Heavy menstrual bleeding

Heavy menstrual bleeding, previously known as menorrhagia, is experienced by 25% of women. It is defined as blood loss greater than 80ml (equal to 1/3 cup) per cycle, or periods lasting more than 7-8 days. The amount of bleeding varies from woman to woman and can change at different life stages; for example, in teenage years or when approaching menopause. Heavy menstrual bleeding is common in the 30-50 year-old age group.

How do you know if you have heavy menstrual bleeding?

It can be difficult to know if your bleeding is too heavy. The best guide is whether your period is having an impact on your quality of life – if it causes you to be housebound, interrupts your daily activities, or causes you stress and anxiety.

The following may also be signs you are experiencing heavy bleeding:

- bleeding or 'flooding' not contained within a pad/tampon (especially the largest sizes)
- changing a pad/tampon every hour or less
- changing a pad overnight
- clots greater than a 50-cent piece in size
- bleeding for more than 7-8 days.

How can heavy bleeding affect you?

You might:

- feel fatigued, exhausted, dizzy and look pale
- have low iron levels due to blood loss
- have cramping and pain in the lower abdomen
- fear bleeding through to your clothes, which can affect your daily activities.

What causes heavy bleeding?

About 50% of women with heavy menstrual bleeding have bleeding related to hormonal changes that can affect the growth of the endometrium (the internal lining of the uterus that sheds to create a period). This is more common in the first few years after periods begin, and also in the final few years before menopause, and can be due to a lack of ovulation (egg production).

In the other 50% of cases, the cause might be related to:

- **pregnancy or complications of pregnancy** – contact your doctor immediately if you have bleeding during pregnancy
- **polycystic ovary syndrome (PCOS)** – some women can have heavy menstrual bleeding if the lining of the uterus is thickened
- **adenomyosis** – endometrium growing inside the muscle layer of the uterus
- **fibroids** – non-cancerous growths or lumps within the uterus wall
- **endometriosis** – a condition that occurs when tissue similar to that found in the lining of the uterus grows outside of it
- **endometrial polyps** – usually non-cancerous (benign) growths in the endometrium
- **endometrial hyperplasia** – an overgrowth of the endometrium, which can progress to cancer
- **endometrial cancer** – cancer of the uterus
- **non-hormonal intrauterine device (IUD)** – a contraceptive device.

Less common causes of heavy menstrual bleeding include:

- **other hormonal disorders** such as an underactive thyroid gland (hypothyroidism)
- **bleeding disorders** such as Von Willebrand disease (more common in teenagers)
- **medications** such as blood thinning medications
- **medical illnesses** such as liver or kidney disease.

Assessment and diagnosis

Your doctor will do a thorough assessment to help find the cause of your heavy menstrual bleeding. They will ask about your past general health and family medical problems, your sexual health, previous pregnancies and births, current sexual activity, and whether you wish to become pregnant. They will also need to understand how your bleeding affects your life. With your consent, your doctor will carry out an internal physical examination to feel your uterus by placing their fingers inside your vagina.

Tests

Your doctor should talk to you about the following tests:

- **pregnancy test** – if there is any chance you are pregnant
- **iron studies** – to test for a lack of iron
- **blood tests** – to look for anaemia (a lack of red blood cells).

Whether you need any other tests will depend on your individual assessment, but these may include further blood tests, a cervical screening test, or an ultrasound.

Pelvic ultrasound

You may have an ultrasound examination of your pelvic area to look for some common causes of heavy menstrual bleeding, such as polyps or fibroids, and to check the size and shape of your uterus. There are two different ways of doing the ultrasound:

- **transvaginal ultrasound** – the ultrasound operator places a narrow ultrasound probe in your vagina. This is the preferred ultrasound method, as it provides a better view of the uterus and pelvic structures
- **transabdominal ultrasound** – the ultrasound probe is placed on the outside of your lower abdomen (tummy) while you have a full bladder. This method does not show the uterus and pelvic structures as well as the transvaginal method.

Ideally, both methods will be used. However, you may not be comfortable with having a transvaginal ultrasound performed, especially if you have not been sexually active. If this is the case, please discuss this prior to the scan with the ultrasound practitioner.

Whichever method is used, it is important the scan is done 5-10 days from the first day of your period. This is when the uterus lining is thinnest and the reading will be most accurate. Talk to your doctor if timing the scan correctly may be difficult for you for any reason; for example, if your periods are very irregular, or if you live in an area where it is not easy to have an ultrasound.

Informed choice and shared decision-making

There are several ways to treat heavy menstrual bleeding and each woman has different needs. When discussing your treatment, your doctor will explain your condition and the options available to you, using plain, non-medical language. If you are not confident you understand the information in English, ask for a translator who speaks your preferred language. You may also be given written information.

- Your doctor will explain the expected benefits as well as the risks for each option
- Your doctor will ask you questions, such as whether you want to become pregnant in the future and what your treatment goals are.

Your preferences are an important part of the decision-making process and should involve both you and your doctor.

Initial treatments

Your doctor will usually suggest medicines to relieve your heavy bleeding. Which one is best for you will depend on a few factors, such as whether your period is regular, whether you need contraception and your other health conditions. There are several options, including medicines that are swallowed and those delivered in other ways, such as from an IUD.

If the first medicine you try is not satisfactory, you can discuss other options with your doctor.

If further tests are recommended, the treatment provided may be temporary, but should give you relief until your test appointments. Later, a different treatment may be recommended.

Intrauterine hormonal device (IUD)

If it is suitable for you, your doctor may suggest the levonorgestrel intrauterine device (LNG-IUD), known by the brand name Mirena®. The LNG-IUD is usually the most effective medical treatment for managing heavy menstrual bleeding.

- The LNG-IUD is a small plastic device placed inside your uterus which releases hormones. It can stay in place for up to five years. It also provides contraception.
- If the LNG-IUD is an option for you, your doctor will explain how it works, as well as its benefits and possible side effects.
- The device needs to be inserted by a health professional trained to insert intrauterine devices. This means you may be referred elsewhere to have the device fitted; for example, to a family planning clinic or a specialist gynaecology service.

Seeing a specialist

Heavy menstrual bleeding can often be managed by your general practitioner (GP), or family planning doctor. However, you may be referred to a specialist gynaecologist if your ultrasound or medical history suggests further assessment would be helpful.

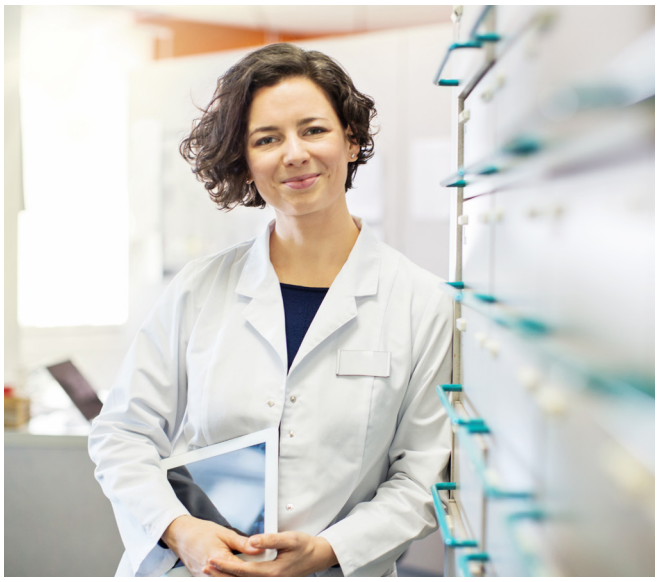
Reasons for specialist referral include:

- fibroids, adenomyosis or polyps are found on ultrasound
- bleeding is not improving after six months of prescribed medical treatments
- to rule out cancer, though this is a rare cause of heavy menstrual bleeding.

Further assessment may include a biopsy (sample) of the endometrium, or a hysteroscopy, which is an examination inside the uterus with a small telescope passed through the vagina and cervix. This may be performed in a hospital outpatient clinic or operating theatre.

Your specialist will discuss further treatment options with you, including both hormonal and non-hormonal medical options, and surgical treatments. This discussion should include your future fertility plans.

If you have any concerns about your treatment, or if it is not helping, you can go back to your GP at any time.



Surgical treatments for heavy menstrual bleeding

Surgical treatment options include those where the uterus is kept, and those where the uterus is removed (hysterectomy). The procedures suitable for you will depend on the cause of your bleeding.

- If the bleeding is caused by fibroids or polyps inside the uterus, it may be possible to treat these with a hysteroscopy. The operating telescope is passed into the uterus through the vagina and cervix. This procedure may be performed in a specialist clinic or in day surgery at a hospital. The procedure does not decrease your future fertility.
- Another uterus-preserving treatment is an endometrial ablation. This involves removing the tissue lining your uterus, and it is a common and effective procedure for women without large fibroids. An endometrial ablation is performed with a hysteroscopy, and is usually done in a hospital day surgery. After this procedure, it is not safe to get pregnant, so you must avoid pregnancy permanently by using effective contraception.

Hysterectomy

A hysterectomy is surgery to remove the uterus. Sometimes the cervix, fallopian tubes or ovaries are removed at the same time. It stops heavy menstrual bleeding as it permanently stops your periods, and you can no longer become pregnant. A hysterectomy is a major operation. It cannot be reversed and has the highest risk of complications out of all the treatment options for heavy menstrual bleeding.

- Hysterectomy will be discussed as an option when alternative treatments are not recommended in your situation, haven't worked for you, or because it is your preference.
- Your doctor will explain what the surgery involves, its expected benefits and the possible complications or unwanted effects. This is so you can make an informed choice about the procedure, if you decide to go ahead.
- Possible complications are uncommon, but include infection, blood loss, damage to the ovaries, bowel or bladder, and other surgical complications.
- Surgery can be through the vagina or the abdomen (tummy).
- If your ovaries are removed, then you will experience early menopause.

Different risks may apply according to your situation and the technique used, which your doctor will discuss with you.

For more information go to **jeanhailes.org.au/health-a-z/vulva-vagina-ovaries-uterus**

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