Mersey and West Lancashire Teaching Hospitals
NHS Trust

Heavy menstrual bleeding

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Author: Consultant
Department: Gynaecology
Document Number: MWL2955
Version: 001
Review Date: 01/12/2028/

Introduction

This information leaflet is for patients who are experiencing heavy menstrual bleeding. It provides an overview of the causes, investigations and what treatment options are available.

What is Heavy Menstrual Bleeding (HMB)?

HMB, also known as heavy periods is an excessive amount of blood loss with menstruation that interferes with a woman's quality of life. It is a common issue, especially for women in their 30s and 40s, and can occur either on its own or alongside other symptoms such as painful periods or irregular cycles.

What is considered "heavy" varies from person to person. If your periods are affecting your ability to work, exercise, engage in social activities, or simply live comfortably, then it is important to speak with your doctor and seek treatment.

What are the symptoms of HMB?

Your menstrual bleeding may be heavier than normal if:

- Your periods last longer than seven days
- You require frequent changes of sanitary protection every 1-2 hours
- You need to use both pads and tampons at the same time
- You pass large clots
- You experience flooding or soaking through clothing or bed linen
- Your bleeding causes embarrassment, anxiety and causes you to change your plans, such as forcing you to stay at home and/or taking time off work
- You have developed iron deficiency anaemia, which can cause symptoms like tiredness, dizziness, breathlessness and pale skin
- In addition to the heaviness, periods may be regular or irregular and there may be associated bleeding in between periods (intermenstrual bleeding) or following intercourse (post-coital bleeding)

Tracking your symptoms using a menstrual diary or app can be helpful in assessing how severely your periods are affecting you.

What causes HMB?

In many cases, no obvious cause for HMB is found. In around half of women with heavy bleeding, no underlying problems are found and everything appears normal on the investigations carried out. This is sometimes referred to as 'dysfunctional uterine bleeding' and may have a hormonal cause as it is often seen in women who are approaching menopause.

There are several other causes of heavy menstrual bleeding:

- Fibroids are benign growths in the muscle of the uterus that can increase bleeding.
- Polyps are small, usually benign growths in the uterine lining that can also lead to excessive bleeding.
- Adenomyosis occurs when the lining of the uterus grows into the muscular wall, causing painful and heavy periods.
- Endometrial hyperplasia is an abnormal thickening of the uterine lining, which can lead to pre-cancerous changes to the cells.
- Infections of the uterus may lead to endometritis (inflammation) of the uterine lining resulting in heavy bleeding and pain.
- Clotting problems. In rare cases, HMB can be linked to clotting disorders or medications that affect blood clotting (blood thinners).
- Medical problems. Heavy bleeding can be associated with underlying medical problems such as an underactive thyroid gland.
- Copper coil is associated with the side effect of making your periods heavier.
- Cancer of the uterus is a very rare cause of heavy menstrual bleeding. The risk is increased with age and conditions that can lead to high levels of oestrogen in the body such as polycystic ovarian syndrome or obesity.

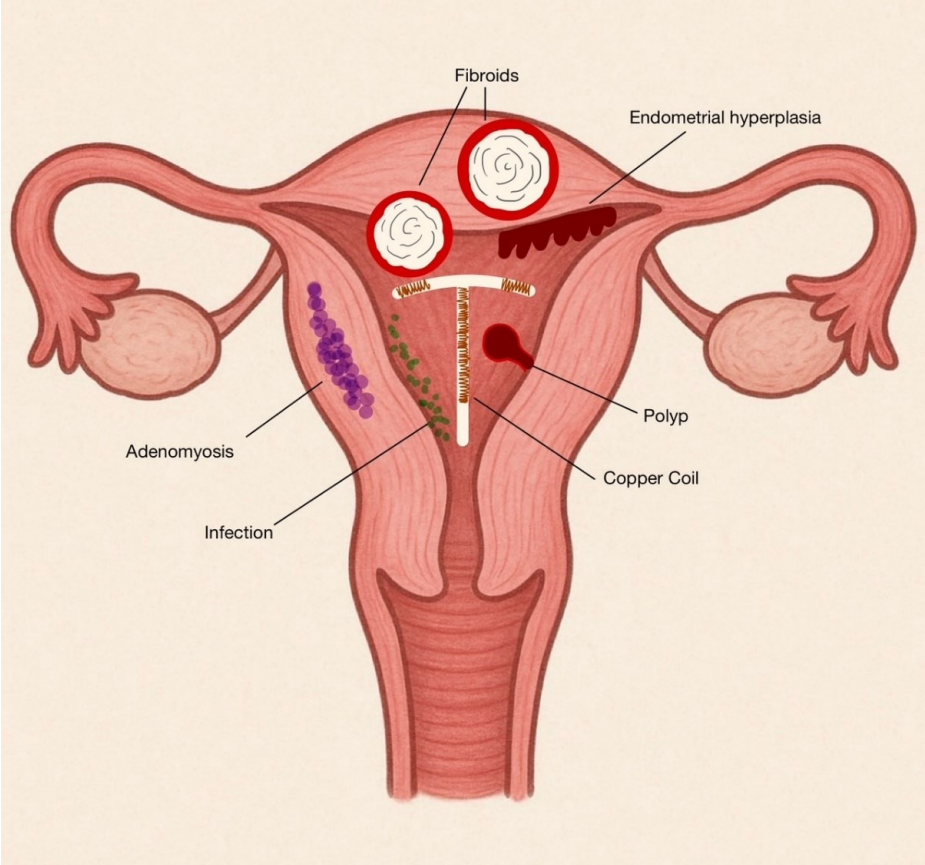


Image showing different causes of heavy menstrual bleeding

What investigations will I need for HMB?

When you see the doctor about heavy periods, the first step is a thorough history of your menstrual pattern and how it affects your life. You may be asked how often you change protection, whether you pass clots, how many days your bleeding lasts, whether you have any bleeding between periods or after sex and whether you experience pain. Your doctor will also ask about your general health, medications, any history of pregnancies, fertility concerns and smear tests.

In order to diagnose and further assess your heavy bleeding, you may be offered some of the following investigations:

Pelvic examination: this is usually the first step to evaluate for possible causes. During this examination the doctor checks the size, shape, and consistency of the uterus. An enlarged or irregularly shaped uterus may raise suspicion of fibroids or adenomyosis. Vaginal swabs may be taken to rule out infection.

Blood tests: if there are signs of anaemia or any suggestion of an underlying clotting disorder or underactive thyroid, you may need some blood tests to look for these problems.

Transvaginal ultrasound: this is the most common initial test used to look for causes. A probe is inserted into the vagina to obtain images of the uterus. It helps identify the presence of fibroids, adenomyosis, polyps and can measure the thickness of the uterine lining (endometrium).

Abdominal ultrasound: involves placing a probe on the abdomen to visualise the uterus. It is often used in combination with transvaginal ultrasound, especially in cases of a larger size uterus or when the transvaginal approach is not suitable.

Hysteroscopy: involves inserting a thin telescope (hysteroscope) through the cervix into the uterus to view the inner lining directly. It is particularly useful for diagnosing and sometimes treating submucosal fibroids and polyps which can be removed during the procedure. An endometrial biopsy may be done at the same time as hysteroscopy, to sample the uterine lining and rule out other causes such as endometrial hyperplasia and cancer.

What are the treatment options?

Finding the most appropriate treatment depends on several factors and whether we have found an underlying cause for the heavy menstrual bleeding such as fibroids, polyps etc. It will also depend on your individual circumstances such as your medical history, whether you have any plans for pregnancy in the future and your personal preferences.

There are many different treatment options and it is important to discuss these with your doctor, who will be able to recommend the most appropriate option for you.

Some of the options that you may be offered include:

Watchful wait

Some women do not wish to take medication or hormones and prefer to avoid surgery. If the heavy menstrual bleeding is not causing any serious effects such as anaemia, it may be appropriate to take a watchful wait approach particularly if you are close to menopause when periods are likely to stop soon.

Non-hormonal treatments

Non-hormonal treatments are often suitable for women who wish to try for pregnancy or avoid hormone related side effects. These include:

- Tranexamic acid, which helps reduce bleeding by improving blood clotting. It is taken during the heavy days of your period.
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) like mefenamic acid can help reduce menstrual flow and also relieve period pain.

These options are taken only during your period and are generally well tolerated. They can be stopped once the bleeding subsides.

Hormonal treatments

Hormonal methods are more suitable for women looking for both bleeding control and have no immediate plans to conceive pregnancy.

All types of hormone treatments may result in side effects such as headaches, acne, weight gain, irregular bleeding, fatigue and hot flushes. The side effects vary between the different treatment options and from one patient to the next. As a result, a certain treatment can be a good option for one woman, but the same treatment can cause unacceptable side effects in another woman.

Hormone treatments come in many different forms including pills, patches, coils, injections and implants. They all have their pros and cons and work in different ways. Your doctor will discuss the options further and will help you to make a decision about which treatment option is the most appropriate for you. Below is an overview of the options available:

- The hormone coil (Mirena) - is considered the first line of treatment for HMB. It is a small plastic T shaped device fitted in to the uterus. Progestogen hormone is continuously released, to thin down the uterine lining, often resulting in periods stopping or becoming significantly lighter. It is an effective treatment for heavy periods and also provides reliable contraception. The hormone coil needs replacement after 5-6 years.
- Combined hormonal contraception - these contain both oestrogen and progestogen hormones and come in the form of a pill, a patch or vaginal ring. They can be used continuously or with a 1 week break each month. They make periods lighter and less painful.

- Progestogen only contraceptives - these only contain the progestogen hormone. They may stop your periods completely but it is possible to experience irregular bleeding with these options. By suppressing periods, they also reduce pain. They come in different forms, including:
    - The Progestogen Only Pill (POP) – a tablet taken every day, without a break.
    - The contraceptive injection (Depo-provera) - administered every 3 months.
    - The contraceptive implant (Nexplanon) - a small plastic rod which is fitted into the upper arm. Needs replacing every 3 years.

- Progestogen tablets (e.g Norethisterone or Medroxyprogesterone acetate/Provera) - they can be given continuously and are very effective at stopping periods. They contain a higher level of progestogen hormone and can often have more side effects such as acne, bloating, mood changes and weight gain. For this reason, they are not preferred as a long term treatment option but can be very effective when used in short courses (2-3 months) to get bleeding symptoms under control.

Surgical treatment options

Surgery may be considered if medications are ineffective or not appropriate.

- Endometrial ablation - is a minimally invasive procedure which involves destroying the lining of the uterus, using heat to reduce or stop menstrual bleeding by preventing the uterine lining from regenerating each month. It is usually done as a day case under general anaesthesia (asleep) but can also be offered as an outpatient procedure, with you awake in the clinic. It has a relatively quick recovery time and most women will return to their normal activities within a few days. It is most appropriate for women with a normal sized uterus and is not suitable for those who have large fibroids causing distortion of the shape of the uterine cavity. You must be certain that your family is complete and/or you have no desire for future fertility as pregnancy after endometrial ablation can be very risky.
- Hysterectomy - the complete removal of the uterus, is a definitive treatment for HMB and eliminates periods entirely. It is a major operation and typically considered only when other treatments have failed or are unsuitable. Hysterectomy is only suitable for women who have completed their family and/or have no desire for future fertility. It may be performed through different routes including vaginally, laparoscopically, robotically or through an open abdominal incision. This will depend on the size of the uterus and other individual factors. Your doctor will be able to advise which approach is most appropriate for you. A hysterectomy is a major operation with significant risks including bleeding, infection, venous thromboembolism (clots in the legs or lungs), and damage to pelvic organs (including bowel, bladder, ureters, blood vessels and nerves).

Treatment options for specific causes

- Polyps - removal of polyps at the time of hysteroscopy (thin telescope in to the uterus) can help to improve heavy menstrual bleeding. This can be done whilst awake in the outpatient clinic or under general anaesthesia (asleep).
- Fibroids - there are several treatment options that may also be considered if you have fibroids. These include medicines to shrink the fibroids that come in the form of tablets (Ryeqo) or monthly injections (Zoladex/Prostap). There are also specific surgical treatment options including myomectomy (operation to remove the fibroids whilst preserving the uterus) or a less invasive procedure called Uterine Artery Embolisation (UAE) which blocks the blood supply to the fibroid. Your gynaecologist can discuss these options with you and can provide more specific information about the treatment of fibroids.
- Adenomyosis - medicines in the form of monthly injections (Zoladex/Prostap) may also be used to shrink the areas of adenomyosis within the uterine wall and stop periods. These injections can also be effective at treating endometriosis which often co-exists with adenomyosis.

Fertility considerations

Not all treatments are suitable if you are planning pregnancy in the near future. Hormonal treatments are reversible and do not cause harm to your long term fertility. Procedures such as endometrial ablation or hysterectomy are not appropriate if you wish to become pregnant. If preserving fertility is important to you, always discuss this with your doctor before choosing a treatment path. In some cases, referral to a fertility specialist may be recommended for full consideration of all options available to you before deciding on how to proceed.

When should you see a doctor urgently?

Seek medical advice immediately if you:

- Bleed so heavily that you are soaking through sanitary pads and are needing to change them every 30-60 minutes
- You are bleeding heavily and feel faint, dizzy, or extremely fatigued
- Experience persistent severe pain or fever after a surgical treatment or procedure
- Have symptoms of severe anaemia, such as dizziness, shortness of breath, palpitations and very pale skin

Final thoughts

Heavy menstrual bleeding is a common but treatable condition. If your periods are disrupting your life, it is important to speak to a healthcare professional. You do not have to live with the inconvenience and distress of heavy bleeding, safe and effective treatments are available. Understanding your options and being involved in the decision making process can help you choose the treatment that works best for you.

Contact information

Whiston and St Helens Hospital sites

Gynaecology secretaries
Womens offices, Whiston Hospital
Tel no. 0151 676 5289
Gynae.secs@MerseyWestLancs.nhs.uk

Gynaecology Ward (3E)
Level 3, Whiston hospital
Tel no: 0151 430 1522

Southport and Ormskirk Hospital sites

Gynaecology secretaries
Tel no. 01695 656658

Gynae assessment bay (E ward)
Tel no. 01695 656901

Further Information

You may find the following websites and resources useful:

NHS HMB Page: www.nhs.uk/conditions/heavy-periods

Women's Health Concern https://www.womens-health-concern.org

NHS – Uterine Fibroids https://www.nhs.uk/conditions/fibroids

Royal College of Obstetricians and Gynaecologists www.rcog.org.uk

British Fibroid Trust https://britishfibroidtrust.org.uk

The Hysterectomy Association https://hysterectomy-association.org.uk/

Menstrual and pain diary

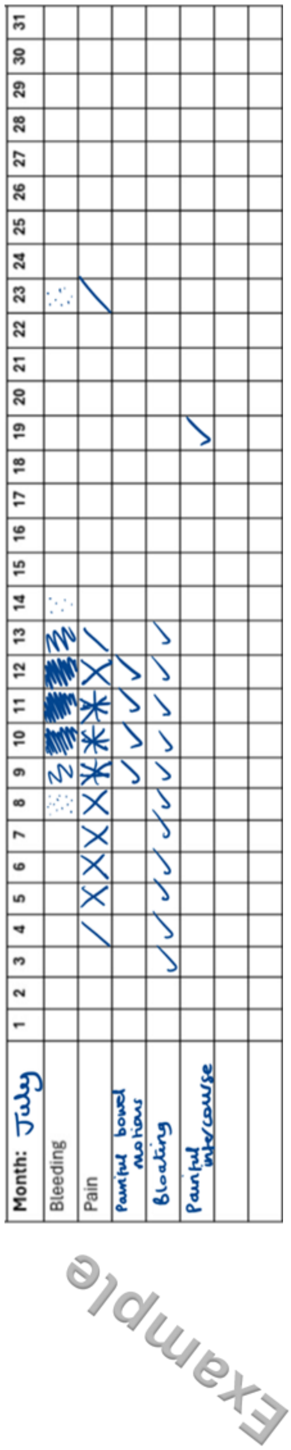
Please record your bleeding, pain and any other symptoms experienced during your menstrual cycle using the chart below. Alternatively, you can record the information using a mobile app.

Pain: mild ⧄ moderate ☒ severe ✱ **Bleeding:** light / spotting ⬚ moderate ▨ Heavy ■

Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Bleeding																															
Pain																															

Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Bleeding																															
Pain																															

Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Bleeding																															
Pain																															



NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance

Please ask a member of staff if you would like a chaperone present during your procedure.

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111

www.MerseyWestLancs.nhs.uk