

Heavy Menstrual Bleeding (heavy periods)

Gynaecology

Who is this leaflet for?

This leaflet has been designed for women who are suffering with heavy menstrual bleeding (heavy periods). It will help to answer some of the questions you may have about heavy periods and the treatments that are available.

If you have other symptoms, such as bleeding in between periods or bleeding after sexual intercourse, please inform your consultant, as this leaflet only covers heavy periods.

If you have any further questions, please speak to a doctor or nurse caring for you.

What are heavy periods?

A woman may be described as having 'heavy periods' if she has excessive menstrual bleeding over several menstrual cycles in a row that interfere with her physical, emotional and social quality of life. The amount of blood that is lost during a woman's period varies considerably from one individual to another, making it difficult to give a general description of heavy periods. The amount of blood lost can also vary at different times in a woman's life and in relation to operations and medications.

What are the signs and symptoms of heavy periods?

- Having to change a pad or tampon every 1 or 2 hours because it is completely soaked
- Need to use both pads and a tampon together due to heavy bleeding
- Flooding despite using pads and/or tampons
- Having to change pads or tampons during the night
- If you are unable to leave your home to do your daily activities because of bleeding
- Passing large lumps of blood, called clots
- Feeling tired, especially during your period. This could mean your body is low in iron. This is caused by a type of anaemia called iron-deficiency anaemia. It happens when your body is not able to make enough new red blood cells to make up for blood lost during your period. Your doctor can find out if you have anaemia by testing a sample of your blood, and if you are anaemic you need to take iron tablets

Some women have heavy periods all the time, while others have them only at certain times in their lives, for example, during puberty or in the year or so before the menopause. If your periods are heavy for more than a few months and they are making your life miserable, you may want to get help from your doctor.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

What are the most common causes for heavy periods?

Heavy periods are common. In most cases, no cause can be found. However, the conditions listed below can sometimes be the cause of heavy periods:

- **One of your ovaries did not release an egg during one or more months.** This is known as “anovulation” and causes your menstrual period to be irregular or absent; when they do come, they tend to be heavy. This is more common in adolescents, women with polycystic ovaries, and women who are near the menopause
- **Abnormal benign (non-cancerous) growths in the womb:**
 - Polyps: small grape-like growths on the lining of the womb
 - Fibroids: tough balls of muscle that form in the womb; they can be found in different sizes and locations
 - Adenomyosis: womb lining tissue grows into the muscle layer of the womb
 - Overgrowth of the lining of the womb known as “endometrial hyperplasia”
- **Some types of birth control:**
 - Injectable contraceptives “The Depo” and implants can sometimes cause heavy bleeding
- **Bleeding Tendency:** Some women have certain bleeding conditions or take medicines that may cause heavy bleeding. For example:
 - Having a low platelet count
 - Taking a blood thinner medication like warfarin
 - Von Willebrand disease “ an inherited bleeding disorder”
- **Cancer of the lining of the uterus:** This is very rare, but can also cause heavy periods

What will happen during your appointment?

Your doctor will want to know your medical history and examine you. This may be a full physical exam including an internal exam with a speculum (like having a smear test). Some tests may be recommended based on what is found during the exam and your specific situation.

Common tests doctors use to find the cause of heavy periods are:

- Urine test: to check if you are pregnant
- Blood tests: check for hormonal changes, low iron levels and other problems
- An ultrasound scan of your pelvis: usually performed through the vagina, makes a picture of your womb and ovaries. This picture can show if you have fibroids or other growths on your womb and if you have polycystic ovaries
- A biopsy of the tissue inside the womb, usually done during the internal exam
- A hysteroscopy: this uses a small telescope to look inside the womb. This may be done during a follow-up visit

How are heavy periods treated?

This will depend on what is causing your heavy periods and whether you want to get pregnant soon. You might not need treatment, however, if you do, treatments might include:

Non-hormonal:

- Tablets that thicken the blood and slow bleeding, Tranexamic acid. This medicine slows the bleeding quickly, within 2 to 3hrs but should be taken for at least 3 months before deciding if they work for you. You need to take these tablets only a few days every month. It does not affect your chance of getting pregnant

- Tablets that reduce period bleeding and cramps, Mefenamic acid which is similar to Ibuprofen. You need to take these tablets a few days of the month and it does not affect your chance of getting pregnant

Hormonal:

These include:

- **Combined oral contraceptive pill (COC)** – This helps to reduce period bleeding by about 30% in some women. COCs are usually designed to be taken for three weeks followed by a one week break. Your doctor might ask you to take it continuously without a break for 3 months then have a one week break
- **Oral progesterone (Norethisterone)** – This is taken two to three times a day from Days 5 to 26 of your menstrual cycle, counting the first day of your period as Day 1. It works by preventing the endometrium (inner lining of the womb) from growing quickly. Some common, short-term side effects of oral progesterone include weight gain, bloating, breast tenderness, headaches. Oral progesterone is not licensed as a contraceptive, but may have some effect on preventing conception. This means that it may not be a suitable option for women looking to conceive. It also means that additional methods of contraception should be used to protect against pregnancy
- **Hormonal intrauterine systems:** These systems involve a small rod containing a hormone called Progesterone that is slowly released inside your womb. It will be inserted by your doctor or at the Family Planning Clinic. These systems are best for women not planning to get pregnant within the following year. It may cause irregular, but light spotting for the first few months which mostly settles down
- **Contraceptive injections or implants:** This includes the contraceptive injection (Depo, given every three months) and the contraceptive implant. They are helpful in treating heavy periods, as most women do not have any period bleeding after a few months. However, some women can have prolonged bleeding

Medication to shrink fibroids:

- **Gonadotropin releasing hormone analogues (GnRHAs):** These medications work by putting you into a 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). GnRHAs are usually prescribed on a short-term basis (a maximum of six months at a time). Your fibroids may grow back to their original size after treatment is stopped. GnRHAs are sometimes also used to shrink fibroids prior to surgery to remove them
- **Ulipristal acetate (Esmya):** Ulipristal acetate is a female hormone treatment for fibroids that works by blocking the effects of the female hormone progesterone. Low-strength tablets (Esmya® brand containing 5 mg ulipristal acetate) are used to treat heavy or painful periods caused by uterine fibroids. The most common side-effects are no periods, hot flushes, and headache. Rare cases of serious liver damage have occurred in people taking Esmya® (ulipristal) for uterine fibroids. Following a temporary licence suspension and review into liver safety, additional restrictions and safety measures are now in place for Esmya® (ulipristal). Blood tests are needed before, during and after treatment with Esmya® to check your liver is working normally. If you notice any signs of liver damage, including yellowing of the skin or eyes, dark urine, or nausea or vomiting, stop taking Esmya® and contact your doctor immediately

Surgery:

You may be offered surgery if the above options have not helped or if you have large fibroids.

Surgical options include:

- **Hysteroscopy and removal of polyp or fibroid:** Putting a small telescope inside your womb and removing polyps and or fibroids. This can be done in clinic or as an in-patient under a short general anaesthetic depending on the size of the polyp or fibroid and the procedure done using the telescope
- **Endometrial ablation:** Putting a small telescope inside the womb followed by a device that burns off the lining of the womb. This can also be done in clinic or you might require a short general anaesthetic. It can reduce or stop periods completely. This option is not suitable if you are considering having children in the future. Long term contraception, sterilisation "clipping of tubes" is usually advised and you can have it done on the same day as the day as your heavy bleeding procedure
- **Uterine artery embolisation:** Is a treatment for fibroids that works by blocking the blood vessels that supply blood to fibroids causing them to shrink. It is not suitable for all types of fibroids. You will be referred to another specialist (Interventional radiologist) who will do some more imaging and help you decide
- **Myomectomy:** Myomectomy is surgery to remove fibroids from your womb. This procedure is offered to women who have heavy periods, who have not had children and wish to do so. It carries a risk of bleeding and is not recommended if you have completed your family
- **Hysterectomy:** Hysterectomy is a surgery that removes the womb. This is a permanent treatment that cures heavy menstrual bleeding. However, surgery can have complications and may require up to six weeks full recovery. Pregnancy is not possible after a hysterectomy.

The 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.

Leaflets are available for the above procedures if you wish to read about them in more detail, please ask if you are not offered them.

Which treatment is right for me?

In most cases, you should start with a medical treatment, non hormonal or hormonal.

- If you would like to become pregnant in the next several months, non hormonal tablets may be a good option
- If you would like to have children eventually, but not soon, hormonal methods may be more appropriate
- If you have no plans to have children in the future, you can use any of the above medical treatments. Hormonal methods with a non hormonal tablet in combination may be the most effective treatment
- If you have tried one or more of the medical options and they have not helped, a surgical option may then be a good option

What happens if I do not get treatment?

Not treating heavy periods is an option as long as there is no serious cause for the bleeding and your periods are not making you anaemic. Anaemia is having low blood iron levels which can lead to dizziness, breathlessness, tiredness and, occasionally, sudden collapse that may require a blood transfusion.

Our contact details:

Emergency Gynaecology Assessment Unit

01902 69 4606 / 8362

(Monday – Friday, 9:00am – 5:00pm excluding bank holidays)

Outside of these hours you can call 111 or your GP for advice.

Reading & references

- Menorrhagia; NICE CKS, August 2015 (UK access only)
- Heavy menstrual bleeding; NICE Clinical Guideline (September 2013)

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。