

HEAVY MENSTRUAL PERIODS (MENORRHAGIA)

Heavy periods are very common and can be very disruptive to normal daily activities. Menorrhagia is the medical term for either heavy flow to the period, or prolonged episodes of bleeding. These problems are often easily treated.

How common are heavy periods?

Each year, between 15 – 20% of women aged between 35 and 50 discuss heavy periods with their G.P. It is a very common reason for referral to a gynaecologist.

How do I know if I am suffering from menorrhagia?

If any of the following apply to you, then you may wish to seek further advice:

- You need to use both tampons and towels at the same time.
- Your periods interfere with your normal daily activities or stop you going to work or out socially.
- You have to change protection less than every 4 hours.
- You frequently soil clothing despite using sanitary towels and/or tampons.
- You pass large clots of blood.
- You have symptoms of anaemia (tiredness, dizziness, looking pale and washed out, shortness of breath).

What is a period and why might my period be heavy?

A period occurs when the lining of the womb is shed, usually every 28-35 days. In up to 50% of cases, despite investigation, there is no obvious cause for heavy periods found. In the other 50%, there is a number of known causes including hormone imbalance (more common either in teenagers who are starting periods or women approaching the menopause), fibroids, uterine polyps, endometriosis, pelvic inflammatory disease, infection of the vagina, cervix or uterus, benign thickening of the lining of the womb, often due to hormonal imbalance – this, in rare cases, can lead on to cancer of the lining of the womb (endometrial cancer), use of a non-hormone containing intra-uterine contraceptive device (coil), under-active thyroid (rare) and blood clotting disorders (rare).

What should I do if I think my periods are heavy?

It is difficult for an individual to define what is a normal or an abnormal period, but if your periods are affecting your quality of life, you should consult with a doctor. After discussing your symptoms, a Consultant Gynaecologist or your G.P. may need to carry out a pelvic examination.

What other investigations may be required?

Blood tests – a sample of blood may be tested for anaemia. Under-active thyroid and abnormalities of blood clotting are rare, but if the doctor feels that these are a possibility, your thyroid function and blood clotting may need to be checked.

Pelvic trans abdominal and/or trans vaginal ultrasound scan. This is where an ultrasound probe is passed across the lower abdomen or inserted into the vagina; ultrasound waves are used to look at the womb, ovaries and the pelvis, in order to look for anatomical abnormalities which could cause heavy periods, e.g. fibroids.

Hysteroscopy – this is where a small telescope with a camera attached is passed via the vagina through the neck of the womb (cervix) and into the womb itself in order that the gynaecologist can view the inside of the womb – a biopsy can be taken from the lining of the womb and if any abnormality such as an endometrial polyp is found, this can be removed. Often hysteroscopy itself can be performed under a local anaesthetic, however, if polyps need to be removed, this may require a general anaesthetic.

How might my heavy periods be treated?

Heavy periods can be treated in a number of ways. The treatment options depend on your age, medical history, whether you are trying for or wanting a pregnancy in the future, whether you have completed your family, whether the investigations have shown an underlying cause for your heavy periods, e.g. fibroids.

Any underlying condition will usually be treated first. The following list contains treatment options for heavy periods where no underlying condition has been found. Heavy periods can be treated medically or surgically.

Medication options:

1. Hormones such as the combined oral contraceptive pill or progesterones can sometimes help heavy periods.
2. Non-hormonal medication such as Tranexamic Acid, which helps with blood clotting and, therefore reduces blood loss, and anti-inflammatory drugs such as Mefenamic Acid which reduces cramping, period pain and reduces blood flow.
3. The Mirena IUS. This is a contraceptive coil inserted into the womb which releases the hormone progesterone locally over a 5 year period. This hormone causes the lining of the womb to become thin and, therefore, reduces bleeding. In some cases, periods stop altogether.

Surgical options:

1. Endometrial ablation/resection. This procedure removes the lining of the womb and, therefore, reduces period flow. It is usually performed under anaesthetic, as a day case procedure and women usually go home a few hours after surgery and return to normal activities within one week. It is a very effective procedure and over 80% of women who have endometrial resection/ablation are happy with their period loss six months following surgery. The benefit of this procedure is the avoidance of major surgery, quick recovery afterwards and its high success rate. However, it is not suitable for women who wish to become pregnant at a later date as pregnancies after endometrial ablation/resection can be dangerous for both the baby and the mother and, therefore, this treatment is only available to women whose family is complete and have effective

contraception.

2. Hysterectomy. Where the above treatments have failed or are not appropriate, then a hysterectomy may be considered. Hysterectomy is generally carried out either under spinal or general anaesthetic. The purpose of the procedure is to remove the womb and, in some cases, the cervix (neck of the womb). This is decided on an individual basis in discussion with your consultant. There are two main approaches to performing a hysterectomy, namely through an incision on the abdomen, which is an abdominal hysterectomy, or to remove the womb via an incision at the top of the vagina, called a vaginal hysterectomy. The procedure of choice, if it is feasible, is vaginal surgery due to the avoidance of abdominal incision and therefore recover is quicker. The main benefit of a hysterectomy is a guarantee for a woman that she will never have another period, however, it is a major operation and recovery afterward does take a number of weeks.

Dr Kyle Gilmour, July 2009