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Heavy menstrual periods: causes and treatments

Department of Gynaecology

Information for Patients

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What causes periods to become too heavy?

There are many 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 bleeding?

There are many medical definitions of what is too much bleeding. However, if you feel the amount your bleeding is too much for you, then it is too much. Some women bleed so much that they have to wear 2 pads or tampons at the same time. They 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. They can feel tired, dizzy and feel like their heart is beating too fast, or higher than normal. They may have to change their plans during their periods. This can be avoiding 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 womb size,
- the surface area of the lining of the womb,
- the amount of blood supply to the womb.

If fibroids are very large they can also put pressure on bowel, bladder and tubes that carry the pee and cause problems with them.

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Fibroids are very common. About 3 out of 10 women will have fibroids if they have a routine scan. You only need treatment for them if they are:

- causing heavy periods,
- putting pressure on other body parts like your blood vessels, bowels, bladder or tubes that take the pee from the kidneys down to the bladder (ureters),
- 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. This is very rare and most likely when we see fibroids growing after the menopause.

Polyps

Polyps (endometrial and cervical polyps) are fleshy growths from the linings of the womb and cervix. They cause:

- irregular periods,
- bleeding after sex,
- lots of vaginal discharge,
- 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 heavy periods are caused by clotting problem. This is unusual. It is more likely if you:

- have always had heavy periods,
- have bleeding from other places like the gums or nose bleeds,
- have a family history of bleeding problems.

Taking medicine that thins the blood (like aspirin, warfarin, clopidigrel) can also cause heavy bleeding.

Thyroid problems

Having a problem in the function of the thyroid gland can cause heavy bleeding. Your thyroid may become overactive or under-active. If this happens then there are other signs and symptoms. Heavy periods might be the only problem.

Endometriosis and adenomyosis

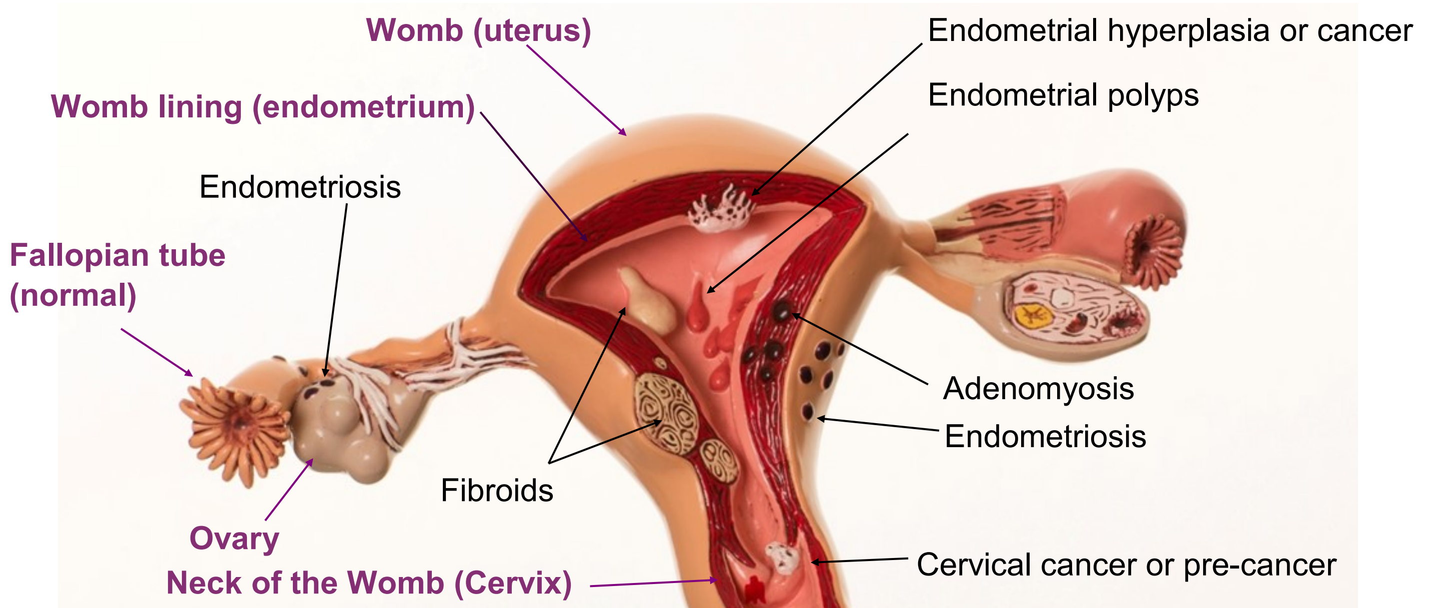
In these conditions you have small bits of the lining of the womb grow in the wrong place. When it grows in the muscle wall of the womb it is called adenomyosis.

When it grows outside of the womb (around the ovaries, fallopian tubes and outer surface of the womb) it is called endometriosis. These conditions can be found with fibroids and period pain which starts before the period. Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Endometriosis' or leaflet number 1370. You can also scan the QR code.

Precancerous changes of the womb lining (endometrial hyperplasia)

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

You are more likely to have this if you are having very frequent periods, 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 increases the risk of endometrial changes. Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Endometrial hyperplasia' or leaflet number 809. You can also scan the QR code.



Dysfunctional uterine bleeding (DUB)

This is a condition that can affect nearly every woman at some point in their life. It causes bleeding to happen outside of the regular pattern where you can have heavy, irregular infrequent and sometimes long periods. This condition is not caused my abnormality in the womb. It is caused by an imbalance in the hormones that tells the ovaries to release the eggs. This means egg production (ovulation) is not regular. There are longer gaps between periods. This lets the womb lining to build up for a longer period of time causing heavy period. These sorts of cycles also increase the chance of polyps growing and precancerous and cancerous changes being found due to the hormonal imbalance. This happens:

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

What tests can I have?

We will need to examine you using an instrument to look at the cervix. This is called a speculum. We will also need to use our fingers to examine inside. There are many other tests that we may be recommended to you to find out the cause of the bleeding in your case:

- **Ultrasound:** This is used to see any fibroids, adenomyosis, cysts, or polyps.
- **Blood tests:** This will check you for anaemia, thyroid problems and clotting disorders. We do this if you have other symptoms that suggest these conditions. We do not need to test hormone levels (FSH) to see if you are going through the menopause. This is unreliable in women over 45 years. If you are over 45 years and having symptoms of the menopause that is enough to say you are perimenopausal.
- **Endometrial biopsy:** We would need to take a small sample from the lining of the womb to test for abnormal cells. We do this using a speculum and a tiny straw. We pass this through the cervix to take sample of the lining. This may be uncomfortable or sometimes painful. It can cause some bleeding for a few days.
- **Hysteroscopy and biopsy:** We will pass a small camera through the neck of the womb to see the inside of the womb. We will check for polyps, abnormal cells and fibroids that grow into the womb cavity (submucous fibroids). We often do this in clinic with painkillers. We can also do this under general anaesthetic (where you are put to sleep) if you prefer and it is safe to do so.
- **Laparoscopy:** This is an operation to look into the abdomen with a small camera. We may need to do this if we think you have endometriosis.
- Sometimes 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.

Levonorgestrel intrauterine device (LNG-IUD)

This is a plastic device we fit into the womb. It releases very low doses of progesterone hormone steadily into the womb. Side effects are low because of the small dose. Heavy periods settle after the first few months of use. It can take over 6 months to see the full benefit. It is recommended as first line treatment and lasts for up to 8 years. It is also an effective contraceptive for up to 8 years. It can also be used as part of HRT (when it lasts for 5 years). Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Having a Levonorgestrel intrauterine device (LNG-IUD) fitted' or leaflet number 1125. You can also scan the QR code.

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. They often help reduce the amount of bleeding by up to half. The most commonly prescribed is Mefanamic acid (MFA) and Naproxen. You take this regularly from the start of the period or period pain until the period finishes.

You should avoid NSAIDS if you have asthma, peptic ulcer and kidney disease. Avoid NSAIDS if you are already taking other NSAIDs or blood-thinning medicines.

Do not use NSAIDS with oral contraceptive pills. This increases the risk of blood clots in the veins or lung from 4 to 23 cases in 100,000.

Tranexamic Acid (TXA)

This medicine reduces the amount of bleeding. It does this 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), artery or lung (pulmonary embolus)
- a heart attack or stroke

It can be a very effective non-hormonal way of controlling heavy periods. You take this 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 if you also need or want contraception at the same time. They will not prevent the menopause from happening.

Combined oral contraceptive pill (COCP)

These are effective contraceptives. They also reduce heavy bleeding. You can use this as long as you do not smoke and have no other cardiovascular risk factors. It can be used in your 40's, as long as you take a low oestrogen version (20 microgam instead of 30 microgam) such as Mercilon or Eloine. They may have the added benefit of often helping with hot flushes and other menopausal symptoms too.

Progesterone-only pills

These are effective at preventing pregnancy. They also 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. You take Medroxypogesterone acetate 2 times a day, or Norethisterone 3 times a day from the 5th day of your period. You do this to the 26th day of your cycle (21 days).

1 or 2 days after stopping the tablets, your period will start (day 1 again). You can use Mefenamic acid and/or Tranexamic acid between day 1 and 4 to reduce anymore bleeding.

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 reduce bleeding or stop periods altogether. They are also very effective contraceptives.

Removing polyps and fibroids from the womb (hysteroscopy)

Polyps or fibroids found inside the womb are best removed with a device and camera specially designed to cut away polyps or fibroid tissue. These tissues are sent to the lab for examination. We can do this under local anaesthetic or general anaesthetic. We insert the device through a narrow telescope with a light and camera (hysteroscope). We use this to remove all the polyps or fibroids from inside the womb cavity. This reduces the risk of the polyp growing back. Fibroids are more likely to grow back after this treatment. We can often fit Mirena after the removal of the polyps or fibroid. Other treatments for fibroids such as myomectomy and SONATA treatment are covered in separate leaflets. Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Having polyps, fibroids or samples removed from your womb with hysteroscopy' or leaflet number 464. You can also scan the QR code.

Removing the lining of the womb (endometrial ablation)

After we have ruled out all other causes of heavy periods and often after trying the other treatments described, you may want to consider treatment to burn away the lining of the womb. 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. We can use Novasure or Minitouch for the procedure. You must have completed your family as getting pregnant after this procedure is dangerous. You must not get pregnant after this treatment. Do not have this treatment if you want to have more children. 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. This procedure 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 because of scarring that happen within the womb. Up to 25 out of 100 women may need surgery (hysterectomy) in the 5 years after the ablation. Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Treating heavy periods by surgical ablation of the lining of the womb' or leaflet number 1135. You can also scan the QR code.

Hysterectomy

Where other treatments have failed or are not possible, a major operation can be done to remove the womb permanently. This is 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 risk.

For more information visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Having a hysterectomy by keyhole surgery' or leaflet number 1136. Search for 'Having an abdominal hysterectomy' or leaflet number 921.

Your choices: this table lists all the options, risks, side-effects

	NSAIDs	Tranexamic Acid	COCP and Progesterone	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, risk of clots (VTE)	TXA may increase risk of 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 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
Need for extra contraceptive	Yes	Yes	No	No	Yes	No
Further surgery	Maybe	Maybe	77%	42%	3%	Almost 0

Leaflets about the conditions in this leaflet can be found here:
yourhealth.leicestershospitals.nhs.uk/

Contact details: Speak to your GP or nurse for more information.

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