

# PERIOD piece



Helen Culling, of Spire Norwich Hospital, talks about the distressing symptoms of heavy periods with Mr Tim Duncan, Consultant Gynaecologist.

**A** menstrual cycle is a process that most women of child bearing age experience every month, but it's fair to say that in some cases, their monthly period doesn't come without its problems. Whether it's irregular, painful and heavy or causes you a few days of irritability (or all four of these) it is part of the life of millions of women.

Heavy periods (medically known as menorrhagia) are very common and can be particular distressing for its sufferers affecting their day to day lives for the duration of their bleeding. However there is help out there, so I caught up with Mr Tim Duncan, Consultant Gynaecologist at Spire Norwich Hospital, to ask some common questions about menorrhagia.

## What is classed as a heavy period?

"The average amount of blood lost during a period is 30-40ml, but a vast majority of women will lose less than 80ml. Heavy menstrual bleeding is considered to be 60-80ml or more in each cycle.

"It can be hard for women to determine blood loss in this way, so as most women know their body very well, they typically know when a period is particularly heavy by the frequency of needing to change their sanitary wear, needing to use tampons and sanitary towels together and in a lot of cases, women experiencing 'flooding' where bleeding is not prevented by sanitary wear- resulting in blood staining their underwear and sometimes their lower clothing garments."

## What causes menorrhagia?

"In over half of all cases, there is no underlying cause for heavy periods. However, some possible causes could be endometriosis (where small parts of the womb lining are found in other areas of the patients pelvis) and fibroids (a growth of the uterine muscle). "Another cause may be chronic PID (pelvic inflammatory disease), which is an infection in

the pelvis that can cause pelvic pain, fever and bleeding after sexual intercourse or between periods. Some contraceptive coils may also cause heavy periods."

## What advice would you give a patient suffering with heavy periods?

"I would always encourage patients to seek advice from their GP. To help establish the cause of the heavy periods, the GP will ask about the patients' medical history and about the nature of the bleeding, so it is useful to keep a diary on how often you need to change sanitary wear, how long the bleeding lasts for and any other symptoms you may be feeling, such as pain, bleeding after intercourse or bleeding between periods."

## Can heavy periods be a sign of anything more serious?

"In younger women, under the age of 40, heavy periods are rarely a sign of disease but in older women tests may be required to ensure there isn't a serious cause for the heavy bleeding such as cancer and precancerous changes.

"Fortunately cancer is not often the cause for heavy periods and can be excluded by a simple biopsy taken in clinic.

"Heavy periods can be severe enough to cause anaemia (low iron stores) and if your GP diagnoses this (through a simple blood test) the patient will usually be prescribed a course of medication."

## What help and treatments are available for women?

"Fortunately, there are many successful treatments for heavy periods and usually an acceptable, individualised treatment can be found through consultation with your GP or gynaecologist.

"Not all treatments will be appropriate for everyone and will depend on a woman's fertility wishes. Medical treatments can be hormonal or non-hormonal. Tranexamic acid



The common oral contraceptive pill can be highly successful at controlling periods and giving a regular cycle. Picture: Getty Images/Stockphoto

is a non-hormonal tablet which promotes the body's natural clotting mechanisms to reduce bleeding and can be very effective.

"Interestingly, as well as providing contraception, the common oral contraceptive pill can be highly successful at controlling periods and giving a regular cycle. Other contraceptives such as the depot injection can also have similar beneficial effects.

"The hormone coil (Mirena IUS™), which is placed inside the womb, is a very popular treatment for heavy periods, since it provides prolonged control for up to five years. It can be uncomfortable to fit, especially if you have not had children, so it's not suitable for everyone.

"There are numerous surgical treatments for heavy periods, but as they affect the functioning of the womb most are only suitable for women who have completed their family.

"If the womb is not significantly enlarged the lining can be treated by microwave or electrical heating to remove the cells which produce periods.

"This has the advantage of being a reasonably minor procedure from which a woman usually recovers very quickly. However, the treatment is not

always effective and the benefits may not be long lasting.

"A more permanent solution is a hysterectomy (removal of the womb). This will permanently stop periods and traditionally was the commonest treatment for heavy bleeding. This can be done through a cut in the tummy, through the vagina or by key-hole methods.

"The keyhole hysterectomy is my preferred option as recovery is much quicker, allowing women to get back to a good quality of life within a few weeks."

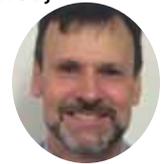
**For further information or to make a private appointment with Mr Tim Duncan please contact one of the team on 01603 255 614. Further details regarding consultant gynaecologist Mr Tim Duncan can be found on his consultant profile at [www.spirenorwich.com](http://www.spirenorwich.com)**

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## ASK THE SPECIALIST

Mr Richard James, Consultant Oral and Maxillofacial Surgeon at Spire Norwich Hospital, considers a child's jaw pain.



**My nine year old son often complains about pain in his lower left jaw, it comes and goes but can sometimes cause him a lot of discomfort. Should I be concerned or is it growing pains?**

There are many conditions that can give rise to pain in the jaw. At the age of nine there will be teeth erupting; for example the lower premolar teeth normally erupt around this age and this can sometimes cause tenderness in the gum and aching in the jaw.

A cold compress to the jaw may relieve the discomfort with a dose of suitable paracetamol designed for children.

The other common possibility is dental decay affecting the first permanent molars – these would normally have erupted at around the age of six, and they are at greatest risk of decay during the first three years after eruption.

It's worth supervising teeth cleaning to ensure your son isn't neglecting cleaning his teeth properly in this area of his mouth. As a rule, adults and children should clean their teeth for at least two minutes – which doesn't sound long, but I would encourage you to time him and you may be surprised that he falls short of this.

The sugars and starches found in many foods and snacks like biscuits, soft drinks and crisps combine with plaque on the teeth to create acids. These acids attack the tooth enamel and may lead to cavities which may be causing your son discomfort. It may be worth noting when the pain occurs, does it flare up after a bout of sugary products?

A visit to your dentist should indicate whether tooth decay is the cause and provide you with a plan to improve the condition of his teeth if this is the reason.

It may be that in the next few months, the discomfort subsides and if it does, it's likely that the eruption of the lower premolar teeth may have been the issue.

**For further information arrange an appointment with your family dentist, or call 01603 255614 to make a private appointment with Mr Richard James.**

**Keep questions brief and send them to Ask the Specialist, Helen Culling, Spire Norwich Hospital, Old Watton Road, Colney, Norwich NR4 7TD. Questions will be handled with discretion and you will remain anonymous. Specialists cannot enter into direct correspondence.**

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