NHS Forth Valley

Heavy Menstrual Bleeding

Patient Information

What is heavy menstrual bleeding?

This is when the bleeding you experience during your period has a significant impact on your quality of life. It may be different for different women and may be related to factors such as how often you need to change your sanitary protection, whether you experience flooding or passing clots, or whether your period lasts a long time.

What causes heavy menstrual bleeding?

There are several conditions which can cause bleeding during a period to be heavy. These include fibroids, unusual womb shape, problems with the lining of the womb or problems with blood clotting. Where the periods are also painful, there may be conditions such as endometriosis or adenomyosis.

Are any tests needed?

Generally, if your periods are regular, you do not have any other associated symptoms or risk factors and your womb is of normal size, then you do not need any specific gynaecology tests. A blood test may be taken to check that you are not anaemic.

If your periods are irregular, or if you have other risk factors such as type 2 diabetes or high Body Mass Index (BMI), or if you have bleeding between periods or after sex, then you may have been referred to the gynaecology department for further tests.

These may include:

- Ultrasound scan — This will look at the structure of the womb and ovaries.
- Hysteroscopy — This is a camera test to look inside the womb. It is usually done as an outpatient (in the clinic) or it can be in theatre with a general anaesthetic as a day case.
- Biopsy — A biopsy of the lining of the womb may be taken in the clinic (Pipelle biopsy) or at the same time as hysteroscopy is being done.

What are my treatment options?

There are several different options for managing the symptoms of heavy bleeding. This leaflet contains information about the available options; more detailed information is available for each individual method. They will not all be suitable for every woman and it is important that you have the opportunity to discuss with your doctor which choice might be most suitable for you. The main options are non-hormonal, hormonal or surgical. Most hormonal options provide associated contraceptive cover and have a reversible effect on fertility. It is usually best to try a suitable treatment option with the smallest associated risk initially.

Non-hormonal Options

If your cycle is regular, or if you are considering a pregnancy, then tablets such as Tranexamic Acid and Mefenamic Acid taken during a period may be helpful in reducing the amount of bleeding.

Tranexamic acid works to slow down blood clot breakdown. Mefenamic Acid (Ponstan) is an anti-inflammatory medicine. These tablets work best if both are used together and can also be effective at managing associated pain. However, if your cycle is not regular, these tablets will not help to change the pattern of bleeding.

Hormonal Treatment Options

Levonorgestrel-releasing Intra-uterine System (LNG-IUS, eg Mirena or Levosert)

This is a small T-shaped device which sits inside the womb and is often the first option for treatment of heavy periods, as it has been shown to be the most effective medical treatment and improves quality of life. It delivers a long-acting progesterone (a female hormone) to the lining of the womb to thin it. There is very little hormone delivered to the rest of the body. It can be fitted in the clinic on the day of your appointment if you wish. It can last for 5 years and it is suitable for most women. The majority of women find their periods lighter or gone altogether. The main side effect is irregular breakthrough bleeding which usually settles down in the first few months. It provides effective contraceptive cover if this is needed.

Oral Contraceptive Pill (OCP)

These daily tablets may contain either progesterone alone (POP) or a combination of an oestrogen and progesterone (COCP). These provide effective contraceptive cover and may help to regulate an irregular cycle. They are suitable for most women, although the exact preparation may depend on your personal risk factors. Some can be 'tri-cycled', which means taking three months of tablets together without a break, giving fewer periods in a year. This is safe to do. The main side effects can include irregular vaginal bleeding, mood changes and breast tenderness.

Other Long-Acting Reversible Contraceptives (LARCs)

These include the contraceptive implant (eg Nexplanon) and contraceptive injections such as Depo-Provera. These are suitable for most women. The main side effects are similar other forms of contraception and can include some irregular breakthrough bleeding.

Oral Progesterone

These are progesterone-like tablets which are usually taken daily. They can work well in the short term to stop a heavy bleed. However, bleeding can often start again when the tablets are stopped. It can be used to regulate bleeding for up to three months but it is not usually a suitable long term option.

GnRH Agonists (eg Prostap or Zoladex)

These are hormonal injections which work to suppress the ovaries and halt the menstrual cycle. They can be effective for some women, especially those with large fibroids or those not suitable for other forms of treatment. They are usually only given for a course of six months treatment. Their main side effects are due to causing a temporary menopause.

Surgical Options

Endometrial ablation

This is a day surgery procedure which is performed under general anaesthetic. It involves using radio-frequency ablation to burn the lining of the womb. In this hospital, we use a device called NovaSure. A hysteroscopy test is performed at the same time. A biopsy of the lining of the womb is usually needed before having this done. It can work well for most women to make bleeding lighter or

gone altogether. It is not always suitable if you have fibroids, a thin caesarean section scar in the muscle of the womb, or if you have other medical problems that make having an anaesthetic unsafe for you. It is essential that you have effective contraception before having this procedure, eg sterilisation or male partner vasectomy, as pregnancy after an ablation procedure is extremely risky for you and the unborn baby.

Hysterectomy

This is definitive treatment with removal of the womb. This surgery has associated risks and would usually only be considered if other less risky methods had been attempted unsuccessfully or were unsuitable.

This operation can be performed as a keyhole (laparoscopic) procedure, through the vagina or through a cut in the tummy. It can involve removal of the womb alone (subtotal hysterectomy) or the womb and the neck of the womb (total hysterectomy). The ovaries and tubes are sometimes also removed. The specific type of operation will depend on a number of factors including whether you have previously had any tummy surgery, your weight, your general health and the size of the womb.

I also have large fibroids, are there any other options?

Where there are large fibroids in the womb, there are other choices which can be considered.

Ullipristal Acetate (Esmya)

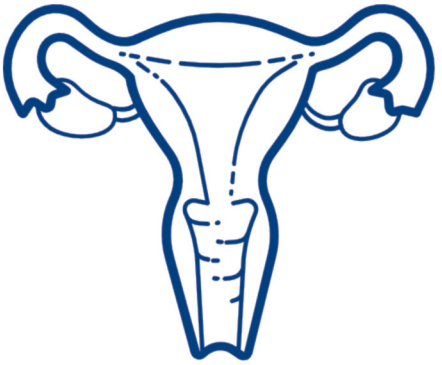
This is a tablet which acts to block the effect of progesterone. It is taken once daily for up to three months. It can be effective at symptom improvement for women with fibroids who are not suitable for or do not wish surgery. It can also be used for women with fibroids who are planning surgery to reduce the size of the fibroids before their operation. Women taking this tablet need monitoring of their liver with blood tests which would be arranged through your GP with results monitored by your gynaecologist.

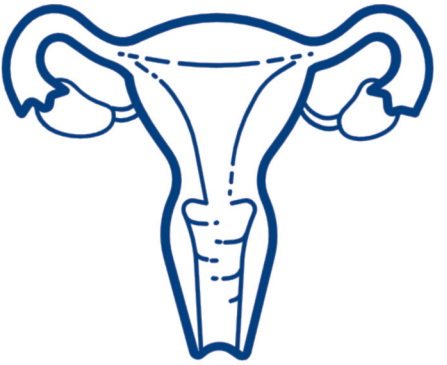
Uterine Artery Embolisation (UAE)

This is a specialist treatment option which is carried out by radiologists rather than gynaecologists. It involves blocking part of the blood supply to the womb and fibroid in order to shrink it. It can work well for some women who wish to avoid surgery or for whom surgery is not suitable, as well as helping to shrink fibroids before surgery is done.

Myomectomy

This is a surgery which attempts to remove fibroids without removing the whole womb. It is not suitable for all fibroids. It can be done through the tummy or sometimes at hysteroscopy. The main risk of this surgery is heavy bleeding or the need for an emergency hysterectomy during your operation.





Notes

If you can't go let us know!
Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

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NHS Forth Valley
Administration Offices
Westburn Avenue, Falkirk FK1 5SU
www.nhsforthvalley.com

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