

Post Coital Bleeding (Bleeding after sex)

Bleeding after sex is also known as post coital bleeding (PCB). There are several causes and some of them can be serious. Therefore, it is important not to ignore symptoms of PCB, especially as it sometimes may be a sign of cervical cancer. It is important to be up to date with your cervical smear screening tests as per the NHS protocol and seek advice if you are worried.

The bleeding is often noted as vaginal bleeding, but it may arise from the uterus (womb), cervix (neck of womb), vagina, vulva and sometimes may be confused with bleeding from the bladder or back passage.

The bleeding may be fresh or old blood, heavy or spots to just a trace of pink loss on wiping. PCB may be associated with or without pain. Post coital bleeding can occur with discharge, itching, or irritation. PCB may occur just once as a single episode or may occur repeatedly. It can occur at any age with sexual penetrative intercourse or with using a sexual toy or vibrator.

What are the possible causes of Post Coital Bleeding (PCB)?

Rare but serious causes:

- Cervical cancer
- Vulval, vaginal, endometrial (womb) or another female genital tract cancer

Common Causes:

- Acute or chronic cervicitis which is inflammation of the cervix possibly due to a new or old infection.
- Vaginitis can be due to a vaginal infection such as thrush and can result in bleeding after sex.
- Cervical ectropion (cervical erosion) is a condition in which the inner lining of the cervix protrudes through the cervical opening and grows on the outer surface of the cervix, making the area look inflamed. It is a benign and a very common condition in young women and usually does not need treatment unless there is repeated PCB or persistent vaginal discharge. *See leaflet.*
- Cervical or uterine polyps can cause bleeding after sex and are usually benign growths on the cervix or prolapsing out of the uterus. (womb) They can often be dealt with in the outpatient setting with minimal discomfort. Sometimes, cervical polyps may be larger or may be firmer such as a fibroid polyp and need removal in the operating theatre. *See leaflet on uterine polyps.*

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- Sexual intercourse can sometimes cause vulval and vaginal skin splits resulting in bleeding, especially if the vagina or vulva is dry (vulval skin conditions) or thinned or atrophic (because of reduced vaginal secretions after the menopause). This is known as vaginal atrophy or atrophic vaginitis. *See specific leaflets.*
- There may be inadequate lubrication in other situations including pregnancy or after childbirth that can cause discomfort during sex but may also cause bleeding after sex. Tears caused by childbirth, or by dryness or friction during sex can all cause PCB. Bleeding can occur sometimes from the hymen tearing at first intercourse as well after rough sex, but this is not always the case.
- An anatomical abnormality of the uterus, vagina or both can cause both pain and bleeding after sex
- Sexual abuse can cause bleeding because of trauma to the genital tissue.
- Sexually transmitted infections, such as genital herpes, chlamydia or syphilis especially if active can cause both soreness and bleeding after sex.
- Pelvic inflammatory disease (PID) can result in menstrual irregularities, painful sex and sometimes bleeding after sex.
- A prolapsed cervix or a uterovaginal prolapse can bleed from friction after sex.
- Bleeding or clotting disorders can rarely be the cause for bleeding after sex.
- Deposits or nodules of endometriosis in the vagina can sometimes bleed during menstruation but also may cause bleeding after sex.

Management:

If you are experiencing bleeding after sex (PCB), you should seek medical advice. Depending on your medical and gynaecological history and after checking if you have any other symptoms, your doctor may perform the following:

- Urine pregnancy test (depending on your age)
- A speculum and internal pelvic examination to look at the vagina and cervix and to feel for anything unusual.
- Cervical smear test (Pap smear)
- May recommend lubricating gels or topical oestrogen or may reassure you as treatment is not always needed.

You may also be referred to a specialist, such as a gynaecologist or genitourinary medicine specialist and investigations and treatment will depend on the underlying cause.

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