



the women's
the royal women's hospital

Heavy Menstrual Bleeding



Acknowledgement

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Any feedback on this publication is welcome

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Disclaimer

This booklet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this booklet instead of seeing a health professional. If you require urgent medical attention, please contact your nearest emergency department.

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References

Summaries of scientific evidence for this information can be found in:

- Guidelines for the Management of Heavy Menstrual Bleeding
ncbi.nlm.nih.gov/pubmed/10391640
- Cochrane Collaboration Consumer Network has useful associated information
cochrane.org

We are aware of alternative and complementary therapies that work for many women but failed to find evidence for such therapies in large validated studies.

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It's common

Heavy menstrual bleeding, heavy periods or menorrhagia is a common health complaint.

It affects one in five Australian women and may be the reason for many hysterectomies and other surgical procedures.

This booklet provides information about the causes of heavy menstrual bleeding, how it may be investigated and what treatments are available.

The information contained in this booklet is based on evidence from research, as well as expert opinion.

What is it?

Heavy menstrual bleeding is defined as excessive menstrual blood loss which interferes with a woman's physical, social or emotional quality of life.

It can occur alone or in combination with other symptoms such as pelvic pain. Signs of excessive menstrual bleeding include:

- » bleeding through clothing
- » changing pads or tampons more than every hour on the heaviest days
- » using high absorbency pads or tampons (or both together)
- » passing large blood clots (larger than a 50 cent piece)
- » prolonged bleeding (more than 8 days)
- » needing to change tampons or pads during the night
- » feeling excessively tired.

Most women will notice a change in the regularity, frequency and quality of their periods over the course of their lives. If this change includes irregular bleeding, more frequent periods, heavy or lengthy periods, they may wish to seek medical advice and treatment.

Causes

Hormonal changes

For more than half the women with heavy menstrual bleeding no cause can be found. This can occur at any age, though it is more common from the late thirties onwards as women approach menopause and may be linked to hormonal changes.

The reason why hormonal changes may cause heavy bleeding are not well understood and are difficult to investigate. Hormone levels change throughout the menstrual cycle so tracking them is difficult and blood tests are usually not helpful.

Physical conditions

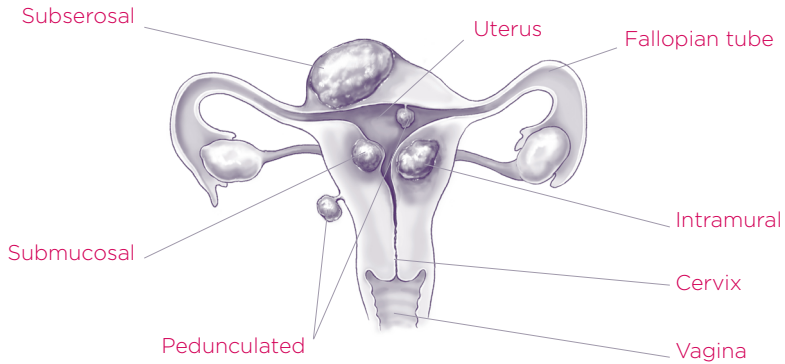
There are some physical conditions affecting the uterus that may cause heavy menstrual bleeding.

Uterine fibroids

Fibroids, also known as myomas or leiomyomas, are common, benign (non-cancerous) growths in the wall of the uterus. Approximately half of all women will develop fibroids and they become more common with age. Some women with fibroids may experience no symptoms at all, for others their fibroids may be associated with heavy menstrual bleeding, feelings of pressure on the bowel or bladder, and uncomfortable pelvic bloating. There are four types of fibroids:

1. Subserosal – grow on the outside surface of uterus.
2. Intramural – grow inside the muscular wall of the uterus.
3. Submucosal – grow on the inside surface of the uterus.
This type is the most likely to cause heavy menstrual bleeding.
4. Pedunculated – grow as a separate attachment to the uterus.

The Uterus



Uterine polyps

Uterine polyps are usually benign (non-cancerous) growths of the lining of the uterus (the endometrium). Polyps can also occur at the neck of the uterus (the cervix). Polyps may cause heavy menstrual bleeding, bleeding between periods or bleeding after sexual intercourse.

Adenomyosis

Adenomyosis is a condition where the lining of the uterus grows into the muscular wall of the uterus. The uterus becomes larger than normal and may cause heavy and painful periods. This is a common and benign (non-cancerous) condition.

Adenomyosis may also occur alongside other conditions such as endometriosis. To diagnose this condition, your doctor will review your medical history and may ask for an ultrasound or MRI. If you are having surgery they may also check your uterus.

Endometrial hyperplasia and endometrial cancer

Some women may develop an abnormally thick lining of the inside surface of their uterus. This condition is called endometrial hyperplasia and it may cause heavy menstrual bleeding, irregular bleeding or a blood stained vaginal discharge. In some cases, endometrial hyperplasia may progress to endometrial cancer, a condition which is more common after menopause but can occur in younger women.

Women who are at an increased risk of developing endometrial hyperplasia or endometrial cancer:

- » are over the age of 45 years
- » are over 90 kilograms in weight
- » have never had children
- » have a family history of endometrial, ovarian, bowel and some other cancers
- » have polycystic ovarian syndrome.

Uncommon causes

There are some uncommon causes for heavy menstrual bleeding. These include:

- » thyroid imbalance (underactive)
- » the use of anticoagulant drugs
- » some liver and kidney conditions
- » blood clotting disorders, e.g. Von Willebrand's disorder
- » non-hormonal contraceptive intrauterine device.

Effects

Anaemia

Heavy menstrual bleeding can cause a low red blood cell count otherwise known as anaemia. Women who are anaemic usually feel unwell as red blood cells contain haemoglobin which is important for moving oxygen around the body. Anaemia can cause the following symptoms:

- » fatigue
- » shortness of breath
- » pale skin
- » heart palpitations
- » faintness or dizziness
- » hair loss.

In addition, as iron is needed to produce haemoglobin, heavy menstrual bleeding can also cause iron deficiency anaemia.

Lifestyle

The experience of unpredictable and heavy menstrual bleeding can be distressing and embarrassing for some women. They may find it difficult to manage work or responsibilities at home and to participate in normal daily activities.

Do you find yourself having to reschedule work or other appointments? If so, this booklet outlines other options which may be available to you.

Tests

The following tests may help to explain heavy menstrual bleeding and indicate what treatments may be helpful.

Initial tests

- » An internal vaginal examination to determine the size and shape of the uterus. A routine Cervical Screening Test (CST) may be done at the same time.
- » Blood tests to check on haemoglobin and iron levels and if needed, thyroid hormone levels.
- » An ultrasound scan performed through the vagina to clearly view the uterus and ovaries and check for conditions such as endometrial thickening, fibroids or polyps.

Hysteroscopy

Hysteroscopy is a procedure that enables the doctor to see directly inside the uterus using a fine telescope and camera. The hysteroscope can show polyps, endometrial thickening and internal fibroids that may be causing the heavy bleeding. A sample of the endometrium is usually taken at the same time for laboratory testing, and a polyp or fibroid may be removed. Hysteroscopy can be performed under local or general anaesthetic.

Curette

A curette is the removal of the superficial (top) layer of the uterine lining (the endometrium). It can be performed at the same time as a hysteroscopy. This procedure is another way to test for abnormalities. A curette alone does not improve heavy or irregular menstrual bleeding.

Treatment options

Fortunately there are now a number of options available for treating heavy menstrual bleeding.

When discussing these options with your doctor, you may wish to consider the following:

- » some treatments need only be taken during bleeding to reduce pain and blood loss
- » some treatments for heavy menstrual bleeding such as the oral contraceptive pill or the progestogen intrauterine device are also contraceptive
- » some treatments for heavy menstrual bleeding will permanently reduce or remove your fertility (e.g. endometrial ablation or hysterectomy)
- » some treatments are unsuitable in specific situations, such as the combined oral contraceptive for women over 30 years who smoke
- » some treatments cannot be reversed such as endometrial ablation and some are reversible such as the progestogen intrauterine device
- » the only treatment guaranteed to permanently stop your periods is a hysterectomy.

Whilst some women may be satisfied with just investigation and information about their heavy menstrual bleeding, others may wish to try medical treatments. For some women, surgical treatment may be the best option. In addition, there are some treatments using specialised radiology and ultrasound technologies. Only you can determine how much your heavy menstrual bleeding is impacting on your life and what treatments may be acceptable to you.

Your doctor can help you to understand your options.

The next section explains the different treatment options, when they should be used, how well they are likely to work and their potential side-effects.

Medical treatments

Medical treatments are usually tried first for heavy menstrual bleeding.

They include various oral medications along with vaginal and uterine devices. Most medical treatments should reduce the bleeding or other symptoms within the first few weeks. They are all reversible and control rather than cure the bleeding.

Medical treatments for heavy menstrual bleeding can be divided into non-hormonal and hormonal options.

Non-hormonal treatments

Tranexamic acid

These tablets, which affect the way your blood clots, can be taken during heavy bleeding to reduce the amount of blood loss.

Benefits	Disadvantages
» Reduces menstrual blood loss by about 40 per cent	» May require long-term use

Non steroidal anti-inflammatory agents

These tablets can be taken during bleeding to reduce the amount of blood lost and may help with pain relief.

Benefits	Disadvantages
» Reduces menstrual blood loss by about 30 per cent	» Stomach upsets, nausea and diarrhoea may occur
» Also relieves pain	» May require long-term use
	» Less effective than tranexamic acid

Hormonal treatments

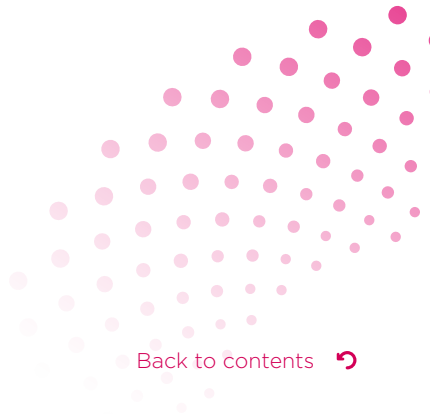
These are used throughout the menstrual cycle.

Hormone-releasing intrauterine device

This device, inserted into the uterus, slowly releases progestogen (a drug that acts like the hormone progesterone) into the lining of the uterus. It is the most effective medical treatment for heavy menstrual bleeding. The device can stay in for up to five years.

Although some progestogen is absorbed into the body, the amount is much less when compared with hormone tablets taken for heavy menstrual bleeding. It may also reduce or prevent endometrial hyperplasia.

Benefits	Disadvantages
<ul style="list-style-type: none">» Dramatic reduction in menstrual blood loss (about 95 per cent) after at least three months use» May reduce pain with periods» Improves quality of life» Provides reliable contraception» Daily tablets not needed» It is reversible	<ul style="list-style-type: none">» Commonly causes irregular bleeding or spotting, at least in the initial months of use» May cause acne, mood changes and breast soreness» 1 in 5 women request removal because of side-effects» Uterine perforation during insertion is a rare complication» The device may fall out though this is rare» May be unsuitable if you have fibroids



The oral contraceptive pill

The oral contraceptive pill can be taken as tablets or inserted as a vaginal ring.

Benefits	Disadvantages
<ul style="list-style-type: none">» Reduces menstrual blood loss by about 40 per cent» May reduce pain with periods» Helps regulate periods» Can be taken continuously to skip monthly period» Reduces the risk of ovarian and endometrial cancer by about 50 per cent	<ul style="list-style-type: none">» May cause nausea, breast tenderness, headaches and changes in libido» Unsuitable for some women, such as those with a history of thromboembolism (blood clots in the veins) or smokers over 30 years old» Requires long-term use» May cause irregular spotting

Oral progestogen

Oral progestogen tablets are taken for 21 days of the menstrual cycle; they significantly reduce menstrual blood loss.

Benefits	Disadvantages
<ul style="list-style-type: none">» Reduces menstrual blood loss by about 85 per cent» Fast acting and often used as short-term treatment or when there is an episode of particularly heavy bleeding	<ul style="list-style-type: none">» May cause bloating, mood swings and breast tenderness» May cause irregular bleeding» Requires long-term use

Iron supplementation

Anaemia is usually treated with iron tablets. Constipation can be a side-effect of taking iron tablets. If you are severely anaemic, an iron infusion or blood transfusion may be recommended.

Surgical treatments

These are used when medical treatments are unsuitable or have not been effective. Surgical treatment may be recommended when a woman has fibroids or other conditions causing pain such as endometriosis.

Endometrial ablation

This is the surgical removal or destruction of the lining of the uterus. This procedure does not involve any cuts on the skin or vagina. An instrument called a hysteroscope is inserted into the uterus through the vagina and cervix. The ablation is performed by various methods such as using heat. This procedure can be done under local or general anaesthetic.

Since this treatment destroys the lining of the uterus, women should have completed their family before choosing this option.

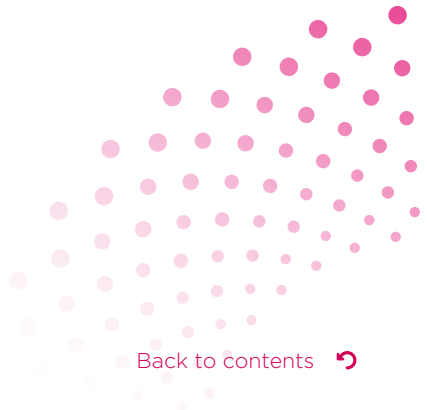
Benefits	Disadvantages
<ul style="list-style-type: none">» Safest surgical treatment» Usually in hospital for one day only» Dramatic reduction in heavy bleeding; around 85 per cent of women have improvement and around 35 per cent no further bleeding» Certain types of ablation can also remove some fibroids or polyps from the inside of the uterus	<ul style="list-style-type: none">» Heavy bleeding may recur in some women» May not improve pain» Major complications such as uterine perforation, bowel damage or infection will affect about 1 in 1000 procedures» It may be difficult to investigate future problems in the uterus

Myomectomy

This is a surgical treatment for uterine fibroids. The fibroids are removed but the uterus and ovaries remain.

See resources listed on back pages for more information on the myomectomy procedure.

Benefits	Disadvantages
<ul style="list-style-type: none">» Reduces heavy menstrual bleeding» Currently the best surgical treatment for women who wish to retain their fertility» Submucosal uterine fibroids can be removed via the vagina using a hysteroscope» May improve other symptoms caused by fibroids such as pressure symptoms	<ul style="list-style-type: none">» Small risk of emergency hysterectomy» Risk of excessive bleeding requiring a blood transfusion» Fibroids may regrow



Hysterectomy

Hysterectomy is the removal of the uterus. The operation can be done in one of three ways:

- » Abdominal hysterectomy is when the uterus is removed through a cut in the abdomen.
- » Vaginal hysterectomy is when the uterus is removed through the vagina.
- » Total laparoscopic hysterectomy also involves removing the uterus through the vagina but there are also small cuts made in the abdomen to allow the surgeon to do part of the operation with keyhole surgery.

A subtotal hysterectomy leaves the cervix in place.

Hysterectomy may or may not include removal of the ovaries.

The type of hysterectomy a woman has is dependent on the nature of her problem, her medical history and her preferences.

The decision to have a hysterectomy, other than for cancer or pre-cancer changes, needs to be carefully discussed with your doctor.

See resources listed on back pages for more information on hysterectomy.

Benefits	Disadvantages
<ul style="list-style-type: none">» The only guaranteed way to stop menstrual bleeding» May also improve pain» Most women are highly satisfied with the procedure» Reduced risk of uterine and of ovarian cancer, even when ovaries are retained	<ul style="list-style-type: none">» It is a major surgical procedure with potential complications» A recovery time of 2–6 weeks depending on the type of hysterectomy» Results in the permanent loss of fertility» May lead to earlier menopause, even when ovaries are retained» May increase the risk of a vaginal prolapse

Specialised radiology and ultrasound treatments

Uterine artery embolisation

This treatment for uterine fibroids works by destroying the blood flow to the fibroid. It is performed by an interventionist radiologist in consultation with your gynaecologist.

Benefits	Disadvantages
<ul style="list-style-type: none">» Usually in hospital for one day only» Reduces heavy menstrual bleeding associated with fibroids by around 85 per cent and reduces fibroid volume by 30–45 per cent	<ul style="list-style-type: none">» The procedure can be painful for some women» Fibroids and heavy bleeding may recur» Around 25 per cent of women need another procedure for their symptoms at a later date» May not improve pain» Major complications affect about 1 in 1000 procedures» May affect the ovaries and reduce fertility» This procedure is not readily available at the Women's. Patients will be transferred to another healthcare service

Frequently asked questions

How common is the problem of excessive menstrual bleeding?

Approximately one in five healthy women will experience heavy menstrual bleeding at some time in their life.

I have been sterilised, I wonder if this could be the cause of my heavy menstrual bleeding?

At one time it was suggested that female sterilisation increased menstrual blood loss. It is now thought that when a woman stops taking her contraceptive pill after she has been sterilised, her period will return to the way it was before she took the pill. Women on the combined oral contraceptive pill tend to have light periods as their bleeding is controlled by the contraceptive hormones.

Should I have tests to find the reason for my heavy menstrual bleeding?

Tests are important in helping to find out what is causing the bleeding and to reassure you.

A blood count should be considered because heavy bleeding can cause anaemia, which may be treated with iron tablets.

From late teens through the twenties and thirties, when obvious problems have been excluded, further investigation may be necessary. This is particularly important if the woman is at risk of endometrial hyperplasia or endometrial cancer, if the bleeding is irregular or it fails to respond to medication.

For women in their forties and fifties, it is important to investigate heavy menstrual bleeding as the risk for more serious conditions increases with age.

What would be reasonable initial treatment for a teenager or young women with heavy menstrual bleeding?

If you are a teenager or a young woman and you want to be able to get pregnant at some time in the future, you will need to be treated with medical rather than surgical treatments.

The combined oral contraceptive pill is usually an effective first choice for younger women, particularly if you also need contraception.

Teenagers with heavy menstrual bleeding may be having anovulatory cycles. This means that an egg is not being released by an ovary each month. The combined oral contraceptive pill may help to regulate bleeding.

Tranexamic acid taken on the days when the bleeding is heavy can also be highly effective.

When pain accompanies the heavy loss, a non-steroidal, anti-inflammatory agent may be appropriate.

What are the risks of having a hysterectomy?

- » The urinary tract (bladder and ureters) is close to the uterus and may be damaged.
- » The bowel, which is normally separate from the uterus, can be joined to it if there has been a previous infection, endometriosis or previous surgery. This increases the risk of the bowel being damaged.
- » Infection in the urinary tract is a relatively common complication after a hysterectomy but can be treated with antibiotics.
- » Thromboembolism is a blood clot in the leg or lung. Early physical movement after surgery and the use of anticoagulants has reduced the likelihood of suffering from this condition.
- » Bladder symptoms are common following hysterectomy. Antibiotics will help if there is infection. Otherwise these symptoms usually settle with time.

Are there any psychological effects following hysterectomy?

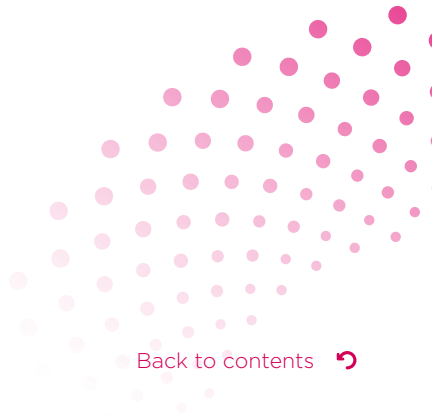
There is no scientific evidence that hysterectomy has ever led to psychological disturbance. There is also no difference in libido (sex drive).

Some women feel that hysterectomy is 'unnatural' or 'defeminising' or there may be cultural influences that make hysterectomy unacceptable.

For others, knowing that a hysterectomy will reduce the risk of cancer of the uterus, cervix and ovaries may provide reassurance.

What if I am trying to get pregnant?

If you are trying to get pregnant many of these therapies are not suitable. It is important that you tell your doctor of your plans so that treatment can be tailored to your needs.



Glossary

Adenomyosis

When the lining of the uterus grows into the muscular wall of the uterus.

Anaemia

A condition caused by a reduction of red blood cells. Red blood cells contain haemoglobin, which is important for moving oxygen around the body.

Anovulatory cycles

When ovulation does not occur during the menstrual cycle.

Cervical Screening Test (CST)

A test which assesses for Human Papillomavirus (HPV). HPV can be associated with abnormal cell changes on the cervix which may lead to cancer if not monitored or treated.

Curette

A curette or dilatation and curettage (D&C) is a procedure in which the cervix is dilated or opened and the lining of the uterus or cervix is either removed or a sample is taken for further testing. Sometimes, for example after a miscarriage, the procedure is used to remove the contents of the uterus.

Endometriosis

Where tissue, similar to the inner lining of the uterus, is found in other sites around the body.

Endometrium

The lining of the uterus.

Endometrial ablation

Surgical removal of the lining (endometrium) of the uterus.

Endometrial polyps

Non-cancerous growths on the lining of the uterus.

Fibroids

Non-cancerous growths of the muscle cells in the wall of the uterus.

Hysteroscope

A narrow telescope used to look inside the uterus.

Hysteroscopy

A procedure using a thin telescope to pass through the vagina and cervix to look inside the uterus.

Hysterectomy

The surgical removal of the uterus (womb) including the cervix (neck of the womb).

Intrauterine system

A device inserted into the uterus to prevent pregnancy.

Iron supplements

A tablet given to increase daily iron intakes

Myomectomy

The surgical removal of a benign mass in the uterus leaving the uterus intact.

Non-steroidal, anti-inflammatory agents

These are medications that reduce pain and heavy bleeding.

Progesterone

A sex hormone that acts on the brain, breasts and uterus. It plays a major role in the menstrual cycle, preparing the uterus for possible conception and the breasts for breastfeeding.

Progestogen

Synthetic progesterone.

Progestogen intrauterine device

A small, T-shaped plastic device containing the progestogen hormone. This device is inserted into the uterus where the hormone is slowly released. It is used as a method of contraception, to treat excessive menstrual bleeding or to stop excessive growth of the lining of the uterus.

Thromboembolism

When a blood vessel becomes obstructed by a blood clot which has moved from one site in the body to another.

Vaginal ultrasound

Vaginal ultrasound can detect uterine fibroids and routinely check for ovarian cysts and other pelvic abnormalities. The ultrasound probe is placed into the vagina and allows a close look at the uterus and ovaries.

Further information and reading

Women's Welcome Centre

The Royal Women's Hospital

The Women's Welcome Centre team can assist with individual enquiries for information, and can find and send updated information to women.

thewomens.org.au

(03) 8345 3037 (Monday to Friday, 9am–5pm)

1800 442 007 (rural and regional callers)

The Women's Fact Sheets

thewomens.org.au

- » Endometrial Atypical Hyperplasia
- » Endometrial Cancer
- » Endometriosis – treatment with laparoscopy
- » Fibroids
- » Hysterectomy – abdominal hysterectomy
- » Hysterectomy – total laparoscopic hysterectomy
- » Hysteroscopy
- » Laparoscopy
- » LEEP
- » Myomectomy

Books

Ruth Trickey 2011

Women, Hormones and the Menstrual Cycle

Heavy Menstrual Bleeding

Better Health Channel

Menstruation – abnormal bleeding

UpToDate, Inc.

US website offering information on a huge range of health topics. Search for 'Patient education: Heavy or prolonged bleeding'

Patient education: Heavy or prolonged bleeding

NHS – Department of Health UK website

Heavy periods

Fibroids

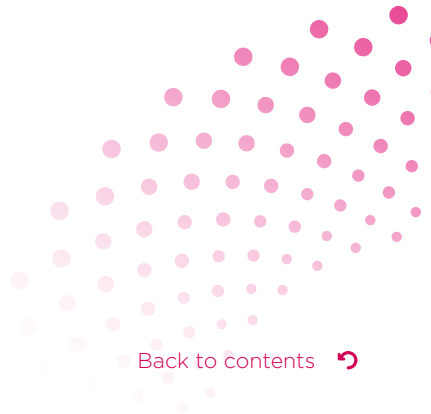
Better Health Channel

Fibroids

Hysterectomy

Better Health Channel

Hysterectomy



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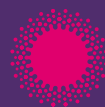
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