

Fact Sheet

Post-menopausal bleeding (PMB)

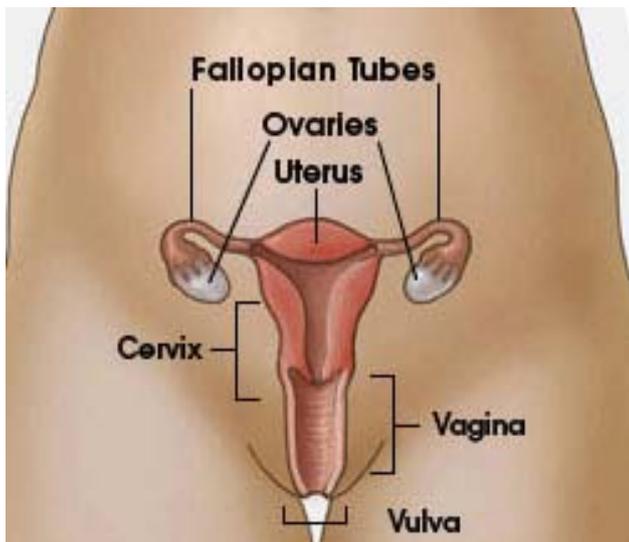
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Menopause is the time in a woman's life when her periods stop.

- For most women this happens around age 51, although it can vary from about ages 47 - 55.
- Some women find their periods stop quite suddenly, whereas for others, the changes happen over a number of years with the periods becoming gradually lighter and/or some periods being missed occasionally.
- Once a woman has not had a period for 12 months, she is said to be menopausal (or post-menopausal).

The menopause happens because the ovaries are no longer producing eggs or large amounts of the female hormones called estrogen and progesterone.

The result of these changes is that your periods stop. The lower hormone levels also cause some of the symptoms which many women experience when going through the menopause like hot flushes and vaginal dryness.



Bleeding after a woman is menopausal is called post-menopausal bleeding (PMB).

- PMB is quite common, occurring in about 5 – 10% of women who are not taking hormone therapy and even more frequently in women taking hormone therapy.
- While PMB is common, it is not considered normal.
- Mostly the causes are not serious, but 1 in 10 women with PMB who are not on hormone therapy, have an underlying cancer.
- For women on most forms of menopausal hormone therapy, the chance that the bleeding is due to a cancer is generally lower, about 1 per 100, but the bleeding still needs investigating.

Therefore, if you have any vaginal bleeding or spotting after menopause, you should see your GP or gynaecologist about it without delay.

In 90% of women with post-menopausal bleeding, the cause is benign (not due to cancer) but it is important to have any bleeding checked so that your doctor can make sure that you are not part of the small group of women for whom the bleeding is caused by a gynaecological cancer.

The good news is that most cancers that cause PMB can be cured with treatment.

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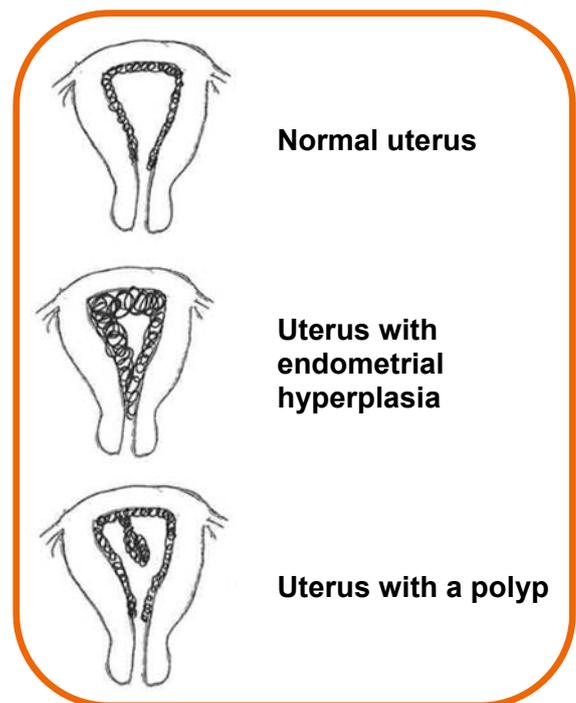
What can cause post-menopausal bleeding?

There are a number of causes of PMB which include:

- **Thinning of the skin** and tissues of the vagina, cervix and uterus is the commonest cause of PMB. It is due to lower levels of the female hormone estrogen and changes caused by aging. It includes:
 - thinning of the vaginal skin – this is called atrophic vaginitis
 - thinning of the lining inside the uterus (the endometrium)
- **Changes in the uterus or cervix** including:
 - polyps (small growths) which are quite common and usually harmless.
 - endometrial hyperplasia – thickening of the lining of the uterus. Hyperplasia is not cancer but is thought of as 'pre-cancer'. In some cases the cells are normal but in others they have become abnormal containing changes called 'atypia'. Hyperplasia with atypia has a higher chance of becoming cancer unless treatment is given.
 - cancers of the genital tract, causing about 10% of PMB and include:
 - cancer of the endometrium (lining of the uterus) – the most common
 - cancer of the cervix (neck of the womb)
 - cancer of the vagina
- **Bleeding from other organs** such as bladder, bowel or skin
 - sometimes the blood is not coming from the uterus, cervix or vagina but is instead coming from elsewhere.

- **Medications** including:

- hormone therapy (HT) taken after menopause to help with menopausal symptoms can sometimes cause bleeding. Bleeding is quite common at the beginning of therapy and then usually settles – however, light bleeding can occur at any time on HT.
- 'natural' hormone therapies like plant estrogens made from soy, red clover, black cohosh, as well as 'bio-identical' hormones made up by some pharmacists can also cause the lining of the uterus to become thick and bleed.
- medicines which you may be taking for other reasons can also cause vaginal bleeding. Such medicines include blood thinning tablets such as warfarin, or the hormone tamoxifen which is used to prevent breast cancer from coming back after treatment.



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How will the reason for my post-menopausal bleeding be found?

Your GP or gynaecologist will ask questions about your bleeding, and about any medicines which you are taking, including any over the counter medicines and 'natural' hormones. Your doctor will then examine you carefully and also usually take a Pap smear from the cervix.

Ultrasound Scan

You will usually have an ultrasound scan of the uterus. This scan is generally done as a vaginal scan, which means a narrow ultrasound probe is placed inside the vagina.

- This gives much clearer and more accurate pictures of your uterus and its lining, as well as the cervix and ovaries, than doing the scan through your tummy.
- Although it sounds uncomfortable, most women have little or no discomfort. In fact, many women find a vaginal scan more comfortable because the bladder is empty, compared to a tummy scan which requires a full bladder. Occasionally, a tummy scan may be a better option in your case

If the ultrasound scan shows the lining of the uterus to be thicker than usual or if a clear picture isn't obtained, it is sometimes necessary to do a more specialised ultrasound scan called a **saline sono-hysterogram**

- For this test, a small amount of fluid is placed into the cavity of the uterus during the scan using a very fine tube to give a better picture. This test may be mildly uncomfortable but most women tolerate it very well and it usually only takes a few minutes.

Further Investigation – Endometrial Sampling

To work out what is causing your PMB, it is also often necessary to undergo 'endometrial sampling'. This means that a small sample of cells is taken from the endometrium (lining the uterus) and checked under the microscope.

Endometrial sampling can be done in two ways – a pipelle endometrial biopsy or a hysteroscopy. Your gynaecologist will discuss which method would be the best in your particular case.

• Pipelle endometrial biopsy

- A small thin catheter (tube) is passed into the endometrial cavity through the vagina and cells are collected.
- This is like having a pap smear and can be done in the hospital clinic or your gynaecologist's consulting rooms.
- The procedure may be mildly uncomfortable but it only takes a minute or so.
- Occasionally, in some post-menopausal women, the uterine cervix is quite narrow and the pipelle tube will not pass through the cervix. In this case your gynaecologist will advise a hysteroscopy with a general anaesthetic in the operating theatre.



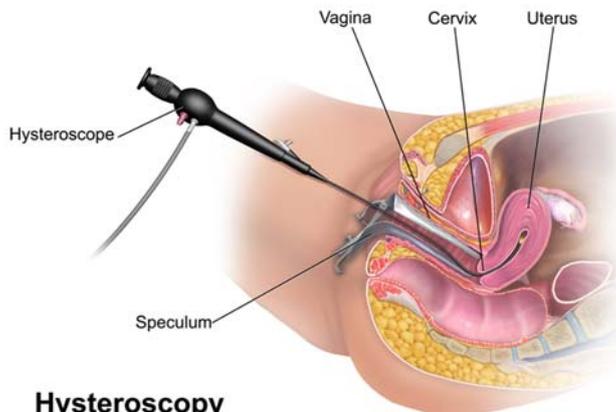
Pipelle in uterus (to scale)

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• Hysteroscopy and curettage

- A thin telescope is passed into the endometrial cavity through the vagina and cervix, and cells are collected.
- This test can be done in your gynaecologist's consulting rooms without a general anaesthetic or in the operating theatre with a general anaesthetic (you are asleep).
- Your gynaecologist will discuss which is more suitable for you.

[Please read our fact sheet on Hysteroscopy]



Hysteroscopy

Att hysteroscopy image: ¹ By BruceBlaus - Own work, CC BY-SA 4.0, <https://commons.wikimedia.org/w/index.php?curid=44969115>

What treatment will I need for the bleeding?

The treatment you will be offered will depend on the reason for your bleeding.

Atrophic Vagina or Endometrium

Women with atrophic vaginitis may experience vaginal itching, discharge and pain with sex in addition to occasional light bleeding.

- Using female hormones (estrogen) as a vaginal cream or tablet is often very helpful for these symptoms.
 - The treatment is used every night for 2 weeks and then 2 or 3 nights a week indefinitely.
 - Hormones given in the vagina in low doses like this do not increase your risk of cancer.
- If vaginal dryness is a problem, including discomfort with sex, then vaginal moisturisers can also be tried. These include products like Replens® and Sylk®. They should be used regularly, a few times a week, not just as lubricants at the time of sex.

Women with PMB thought to be due to an atrophic endometrium will generally not be offered treatment unless the bleeding keeps on occurring; for most women it stops without treatment.



Vagifem® application (cc Novo Nordisk)

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Bleeding due to hormone therapy

If the cause of your postmenopausal bleeding is thought to be due to your hormone therapy, then your GP or gynaecologist will discuss your treatment and dosage options with you.

If the PMB has settled and you are happy on your current therapy, you may decide to remain on it and see what happens, or you may decide to change the product or dosage you are taking.

If you still have a uterus and are taking estrogen therapy, it is important that you also take a progestin (progesterone-like hormone).

- Estrogen is the female hormone which stops hot flushes and other menopausal symptoms but it can also cause the endometrium to thicken up.
- A progestin is also a female hormone and its role is to protect the lining of the uterus from becoming too thick and developing hyperplasia, polyps or cancer.
 - Some women find they have side effects from progestin tablets - bloating, headaches, weight gain.
 - If you have these problems, your GP or gynaecologist can discuss alternative ways of taking progestin, for example as an intrauterine device (IUCD - Mirena®) which causes fewer side effects.

Bleeding due to 'natural' hormones and over the counter preparations

Your GP or gynaecologist will discuss these medications with you and together you should be able to find the best way to manage your menopausal symptoms without risk of bleeding.

Endometrial hyperplasia

- If you have hyperplasia with no atypical cells-
 - the chance of you developing cancer is low (less than 5% over 20 years) .
 - your gynaecologist will discuss the options for treatment with you; these may include therapy with a progestin.
 - generally there will be regular follow up and repeat endometrial sampling to make sure the endometrial changes have gone.
 - sometimes a hysterectomy (removing the uterus) may be considered.
- If your sample shows hyperplasia with atypical cells-
 - your gynaecologist will usually advise you to have a hysterectomy to prevent you from developing a cancer.
 - your gynaecologist may also advise removing your tubes and ovaries - this removes the risk of them also developing cancer; however, it also takes away the small amount of hormones the ovaries are still producing and you may want to discuss this with your doctor. *[Please see our hysterectomy fact sheet]*

Your gynaecologist will discuss the options for treatment of endometrial hyperplasia with you and together you will work out the best decision in your particular situation.

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Tamoxifen

Tamoxifen is a medication sometimes taken by women who have had breast cancer to reduce the chance of the cancer coming back. Tamoxifen is known to cause the lining of the uterus to become thick in some women.

- In a small number of women this can lead to endometrial hyperplasia, endometrial cancer and, very rarely, uterine sarcomas (a different type of cancer of the muscle of the uterus).
- It is important to remember that tamoxifen is very good at reducing breast cancer coming back and only very rarely causes these problems in the uterus. The benefits of taking tamoxifen are much higher than the risks of taking it.
- Routine ultrasounds of the lining of the uterus or routine pipelle samples have not been found to be helpful to detect early endometrial changes in women taking tamoxifen.
- Current advice is that the best approach is to investigate early if a woman on tamoxifen develops bleeding or spotting. Therefore, you should consult your GP or gynaecologist if you are on tamoxifen and you have any post-menopausal bleeding or spotting.
- If you have bleeding on tamoxifen, you will generally be advised to have a hysteroscopy to make sure there are no polyps and the uterine lining is not thickened or abnormal.
- If endometrial hyperplasia is found, your doctors will decide whether you should continue the tamoxifen and whether a hysterectomy as treatment for the hyperplasia is appropriate. Each woman's situation is different and your personal situation will be discussed with you.

What if my bleeding is found to be due to a cancer?

If your bleeding is due to a cancer you will be referred to a gynaecologist who specialises in cancer.

- Endometrial cancer is the most common cancer to cause post-menopausal bleeding and it generally requires treatment by hysterectomy (removal of the uterus) together with removal of the ovaries and tubes.
- Some women may also need other treatment such as radiotherapy.
- The good news is that this type of cancer has a very high cure rate with treatment, particularly if the diagnosis is made early.
- Your cancer specialist will discuss all of this with you.

Postmenopausal bleeding is a fairly common problem and in most cases the cause of the bleeding is harmless and can easily be fixed. Even if a cancer is found it can usually be cured. It is very important that you see your doctor if you have PMB so that appropriate management can be arranged early.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au