



Menorrhagia (Heavy Periods)

What are normal and heavy periods?

Heavy periods are common and in most cases no cause is found. Medication is often an effective treatment and major surgery (hysterectomy) is seldom used now.

One third of women report heavy periods. Some women feel their periods are heavy but have a normal blood loss. Some women feel they have normal periods but the loss is heavy. Most blood loss occurs during the first 3 days. Menorrhagia is defined as a loss of blood of more than 80ml, compared with the normal amount of 20-60ml. In practice, it's hard to measure the amount of blood lost during a period, so a period is defined as heavy if it leads to one or more of the following:

- frequent changes of sanitary towels (every two hours or more)
- the need to use double sanitary protection (tampons plus towels)
- passing large blood clots
- bleeding through to clothes or onto bedding at night - called "flooding"
- prevention of normal activities, such as going out, working or shopping
- anaemia - a shortage of red blood cells that can cause fatigue, dizziness and paleness.

What causes heavy periods?

In most cases the cause is unknown and not due to major problems and it is termed dysfunctional uterine bleeding. It is thought this is due to a higher level of a chemical (prostaglandin) in the womb that stops blood clotting in the womb in these cases. The uterus (womb), ovaries and levels of reproductive hormones are normal. It is more common in women who are not ovulating, so it is particularly likely in women at the beginning or end of their reproductive life, ie in girls who have recently started having periods or in women approaching menopause.

Sometimes there is an underlying cause, which can include:

- Fibroids. These are non cancerous growths in the muscle of the uterus. They often do not cause any problems.
- Other conditions of the uterus such as endometriosis, polyps, infections, may lead to heavy periods. Cancer of the uterus (endometrial cancer) is an uncommon cause, and tends to occur only in women over 40.
- Hormone disorders. An under active thyroid, or reproductive hormone disorders can effect periods.
- The IUCD ("coil") sometimes causes heavy periods. It is important to differentiate this from the IUS (mirena coil) that is actually often used to treat heavy periods. This special coil releases hormone into the womb.
- Obese women are more likely to have heavy periods.
- Blood clotting disorders are a rare cause.
- Medication, e.g. warfarin can make periods heavier.

Do I need any tests if I have heavy periods?

Any woman who is concerned about excessively heavy bleeding should see her GP.

It's helpful to keep a record of the dates of periods and the times of any abnormal bleeding (bleeding other than a period), as well as a note of how heavy the periods have been (eg in terms of number of sanitary towels or tampons needed per day).

Women should check that bleeding is genuinely from the vagina and not the rectum. This may be caused, for example, by haemorrhoids (piles).

After listening to an account of the problem, the GP may carry out a pelvic (internal) examination, looking for signs of fibroids, endometriosis or polyps. Swabs to exclude infection may be taken during the examination.

A blood test for anaemia is usually taken. Anaemia is caused by the large blood loss over time that drains the bodies iron stores. Anaemia will often cause tiredness.

Further tests are required for some women. These tend to be women with an abnormal bleeding pattern, women over 40, women who have never had children or have a family history of cancer of the uterus or colon, also women taking (or who have taken) some breast cancer treatments.

These tests may include:

- An ultrasound scan of the uterus. This is painless and used to view the organs and structures in your pelvis. It can also measure how thick the womb lining is. Often a small probe is placed in the vagina as well as a probe on your abdomen.
- Endometrial sampling. This is when a sample of the lining of the womb is taken to examine under a microscope to look at the cells. This would be taken by a gynaecologist. This is often done without anaesthetic as it is quick and not usually very uncomfortable.
- Hysteroscopy. This is when a telescope is used to look into the womb. It is done by a gynaecologist and can also be done without an anaesthetic.

Treatments

If an underlying cause for the abnormal bleeding is identified, this needs to be treated. For example, infections can be treated with antibiotics. Fibroids and polyps can be removed surgically. If cancer is identified, it may be treated with chemotherapy, radiotherapy, surgery or a combination of these.

If no underlying medical problem is found, there are various treatment options for heavy periods but not all women opt for treatment. Some are just reassured that there is no major abnormality.

Medicines

- The combined oral contraceptive pill is effective at reducing bleeding and making bleeding more regular. It also helps with period pain. This is an option if the woman also wants contraception.
- Tranexamic acid - this reduces bleeding by affecting how blood clots. If taken during a period, this can reduce the amount of bleeding by 50%. Side-effects can include nausea and leg cramps, and an increased risk of deep vein thrombosis (DVT; a blood clot, usually in the leg).
- Mefenamic acid (eg Ponstan) - this is a painkiller that also reduces bleeding. It's particularly beneficial if period pains are also a problem. It has fewer side-effects than tranexamic acid.

IUS (mirena coil or progestogen-releasing IUCD)

This is inserted into the uterus and slowly releases a progesterone called levonorgestrel. This is a synthetic equivalent of the hormone progesterone, which reduces the amount of thickening that occurs in the lining of the womb before menstruation. It reduces or stops periods altogether. They may become irregular though light. Like other coils, the Mirena coil is also a contraceptive. Each device lasts 5 years.

Surgery

For women who have had all the children they want, surgery may be suggested. There are two options:

Endometrial ablation - also called trans-cervical resection of the endometrium (TCRE), this operation removes some of the lining of the uterus. The surgeon uses a hysteroscope with special tools attached, or heat from an electric current or laser to remove the lining. It's usually carried out under a general anaesthetic. This tends to stop periods, and can be an alternative to hysterectomy.

Newer techniques of endometrial ablation can be performed under local anaesthetic at an outpatient clinic. These include using a balloon filled with hot water, extreme cold (cryotherapy) or microwave energy (microwave endometrial ablation; MEA) to destroy the endometrium. After endometrial ablation, heavy periods may recur.

Hysterectomy - this is major surgery to remove the uterus. This is the only way to stop periods permanently. It may be suggested as a treatment for menorrhagia, and may be necessary if there is cancer or pre-cancerous growths in the uterus. In most cases the cervix is also removed. The operation is carried out under a general anaesthetic.

Further information

Women's Health

0845 125 5254

<http://www.womenshealthlondon.org.uk>

Women's Health UK

<http://www.womens-health.co.uk>