

## Information about Heavy Menstrual Bleeding (heavy periods)

This leaflet explains the treatment options you may be offered for heavy periods.

The aim of treating heavy periods is to:

- reduce or stop excessive bleeding
- improve your quality of life
- prevent or correct anaemia caused by heavy bleeding

### **MEDICATION**

Medication (tablets) is recommended as the first line of treatment:

1. **Tranexamic acid** tablets help to clot the blood in your womb and reduce heavy period by around 50%.

Two tranexamic acid tablets are started once heavy period bleeding starts, and continued four times a day, for a maximum of three to four days.

Treatment should be stopped if your symptoms have not improved within three months.

Tranexamic acid tablets are not a form of contraception and will not affect your chances of becoming pregnant.

2. **Mefenamic acid** reduce your body's production of a hormone-like substance called prostaglandin, which is linked to heavy periods. They can be used alongside Tranexamic acid and can also reduce blood loss by up to 50%.

This medicine is a non-steroidal anti-inflammatory drug (NSAID's) which also gives a pain relieving effect.

These tablets are taken once your period begins (or just before) and continued three to four times daily until the bleeding stops.

They are not a form of contraception. However, if necessary, they can be used with the combined oral contraceptive pill (see below).

3. **Combined oral contraceptive pills** contain hormones called oestrogen and progestogen and work by preventing your ovaries from releasing an egg each month.

One combined contraceptive pill is taken every day for twenty-one days, then stopped for seven days. During this seven-day break your period should start. This cycle is then repeated. The doctor may also advise you to take the combined pill continuously for three months followed by a week break when you get a period.

Combined oral contraceptives regulate your menstrual cycle and reduce painful periods.

As long as you are taking the pills correctly, they should prevent pregnancy. If you miss tablets, have diarrhoea, vomiting or are on certain antibiotics, these pills work less well and there is then a risk of pregnancy.

4. **Progesterone Only Pill (Mini pill)** contains progestogen hormone.

One pill is taken every day continuously without any break. You may experience spotting or light bleeding but the heavy bleeding and period pains should reduce.

As long as you are taking the pills correctly, they should prevent pregnancy. If you miss tablets, have diarrhoea, vomiting or are on certain antibiotics, these pills work less well and there is a risk of pregnancy.

5. **Oral Progestogen (Norethisterone or Provera)** prevents the womb lining from growing quickly therefore reducing heavy period bleed.

Norethisterone or Provera is taken two to three times a day, from day 5 of your menstrual cycle (period) until day twenty-six.

This progestogen is not an effective form of contraception.

This medicine is not as effective as tranexamic acid and may not always be able to control heavy bleeding. Common side effects include nausea, bloating and breast tenderness.

6. **Injectable Progestogen (Depo Provera)** works by preventing the lining of your womb from growing quickly, therefore reducing heavy period bleeding.

Depo provera is an injection given once every twelve weeks, for as long as treatment is required.

This injection is a reversible method of contraceptive. For some women though, it may take several months to get pregnant once the injections stop.

7. **Contraceptive implant** is a small flexible tube about 4cm long that is inserted under the skin of your upper arm using local anaesthetic. It steadily releases a small amount of progestogen into your bloodstream to prevent the lining of your womb from growing quickly.

A common side effect of the implant is that your periods stop. The implant works for up to three years before it needs to be replaced.

It is a reversible method of contraception and does not affect fertility once removed.

8. **Zoladex** is a hormone sometimes given as an injection to treat fibroids (non-cancerous growths in the womb).

Studies have shown that Zoladex is effective in reducing blood loss during periods but it can cause side effects similar to the menopause such as hot flushes, increased sweating and vaginal dryness. Zoladex is not a routine treatment but may be used while you await surgery or are close to the menopause and wish to avoid surgery or other treatment options.

Zoladex is not contraceptive and hence contraception must still be used.

## **MINOR PROCEDURES**

1. **The Mirena Coil** is a small plastic device inserted into the womb which steadily releases a small amount of hormone called progestogen.

It prevents the lining of your womb from growing quickly therefore reducing heavy period bleeding.

Mirena is the recommended treatment for heavy periods, for suitable women as per NICE guidelines. It has shown to reduce blood loss by up to 96% and is the preferred first choice treatment for women experiencing heavy periods.

It is a reversible method of contraception and does not affect fertility once removed.

Possible side effects of using the Mirena coil include:

- irregular bleeding that may last more than six months
- breast tenderness

2. **Endometrial ablation** is a procedure to remove the lining of the womb and can be done one of two ways:

Novasure uses controlled radio frequency energy delivered through a thin handheld wand.

Thermablate uses heat delivered through a soft flexible balloon.

Endometrial ablation is effective in treating heavy periods in up to 90% of women, and around 40% completely stop their periods following this treatment.

This procedure is usually carried out in the out-patients clinic under local anaesthetic. We offer pain relief 1 hour before the procedure is carried out. It is a fairly quick procedure and you can go home the same day. Women who are unable to tolerate local anaesthetic may wish to request for a general anaesthetic.

You may experience some vaginal bleeding for a few days after endometrial ablation which is similar to a light period. Use sanitary towels rather than tampons

to prevent the risk of infections. Some women can have bloody discharge for three or four weeks.

You may also experience tummy cramps, similar to period pains, for a day or two. These can be treated with painkillers such as paracetamol or ibuprofen.

It is recommended that you don't get pregnant after you have had endometrial ablation as the risk of problems like miscarriage and abnormal placental function is high. Please ask for the separate leaflet on '**outpatient treatment for heavy periods**' if you are considering this procedure.

## **SURGERY**

If medication has not helped to reduce your heavy periods, your Consultant may discuss surgical options.

### **1. Trancervical Resection of fibroids**

This treatment may be offered if your heavy periods are caused by fibroids inside the womb cavity (called sub mucosal fibroids).

Medications such as the mini pill or Zoladex are given to thin the lining of the womb then the procedure is carried out using a small telescope through the vagina into the cervix. The fibroid is removed using an electric current. This procedure is normally carried out in theatre under a general anaesthetic.

There are risks associated with this procedure such as bleeding, infection, perforation of uterus and very small risk of hysterectomy. Please discuss these with your gynaecologist.

This procedure is usually successful at reducing heavy periods if caused by sub mucosal fibroids however there is a small chance the fibroids may return.

This procedure does not affect your fertility.

### **2. Myomectomy**

This procedure is offered if you have large fibroids, or if they are located within the walls of the uterus.

This procedure is performed in theatre under general anaesthetic and may involve either:

- a keyhole procedure, where a telescope is inserted into your tummy (laparoscope)
- a cut on your tummy either bikini line, or vertical (from belly button downwards)

This procedure may significantly reduce heavy periods caused by large fibroids but is associated with a high risk of bleeding, infection and risk of needing

hysterectomy. This needs to be discussed with your gynaecologist. Recovery from this procedure if performed through a large tummy cut can take 6 - 8 weeks.

### 3. Hysterectomy

A hysterectomy removes the womb, fallopian tubes, cervix and sometimes the ovaries but should only be considered after other options have been tried or discussed. The hysterectomy operation and recovery time are longer than for other surgical techniques for treating heavy periods.

This procedure is performed in theatre under general anaesthetic and may involve either:

- a keyhole procedure, where a telescope is inserted into your tummy - **laparoscopic hysterectomy**
- a cut on your tummy - **abdominal hysterectomy**
- removal of the womb through the vagina - **vaginal hysterectomy**

The type of hysterectomy surgery and whether your ovaries and cervix should be removed are best discussed with your Gynaecologist. They will also discuss the benefits, disadvantages and risks of this surgery.

Please ask for the separate leaflets on '**laparoscopic or abdominal hysterectomy**' if you are considering this procedure.

### 4. Radiological Treatment

**Uterine Artery Embolisation** is only suitable if your heavy periods are caused by fibroids within the muscles of the womb. It is not suitable for fibroids on a stalk (pedunculated fibroids) or sub mucosal fibroids.

Embolisation is the insertion of a special fluid, through a catheter inserted into your groin or wrist, that block and then starve the fibroid of its blood supply. The fibroid will then shrink over the next few months. This procedure is performed by a radiologist under local anaesthetic rather than a surgeon. There is a risk of prolonged high temperatures, vaginal discharge, pain and infection which may mean a hysterectomy is required.

This procedure requires careful evaluation by a radiologist and gynaecologist following MRI scans to make sure this is the right treatment for you.

Please ask for the separate leaflet on '**uterine fibroid embolisation**' if you are considering this procedure.

#### Further information

Heavy Menstrual Bleeding: assessment and management – last updated March 21  
<https://www.nice.org.uk/guidance/ng88>