screen if indicated
- If BMI > 25 or BMI <25 with additional risk factors for type 2 diabetes (>40, history of gestational diabetes, family history of type 2 diabetes, advise annual HbA1c (via GP)
- Advise client to see GP if suspected sleep apnoea (snoring & daytime somnolence)

### **When to refer to Sandyford Medical Gynaecology**

Not all women with PCOS require a medical review – if unsure please discuss with an SRH consultant rather than referring unnecessarily

Refer to Sandyford Medical Gynaecology Service only if follow up and/or US required.

Offer referral to Sandyford gynaecology clinic if:

- Patient concerned about PCOS symptoms or diagnosis

- Oligomenorrhoea associated inadequate endometrial protection (no hormonal contraception & <4 periods/yr)
- Abnormal vaginal bleeding (see Sandyford protocol)
- request patient contact GP if subfertility is an issues for onward referral to ACS (Glasgow Royal Infirmary)

-Women with PCOS and facial hirsutism may be eligible for NHS laser treatment. Referral form available via Staffnet > Clinical Info > Referral guidance directory > plastic surgery

### **Patient Information:**

Available from

- NHS Choices Website
- Verity patient support organisation - [www.verity-pcos.org.uk](http://www.verity-pcos.org.uk)
- RCOG information on PCOS and long-term health

### **Weblinks:**

<http://www.nhs.uk/conditions/Polycystic-ovarian-syndrome/Pages/Introduction.aspx>  
[accessed Sep 2021]

<http://www.rcog.org.uk/womens-health/clinical-guidance/polycystic-ovary-syndrome-what-it-means-your-long-term-health> [accessed Sep 2021]

<https://www.verity-pcos.org.uk/> [accessed Sep 2021]

### **References:**

Royal College of Obstetricians & Gynaecologists. Polycystic Ovary Syndrome, Long Term Consequences [https://www.rcog.org.uk/globalassets/documents/guidelines/gtg\\_33.pdf](https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_33.pdf)  
[accessed Sep 2021]