

## Fact Sheet

# Heavy Periods – Menorrhagia

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Heavy periods (also called menorrhagia) are a common problem for women. Having heavy periods does not always mean there is something wrong; in fact, in more than half of women with heavy menstrual bleeding we cannot find a cause.

However, if your periods are concerning you it is important to visit your GP to discuss the problem so she or he can check for a reason for your bleeding and help you manage the symptoms. Some women who have heavy periods also experience pain with their periods.

**Be assured that there are many successful and often fairly simple ways to treat heavy and painful periods**

### How do I know if my periods are heavy?

If you lose more than 80mL of blood during your period it is considered to be heavy. However it is not necessary, or possible, to measure how much blood you are losing.

Any of the following are a sign that your bleeding is heavy:

- passing large (eggcup size) clots of blood
- blood soaking through pads or needing to wear maternity pads, particularly at night
- having to change pads or tampons very frequently (every couple of hours)
- periods lasting longer than a week.

Your periods should also not be so heavy or painful that they stop you from doing everyday tasks like attending work or school.



Symptoms you should be concerned about include:

- feeling very tired
- feeling dizzy, weak or faint
- having chest pain or feeling short of breath, particularly when you exercise.

These feelings are a sign that you have lost too much blood (also called anaemia) and need more iron to make red blood cells. It is important to tell your doctors about these symptoms.

### What could be causing my heavy periods?

We know that the following conditions affecting the uterus or ovaries can be reasons for heavy periods:

- fibroids [see fact sheet on fibroids]
- adenomyosis – this is a very common change which occurs in the uterus, usually happening when women are in their thirties. It is caused by the glands (endometrium) of the uterus growing into the muscle wall of the uterus. This makes the uterus larger and sometimes painful and it can lead to heavy and painful periods
- polyps of the lining of the uterus (endometrium). These small areas of thickening of the lining of the uterus can cause heavy bleeding or spotting in between your periods (called intermenstrual bleeding)
- thickening of the lining of the uterus (called endometrial hyperplasia)
- polycystic ovarian syndrome [see fact sheet on PCOS]
- cancer of the uterus (this is a very uncommon reason for heavy periods)

Note - there are separate fact sheets available about some of these conditions

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Other conditions that may be associated with heavy periods include the following:

- in young women who have very heavy bleeding right from the first period (and especially if other family members have the same trouble) this can be caused by problems of the blood clotting factors or clotting cells
- an under-active thyroid gland
- some types of IUCD (intrauterine contraceptive devices) may lead to heavy periods. The copper containing IUCDs often make periods heavier while progesterone IUCDs like Mirena® make periods lighter
- some medications have heavy periods as a side effect:
  - anti-coagulants like warfarin
  - certain cancer treatments (chemotherapies)

**Your doctor will try and work out if there is a particular reason for your heavy bleeding**

**However, sometimes no special reason is found. Some women just have heavy periods. For others, the problem develops in their late thirties and forties. This may be because their hormones are changing as they approach the menopause.**

**Whether or not we find a reason, there are often very simple things that can be done to manage the problem and make life easier for you**

### **How will my doctor find a reason for my heavy periods?**

Your doctor will ask you questions about your periods and other symptoms, and will need to know about any medicines you take, or treatments you have tried so far to help with your heavy periods.

Usually you will have your pulse and blood pressure checked as well as a pap smear and pelvic examination. If you have never had sex you do not need a pap smear or internal examination and your doctor will just check your abdomen (tummy) to try to find if your uterus is bigger than normal - for example if it has fibroids.

### **Specials tests which are often done include:**

- Blood Tests
  - a blood test to check for anaemia (low haemoglobin) is almost always done. Testing for low iron (needed to make haemoglobin) is often also done. If your iron levels are low your doctor will advise a diet high in iron and prescribe iron tablets for you
  - a test to see how well your thyroid is working is often also done
  - if your periods have been heavy since the beginning or you have other bleeding problems (like bleeding heavily at the dentist or after surgery) your blood clotting may be checked. This is only occasionally done.

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- **Pelvic Ultrasound**
  - A pelvic ultrasound looks at the uterus and ovaries to see if there are reasons for the heavy periods. This ultrasound is usually done with the ultrasound probe in the vagina (called a transvaginal ultrasound). This might sound painful but it is actually not uncomfortable especially since you don't need a full bladder.

Doing the ultrasound this way allows a 'close-up' look for problems and generally gives a clearer picture than looking through the abdominal wall (tummy). However, if you have never had sex, the ultrasound will be done through the abdominal wall.

- **Hysteroscopy and Curettage of Uterus**
  - Sometimes your gynaecologist will arrange a small procedure called a hysteroscopy where a fine telescope is used to look inside the cavity of the uterus and take a sample from the endometrium. Taking a sample like this is called curettage or endometrial biopsy. [see fact sheet on hysteroscopy]



### **What can be done to manage my heavy periods?**

The best way of managing your heavy periods will depend on whether a cause has been found, whether you still want to have children, and what treatments you feel most comfortable with.

There are many treatment options available, from very simple (taking tablets just for a few days during the period) all the way to having the uterus removed.

Treatments include

- **Medical treatments (medication)**
  - given as a tablet
  - placed inside the uterus as an intrauterine device.
- **Surgical treatments (operation) including**
  - removing the lining of the uterus
  - removing large fibroids
  - removing the uterus itself (hysterectomy).

### **Medical Treatments**

The good news is that many of the simple medication options work very well. This often is true even if you have conditions of the uterus such as fibroids or adenomyosis, or even a blood clotting disorder.

As well as being effective in solving the problem, they are unlikely to cause serious side effects and don't carry the risks of surgery.

### **Tablets You Take Just During the Period**

- **Tranexamic Acid**
  - Reduces blood loss by about 50%
  - Generally does not reduce pain
  - Begins to work within 1 – 2 hours but only works for 6 – 8 hours so need to repeat the dose 3 – 4 times daily on the heavy days
  - Few side effects, occasional nausea
  - Needs a prescription
  - Not contraceptive

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- **Non-steroidal anti-inflammatory medications like ibuprofen and mefenamic acid**
  - Reduces blood loss by about 50%
  - Also reduces period pain
  - Need to take every 6 - 8 hours
  - Works best if you start taking them on the day before your period starts (if you can) and continue over the heavy days
  - Usually few side effects but can cause nausea, heartburn, diarrhoea, worsening of asthma
  - Doesn't need a prescription; can buy from supermarket or chemist
  - Not contraceptive

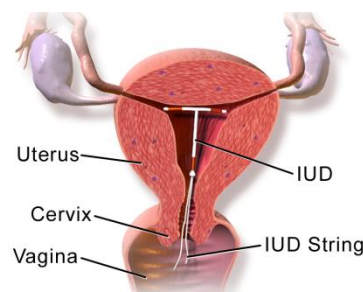
#### Tablets You Take The Whole Month

- **The oral contraceptive pill**
  - Reduces blood loss by about 50%
  - Also reduces period pain
  - Can skip some periods altogether
    - You can take the pill in the normal way - 3 weeks of active pills, one week of dummy pills during which you have a period **OR**
    - You can take the active pills continuously (miss the dummy pills) for a few packets to skip periods altogether. A popular choice is to take 3 packets in a row and then have a period after 9 weeks rather than after 3 weeks. This is known to be completely safe although using the pill this way may occasionally result in spotting in between periods.
  - Usually few side effects but can cause nausea, breast tenderness, mood changes; can also rarely cause a clot to block blood vessels in the legs or pelvis (under 1 per 1000 - this is slightly more than for women not on the pill, but less than for women who are pregnant or have just had a baby)
  - Need a prescription
  - Contraceptive

- **Progestin hormone pills such as norethisterone (Primolut N®)**
  - Reduces blood loss by up to 80%
  - Taken from day 5 to day 25 of each cycle (about 3 weeks out of 4).
  - Generally less popular because of side effects which include weight gain, bloating, acne and depression; however do not cause any increase in clots blocking blood vessels
  - Needs a prescription
  - Not contraceptive.

#### Medication Delivered via an IUCD (Intra uterine contraceptive device)

- **Mirena®**
  - Reduces blood loss 70 - 100% by 12 months
  - Also reduces period pain
  - Works by releasing a progestin directly into the lining of the uterus so that it becomes thin; this makes your periods light.
  - Can stay inside the uterus for up to 5 years
  - Few side effects because the hormone mostly acts just inside the uterus. Spotting on and off for the first 6 months is common; it usually settles after that. Rarely causes breast tenderness, headache, acne.
  - Needs a prescription and insertion by a trained health professional
  - Contraceptive



**Intrauterine Device (IUD)**

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### Surgical treatments

Sometimes a surgical treatment is necessary. The best procedure for you may depend on whether a cause has been found for your heavy periods.

For example, if you have fibroids, the advice your doctor gives may be different from the advice given if you have adenomyosis or if you have no obvious cause for the heavy bleeding. [See Fact Sheet on Fibroids for specific advice about fibroids].

The choice of operation also depends on what other symptoms you have (eg pain) and what your personal preferences are.

### Day Surgery Operation

- **Endometrial ablation**

- With this day-surgery operation various methods are used to remove the lining of the uterus including heating, radiowaves and microwaves; removing the lining usually makes periods very light.
- It permanently changes the inside of the uterus and should only be performed when your family is complete.
- Reduces blood loss by 70 – 100%
- Not suitable for all patients
- Even where suitable, not successful in the longer term in about 20% of women. The other 80% are usually happy with the result
- Not contraceptive – other contraceptive measures MUST be taken to prevent pregnancy which is risky after ablation

### Bigger Operations

- **Myomectomy**

- This is removal of fibroids
- Sometimes a fibroid can be removed during a hysteroscopy or endometrial ablation (day surgery) but mostly it is a bigger operation done via several small cuts on the tummy (keyhole surgery) or one large cut.
- Major surgery can sometimes, but not usually, have complications like injury to internal organs, very heavy bleeding during the surgery or infection afterwards
- Success in reducing bleeding depends on how many fibroids are removed, how big they are and where they sit in relation to the lining of the uterus (see Fact Sheet on Fibroids)

- **Hysterectomy**

- This is removal of the uterus.
- After a hysterectomy, all periods will stop
- Over 95% of women are happy with the result after a hysterectomy
- However, it is quite a big operation and there are some risks involved (as for myomectomy above). Simpler options should be carefully considered before deciding a hysterectomy is right for you [see Fact Sheet on Hysterectomy]

**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

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The table below compares the different treatment options available for heavy menstrual bleeding

Treatment	How it works	Possible side effects or problems	How well does it work?
Tranexamic acid Taken during period	Increases blood clotting which reduces how fast bleeding can occur  Not contraceptive	Usually few side effects. Occasionally causes nausea	Bleeding decreases by about 50%
Non-steroidal anti-inflammatories such as ibuprofen and mefenamic acid Taken day before and during period	Reduces hormones called prostaglandins which cause heavy and painful periods  Not contraceptive	Usually few side effects. Occasionally causes tummy upset such as heartburn, nausea or diarrhoea. Can rarely cause ulceration of stomach or small bowel	Bleeding decreases by about 50% Decreases pain too.
Oral contraceptive pill Can be taken continuously to skip periods	Regulates (controls) the hormones of the menstrual cycle  Contraceptive	Usually few side effects. Occasionally causes nausea, breast tenderness, mood changes, spotting.  Some women are advised not to take the pill (e.g. women who have had a blood clot in their veins or smokers 35yo and older)	Bleeding decreases by about 50% Decreases pain too
Progestin pills Taken day 5 to day 25 of cycle (3 out of 4 weeks)	Regulates (controls) the hormones of the menstrual cycle  Not contraceptive	May cause more side effects than other medications – weight gain, bloating, acne, breast tenderness, depression, spotting.	Bleeding decreases by up to 80% Decreases pain too

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Treatment	How it works	Possible side effects or problems	How well does it work?
Progestin releasing IUCD (Mirena)	<p>Releases progestin hormone continuously into the lining of the uterus to make it thin and the periods light.</p> <p>Needs to be replaced every 5 years.</p> <p>Contraceptive</p>	<p>Usually few side effects. Spotting common in first 6 months - then usually, but not always, settles.</p> <p>Rarely can have breast tenderness, headache, bloating or acne.</p> <p>Extremely rarely the IUCD travels through the uterus into the abdomen requiring surgery to remove it (perforation)</p> <p>Rarely IUCD can fall out.</p>	<p>Bleeding decreases by 70 – 100%</p> <p>Decreases pain too</p>
Endometrial ablation Day Surgery Procedure	<p>Removes the lining of the uterus.</p> <p>Not contraceptive BUT it is very important not to fall pregnant after having an ablation as pregnancy can be risky.</p>	<p>Usually low risk procedure. Rarely complications occur like infection or damage to the uterus with possible damage to organs around the uterus (bowel or bladder)</p>	<p>Bleeding decreases by up to 70 – 100%</p> <p>May or may not decrease pain</p> <p>Not suitable for all bleeding problems. When suitable, about 80% happy with result while 20% find heavy periods return over time.</p>
Myomectomy	<p>Removes large fibroids, makes overall uterus and lining of uterus smaller</p>	<p>Relatively major surgery carrying usual risks of surgery</p>	<p>Results vary depending on the fibroid size, number and location</p>
Hysterectomy	<p>Stops periods altogether by removing the uterus</p>	<p>Relatively major surgery carrying usual risks of surgery</p>	<p>100% effective in stopping bleeding; does not always stop the pain</p>