Heavy menstrual periods: causes and treatments

Department of Gynaecology

Information for Patients

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Why might periods become too heavy?

There are several reasons why periods may become too heavy. Sometimes more than one of these problems can happen at the same time.

How much is too much?

There are so many medical definitions as to how much is too much bleeding, but if it's too much for you, then its too much. Some women bleed so much that they have to wear 2 pads or tampons and pads at the same time and have to change them often - sometimes more often than every hour. They may leak or flood (spoiling clothes and bed sheets) and pass large blood clots. If the bleeding is too much and/or goes on for too long, women can become anaemic and feel tired, dizzy and feel like their heart is beating too fast, or higher in their chest than normal. They may have to change their plans during their periods; avoid sports, going out, sex and have to take time off work.

Fibroids

Fibroids are growths of muscle coming from the wall of the womb. These can cause heavy periods by increasing the size of the womb and the surface area of the lining of the womb as well as the amount of blood supply to the womb. If fibroids are very large they can also put pressure on the bowel, bladder and tubes that carry the urine and cause problems with them.

Fibroids are very common; about 3 out of 10 of women will have fibroids if they have a routine scan. Treatment is only needed if they are causing heavy periods, pressure on other body parts like your blood vessels, bowels, bladder or tubes that take the urine from the kidneys down to the bladder (ureters), or if they are growing after the menopause. Most fibroids will shrink after the menopause. Normally fibroids grow slowly over time but they may grow faster in pregnancy as they grow in response to oestrogen. Very rarely lumps

that are thought to be fibroids on scans turn out to be cancerous growths called sarcomas, but this is very rare and most likely when we see fibroids growing after the menopause.

Polyps

Endometrial and cervical polyps are fleshy growths from the linings of the womb and cervix. They tend to cause irregular periods, bleeding after sex, lots of vaginal discharge or bleeding after the menopause but can also cause heavy periods. Most polyps are not harmful but a small number of them will have pre-cancerous or even cancerous changes. It is always best to remove them for testing and to stop the symptoms.

Clotting problems

Sometimes women having heavy periods are found to have a clotting problem. This is unusual but is more likely if they have always had heavy periods or if they have bleeding for other places like the gums or nose bleeds, or have a family history of bleeding problems . Other women may be on medication which thins the blood (for example aspirin, warfarin, clopidigrel) and they may suffer with heavy periods due to the medication.

Thyroid problems

When a woman has a problem in the function of her thyroid gland it may become overactive or under-active. When this happens, normally there are other signs and symptoms which suggest this condition but occasionally, heavy periods might be the only problem.

Endometriosis and adenomyosis

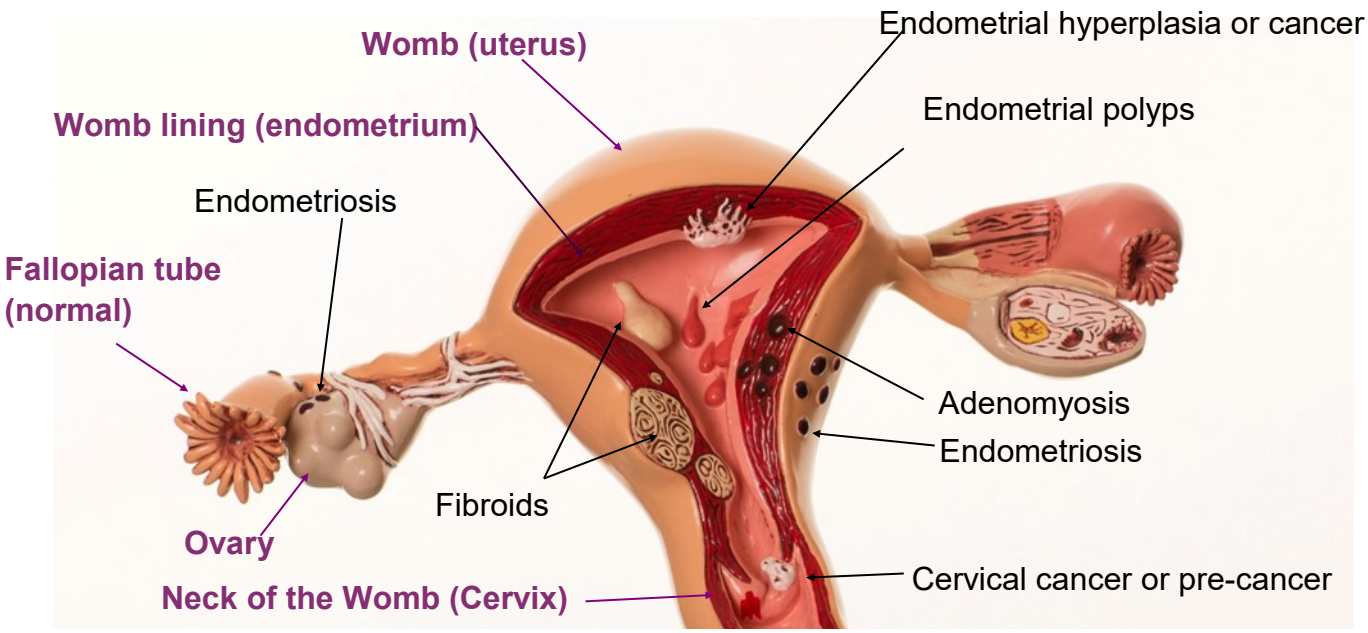
These conditions are where there are spots of the lining of the womb growing in the wrong place. Where the spots are growing in the muscle wall of the womb this is called adenomyosis. Where the spots are outside of the womb (such as around the ovaries, fallopian tubes and outer surface of the womb) this is called endometriosis. These conditions can be found in combination with fibroids and period pain which starts before the period.

Precancerous changes of the womb lining (endometrial hyperplasia)

Sometimes heavy periods are due to precancerous or cancerous changes in the lining of the womb. Sometimes these changes are found within polyps. Changes are more likely in women who are over 45 years, overweight (BMI over 30), women with polycystic ovarian syndrome, diabetes or kidney disease and women with some genetic abnormalities for example, BRCA and HNPCC.

These changes more likely if you are having very frequent periods or bleeding after sexual intercourse or in between periods.

Taking oestrogen without enough progesterone to balance it out (unopposed oestrogen) and Tamoxifen (medication used to treat breast cancer) also increase the risk of endometrial changes.



- **Dysfunctional uterine bleeding (DUB)** DUB is a condition that can affect nearly every woman at some point in their life. It causes bleeding to occur outside of the regular pattern where women have heavy, irregular infrequent and sometimes prolonged periods. There is nothing abnormal found in the womb but there is an imbalance in the hormones which should stimulate the ovaries to release the eggs. This means egg production (ovulation) is not regular so there are longer gaps between periods. This allows the womb lining to build up leading to a heavy period when it eventually comes. These sorts of cycles also increase the chance of polyps growing and precancerous and cancerous changes being found due to the hormonal imbalance.

  It is most often seen

  - in the teenage years,
  - before the menopause,
  - in women with polycystic ovarian syndrome

What tests can I have?

You will need to be examined with an instrument to look at the cervix, called a speculum, and have an internal examination with the fingers. Several other tests may be recommended to you to find out the cause of the bleeding in your case.

- **Ultrasound -** will usually be able to show if there any fibroids, adenomyosis, cysts, or polyps.
- **Blood tests -** will check you for anaemia, thyroid problems and clotting disorders if you have other symptoms that suggest these conditions. Routinely testing hormone levels (FSH) to see if you are going through the menopause is not needed and unreliable in women over 45 years. If you are over 45y and having symptoms of the menopause that is enough to say you are perimenopausal.
- **Endometrial biopsy -** a small sample may be taken from the lining of the womb to test for abnormal cells. This is done with a speculum and a tiny straw is passed through the cervix to

sample the lining. This may be uncomfortable or sometimes painful and cause some bleeding for a few days.

- **Hysteroscopy and biopsy -** a small camera is passed through the neck of the womb to see the inside of the womb and check for polyps, abnormal cells and fibroids that grow into the womb cavity (submucous fibroids). This is usually done in clinic with painkillers but can be done under general anaesthetic (where you are put to sleep) if you prefer and it is safe to do so.
- **Laparoscopy -** an operation to look into the abdomen with a small camera. This may be necessary where endometriosis is suspected.

Occasionally an MRI scan may be helpful where the ultrasound is unclear.

What are the treatments options?

Treatments offered will depend on the problem that is causing your bleeding.

- ### Mirena Intrauterine System (IUS)

This is a plastic device which is fitted into the womb and releases very low doses of progesterone hormone steadily into the womb. Side effects are minimised as the dose is low and often settle after the first few months of use but it can take over 6 months to see the full benefit. It is recommended as first line treatment and lasts for 5years or 7 years if you are over 45 years. It is also an effective contraceptive and can also be used as part of HRT (when it lasts for 5 years).

- ### Non-steroidal anti-inflammatory drugs (NSAIDS)

Non-steroidal anti-inflammatory drugs (NSAIDS) are a group of non-hormonal medicines. They include aspirin and ibuprofen. These medicines are effective pain relief and also often help reduce the amount of bleeding by up to half. The most commonly prescribed of these are Mefanamic acid (MFA) and Naproxen. It is taken regularly from the start of the period or period pain until the period finishes, It should be avoided if you have asthma, peptic ulcer and kidney disease or when other NSAIDs or blood-thinning medicines are being used.

- ### Tranexamic Acid (TXA)

This medicine reduces the amount of bleeding by stopping the breakdown of little blood clots in the blood vessels of the womb lining. You may not be able to take these if you have ever had a blood clot in a vein (deep vein thrombosis) or artery or lung (pulmonary embolus) or had a heart attack or stroke but can be a very effective non-hormonal way of controlling heavy periods. It is taken from the first day of the period but no more than 4 days in a row.

- ### Hormones

Hormones are very effective at controlling heavy periods. There are different ways that these can be given depending on your circumstances and whether you also need or want contraception at the same time.

- ### Combined oral contraceptive pill

As well as being effective contraceptives, these usually also reduce heavy bleeding. As long as you do not smoke and have no other cardiovascular risk factors these can be used in your 40’s, as long as you take a low oestrogen version (20microgam instead of 30 microgam) such as Mercilon. They may have the added benefit of often helping with hot flushes and other menopausal symptoms too.

- **Progesterone-only pills**

As well as being effective at preventing pregnancy, these usually reduce heavy bleeding or stop periods altogether. Some patients may have light but irregular bleeding especially in the first few months of use. You may get other side effects such as breast tenderness and bloating which often settle within a few months of taking them.

- **Cyclical progesterone's**

If you do not need contraception, but have heavy and long lasting or irregular periods, progesterone tablets can be taken to regulate the cycle and give a more predictable bleeding pattern. Medroxypogesterone acetate is given 2 times a day, or Norethisterone is given 3 times a day from the 5th day of your period to the 26th day of your cycle (21 days). 1 or 2 days after stopping the tablets, your period will start (day 1 again) and you can use Mefenamic acid and/or Tranexamic acid between day 1 and 4 to reduced bleeding further.

- **Contraceptive Implant (Nexplanon) and injection (Depo-provera, DMPA)**

Although these are not licensed for use to treat heavy periods, these long acting progesterone-only contraceptives do usually significantly reduce bleeding or stop periods altogether as well as being very effective contraceptives.

- **Hysteroscopic removal or polyps and fibroids in the womb cavity**

When polyps or fibroids are found inside the womb these are best removed with a device and camera specially designed to cut away polyps or fibroid tissue to send to the lab for examination. This can be done either under local anaesthetic or general anaesthetic. The device is inserted through a narrow telescope with a light and camera (hysteroscope) and all the polyps or fibroids from inside the womb cavity are removed. This reduces the risk of the polyp growing back. Fibroids are more likely to grow back following this treatment. Often a Mirena can be fitted after the removal of the polyps or fibroid. Other treatments for fibroids such as myomectomy and SONATA treatment are covered in separate leaflets.

- **Endometrial ablation (for example, Novasure or Minitouch)**

After all other causes of heavy periods have been ruled out and usually after trying the other treatments described, the womb lining may be burnt away to treat your heavy periods. This has a very high success rate, 7 or 8 out of 10 women report significant improvement in periods and up to half have no periods at all. This treatment is less likely to be successful if you are less than 40 years old. It can be done as an outpatient procedure or under general anaesthetic . Recovery time is only a few days. You must have completed your family as falling pregnant after this procedure is potentially dangerous. If you have sex with a man, you must continue to use contraceptives if you or your partner has not been sterilised. You may not be able to try the Mirena IUS after this procedure and it cannot be reversed. If you have problems after an ablation it is unlikely that we will be able to examine the inside of the womb due to scarring that occurs within the womb. Up to 25 out of 100 women may need surgery (hysterectomy) in the 5 years after the ablation.

- **Hysterectomy**

Where other treatments have failed or are not possible, a major operation can be done to remove the womb permanently as long as it is a safe option for you. You will no longer have periods and will not be able to have a baby after the operation. This may be carried out through a keyhole surgery or through a cut in the lower tummy-depending on the size of your womb, if you have

endometriosis and any previous surgery you may have had. This treatment carries the highest surgical risk. A separate leaflet is available for this.

Your choices

The table above lists all the options, risks, side-effects

	NSAIDs	Tranexamic Acid	COCP and Progester-one	IUS (and Implants and DMPA)	Endometrial ablation	Hysterectomy
Success rates	Up to 50% decrease in flow	Up to 50% decrease in flow	Up to 50% decrease in flow	4 in 10 after 5 years	7 in 10 after 5 years	100%
Side effects or complications	May cause stomach Irritation/ ulcer	TXA can cause clots (VTE)	Hormonal side effects possible	Hormonal side effects for example bloating, irregular bleeding	Up to 1 in 10 women have monthly pain	Complications of major surgery
How and where	Taken with period	Taken with period	Taken daily	Usually fitted in clinic	Under local anaesthetic or general anaesthetic; 2 to 14 days recovery	Inpatient stay 1 to 3 days; 6 to 8 weeks recovery
Reversibility	Yes	Yes	Yes	Yes	No	No
Extra contraceptive needed	Yes	Yes	No	No	Yes	No
Chance of needing future surgery	Maybe	Maybe	77%	42%	3%	Almost 0

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