

PATIENT INFORMATION

Heavy Menstrual Bleeding

What causes heavy periods?

In women from 25 to 40 years of age, over three quarters (80%) with heavy periods have no underlying cause. However, the conditions listed below can sometimes be the cause of heavy periods

- **Endometrial polyps or uterine fibroids** – Benign (non – cancerous) growths in the womb (uterus).
- **Endometriosis** – The cells that line the inside of the womb are called the endometrial or fallopian tubes. This may cause heavy periods associated with period pain, painful sex and chronic pelvic pain.
- **Chronic pelvic inflammatory disease (PID)** An ongoing infection in the pelvic area of the body.
- **Polycystic ovarian syndrome (PCOS)** - A condition of having multiple cysts (small, usually non-cancerous lumps) in the ovaries.
- **Endometrial hyperplasia**- When the endometrial is thicker than usual in response to an excess estrogen.
- **Coagulation disorders**- Blood clotting disorders
- **Hypothyroidism**-An under –active thyroid gland.
- **Medications**-There are some medications such as blood thinning tablets.
- **Cancer of the lining of the womb**- This is very rare, but can also cause heavy periods

Do I need any tests to confirm the diagnosis?

Pharmacological treatment for heavy periods could be started without investigating the cause if the history and/or examination suggest a low risk of fibroids and womb abnormality.

There are a number of tests that can be carried out to find the cause of persistent heavy periods or not responding to medical treatment.

Blood test

Your clinician may do one or a number of the following blood tests:

- Full blood count (FBC)-to detect iron deficiency anaemia, which is often caused by loss of iron following prolonged heavy periods.
- Clotting screen- this may be done to determine whether a problem with your blood clotting mechanism may be responsible for your heavy periods.

Pelvic scan

This is an examination of the womb using ultrasound waves to create images of structures in the pelvis. It is a painless investigation and can be done either via the abdomen (trans-abdominal scan) or via the vagina (trans-vaginal scan). The trans-vaginal scan is usually preferred as it produces better image of the womb.

Hysteroscopy

A hysteroscopy is a procedure which uses a fine telescope, called a hysteroscopy, to examine the lining and shape of the womb to look for fibroids, polyps and an overgrowth of the lining (hyperplasia) of the womb. A biopsy from the lining of the womb may be taken at the same time. For more information please see the leaflet, having a hysteroscopy.

What is important to me?

There are some questions that you might want to think about when you are considering treatment options:

- Do I want to become pregnant in the future?
- Am I willing to have surgery?
- Would I prefer to try all non-surgical options first?

What treatments are available?

The treatment that is recommended for you will depend on your medical history and on the results of your tests and investigations. Options available are: monitoring, hormonal treatments, non-hormonal treatments, surgery.

Drug treatments

The drug treatments are listed below. If the first treatment is unsuitable for you, we will try the next treatment on the list. All the drug treatments can be used for as long as you need them.

1. Levonorgestrel intrauterine system (IUS)–This is a small device that is inserted into the womb and slowly releases a small amount of the progesterone hormone. The device is implanted during an outpatient appointment at the hospital or at you GP. The IUS can reduce menstrual bleeding by up to 90%, and acts as a contraceptive as well. However, it can cause change in bleeding pattern when first inserted up to 6 months.

2. Tranexamic acid tablets- These pills can reduce the heaviness of period bleeding by almost half. Tablets are taken for three to five days during each period. Side effects are usually minor and may include stomach upset. These tablets are not a contraceptive and can be taken by women who wish to conceive.
3. Non-steroidal anti-inflammatory drugs (NSAIDs)- NSAIDs can reduce period bleeding by 20 to 50%. NSAIDs are also painkillers and can help reduce period pain. Common side effects include indigestion and diarrhoea. These tablets are not a contraceptive and can be taken by women who wish to conceive.
4. Combined oral contraceptive pill (COC) - this reduces period bleeding by almost a third (30%) in some women.
5. Long-acting progesterone contraceptives- this includes the contraceptive injection and the contraceptive implant. Most women do not have any period bleeding after a few months. However, some women can have prolonged bleeding.
6. Oral progesterone- This is taken two to three times a day from days five to 26 of your menstrual cycle, counting the first day of your period as day one. Some common, short-term side effects of oral progesterone include weight gain, bloating, breast tenderness, and headaches. Oral progesterone is not licensed as a contraceptive. It also means that additional methods of contraception should be used to protect against pregnancy.
7. Gonadorelin analogues- These medications work by putting you into temporary induced menopause, and therefore stopping the menstrual cycle. They are not suitable for long-term use, as there are menopausal side effects and they can also lead to thinning of the bones (osteoporosis).

Surgical treatments

Surgical treatments are only considered when medical treatments are not effective, and should be undertaken when there is no desire for a future pregnancy.

1. Endometrial ablation- This involves the destruction of the endometrium. To do this, an instrument is passed through the vagina into the womb.
2. Hysterectomy- The surgical removal of the womb. Hysterectomy is not commonly used to treat heavy periods.
3. If you have fibroids there are other surgical treatments, such as fibroid removal, myomectomy or uterine artery embolisation.

What happens if I do not get treatment?

Monitoring is an option if there is no serious reason for your heavy bleeding and your periods do not interfere too much with your normal life. However, if the cause of your heavy period is not treated, continued heavy periods over a length of time could lead you having a very low blood iron level (anaemia) which can lead to dizziness, breathlessness, tiredness and occasionally sudden collapse that may require a blood transfusion.

Useful sources of information

Women's Health Concern

An independent service to advise, reassure and educate women about their health concerns.

T: 0845 123 2319 (local rate) www.womens-health-concern.org

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

T: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

W: www.nhs.uk

Nice Guideline: Heavy menstrual bleeding: assessment and management
nice.org.uk/guidance/ng88

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.