PATIENT EDUCATION

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Gynecologic Problems • EP193

Heavy Menstrual Bleeding

Heavy menstrual bleeding is very common. About one third of women seek treatment for it. Heavy menstrual bleeding is not normal. It can disrupt your life and may be a sign of a more serious health problem. If you are worried that your menstrual bleeding is too heavy, tell your gynecologist. Medications and sometimes surgery can decrease or stop heavy bleeding.

This pamphlet explains

- *definition of heavy menstrual bleeding*
- *causes of the condition*
- *diagnosis*
- *treatment*

Definition

The menstrual flow is made up of both blood and tissue that forms the ***endometrium***. The endometrium is the lining of the ***uterus*** that builds up every month in preparation for a possible pregnancy. The normal amount of total menstrual flow ranges from 4 teaspoons to 12 teaspoons, but it varies widely from woman to woman. It can be hard to know whether your menstrual bleeding is heavy or not. What is "normal" for you may actually be heavy. Experts consider any of the following to be a sign of heavy menstrual bleeding:

- Bleeding that lasts more than 7 days.
- Bleeding that soaks through one or more tampons or pads every hour for several hours in a row.
- Needing to wear more than one pad at a time to control menstrual flow.
- Needing to change pads or tampons during the night.
- Menstrual flow with blood clots that are as big as a quarter or larger.

Heavy menstrual bleeding can keep you from doing the things you want to do. It may be a sign of an underlying health problem that needs treatment. Blood loss from heavy periods also can lead to a condition called ***iron-deficiency anemia***. This type of anemia can make you feel tired and run down. Severe anemia can cause shortness of breath and increase the risk of heart problems. For these reasons, it is a good idea to seek treatment if you have heavy menstrual bleeding.

Causes

Many things can cause heavy menstrual bleeding. Some causes are more common in younger women. Others are more common in older women.

- ***Fibroids*** and ***polyps***—Fibroids are noncancerous growths that form from the muscle tissue of the uterus. They are most common in women aged 30–40 years. Polyps are another type of noncancerous growth. They can be found inside the uterus or on the ***cervix***. Both can cause heavy menstrual bleeding.
- ***Adenomyosis***—In this condition, the endometrium grows into the wall of the uterus. Signs and symptoms may include heavy menstrual bleeding and menstrual pain that worsens with age.
- Problems with ***ovulation***—If you do not ovulate during a ***menstrual cycle***, and this happens for several cycles, areas of the endometrium can become too thick. Lack of ovulation can cause heavy, irregular menstrual bleeding. This condition is common during ***puberty*** and ***perimenopause***. It also can occur in women with certain medical conditions, such as ***polycystic ovary syndrome*** and ***hypothyroidism***.
- Bleeding disorders—When the blood does not clot properly, it can cause heavy bleeding. You may have a bleeding disorder if you have had heavy periods since you first started menstruating. Other clues include heavy bleeding following childbirth or during surgery, gum bleeding after dental work, easy bruising, and frequent nosebleeds.
- Medications—Some medications, such as blood thinners and aspirin, can cause heavy menstrual bleeding. The copper ***intrauterine device (IUD)*** can cause heavier menstrual bleeding, especially during the first year of use.
- Cancer—Heavy menstrual bleeding can be an early sign of endometrial cancer. Most cases of endometrial cancer are diagnosed in women who are past ***menopause*** and are in their mid-60s. Endometrial cancer often is diagnosed at an early stage when treatment is the most effective.
- Other causes—***Endometriosis*** and other problems related to the endometrium can cause heavy menstrual bleeding. Other causes include those related to pregnancy, such as ***ectopic pregnancy*** and ***miscarriage***. ***Pelvic inflammatory disease*** also can cause heavy menstrual bleeding. Sometimes, the cause is not known.

Diagnosis

When you see your gynecologist about heavy menstrual bleeding, you most likely will be asked about the following things:

- Past and present illnesses and surgical procedures
- Pregnancy history
- Medications, including those you buy over the counter
- Your birth control method

Information about your menstrual cycle also is helpful. If possible, keep track of several menstrual cycles before your visit. Note the dates, length, and amount of flow (light, medium, heavy, or spotting) on a calendar (see box "Tracking Your Menstrual Flow"). You also can use a period-tracking smartphone app.

Tests and Exams

You will have a physical exam, including a ***pelvic exam***. Several laboratory tests may be done. A complete blood count determines the numbers of different types of ***cells*** that make up your blood. It can tell your doctor if you have anemia or an infection. ***Hormone*** levels may be measured. You may have tests for certain bleeding disorders. You may have a pregnancy test and tests for some ***sexually transmitted infections***. Based on your symptoms and your age, other tests may be needed:

- ***Ultrasound exam***—Sound waves are used to make a picture of the pelvic organs.
- ***Hysteroscopy***—A thin, lighted scope is inserted into the uterus through the opening of the cervix. It allows your gynecologist to see the inside of the uterus.
- ***Endometrial biopsy***—A sample of the endometrium is removed and looked at under a microscope. This test may be performed in your gynecologist's office. Sometimes hysteroscopy is used to guide this test. A surgical procedure called ***dilation and curettage (D&C)*** is another way this test can be done.
- ***Sonohysterography***—Fluid is placed in the uterus through a thin tube while ultrasound images are made of the uterus. This test is useful in finding problems inside the uterus.
- ***Magnetic resonance imaging***—This imaging test uses powerful magnets to create images of the internal organs.

Treatment

The goals of treatment are to relieve your symptoms and treat any underlying cause that has been found. The following factors will be considered when deciding on a treatment plan:

- Your overall health and medical history
- The cause of your bleeding
- Your age
- Your future childbearing plans

Medications

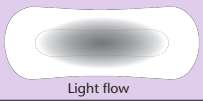
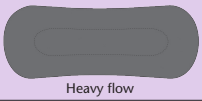
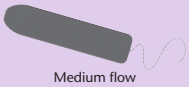
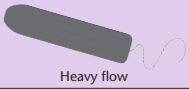
Medications often are tried first to treat heavy menstrual bleeding. Some medications used to treat heavy

menstrual bleeding also prevent pregnancy. This can be useful if you also need a birth control method.

- Heavy bleeding caused by problems with ovulation, endometriosis, polycystic ovary syndrome, and fibroids often can be managed with certain hormonal birth control methods:
  - — Combined hormonal birth control pills, the skin patch, and the vaginal ring contain both estrogen and ***progestin***. They can lighten menstrual flow and help make periods more regular. Taken continuously, they can reduce the number of periods you have or stop them completely.
  - — Progestin-only hormonal methods, including the 5-year hormonal IUD, implant, pills, and injection, also may reduce bleeding. The IUD and injection may stop bleeding completely after 1 year of use.
- ***Hormone therapy*** can be helpful for heavy menstrual bleeding that occurs during perimenopause and can treat other perimenopausal symptoms, such as hot flashes, night sweats, and vaginal dryness. Perimenopausal women also can take the hormonal birth control methods discussed above. You still may have periods while taking hormone therapy, but they usually are lighter and more predictable. Hormone therapy has risks, including an increased risk of heart attack, stroke, and cancer. Before deciding to use hormone therapy, it is important to weigh the benefits and risks based on your symptoms and your personal and family medical history.
- ***Gonadotropin-releasing hormone (GnRH) agonists*** stop the menstrual cycle and reduce the size of fibroids. They are used only for short periods (less than 6 months). Their effect on fibroids is temporary. Once you stop taking the drug, fibroids usually return to their original size.
- ***Tranexamic acid*** is a prescription medication that treats heavy menstrual bleeding. It comes in a tablet and is taken each month at the start of the menstrual period.
- ***Nonsteroidal anti-inflammatory drugs***, such as ibuprofen, also may help control heavy bleeding and relieve menstrual cramps.
- If you have a bleeding disorder, your treatment may include special medications to help your blood clot.

Tracking Your Menstrual Flow

Use the following chart to help track your menstrual flow. For each day of your menstrual period, place a tally mark in the appropriate box for each menstrual product that you use that most closely matches your flow.

PADS	DAYS OF MENSTRUAL PERIOD							
	1	2	3	4	5	6	7	8
 Light flow								
 Medium flow								
 Heavy flow								
TAMPONS	**DAYS OF MENSTRUAL PERIOD**							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
 Light flow								
 Medium flow								
 Heavy flow								

Surgery

If medication does not reduce your bleeding, a surgical procedure may be needed. There are different types of surgery depending on your condition, your age, and whether you want to have more children:

- ***Endometrial ablation*** destroys the lining of the uterus. It stops or reduces the total amount of bleeding. Pregnancy is not likely after ablation, but it can happen. If it does, the risk of serious complications, including life-threatening bleeding, is greatly increased. If you have this procedure, you will need to use birth control until after menopause. ***Sterilization*** (permanent birth control) may be a good option to prevent pregnancy for women having ablation. Another risk is that it may be harder to detect endometrial cancer after endometrial ablation. Endometrial ablation only should be considered after medication or other therapies have not worked.
- ***Uterine artery embolization (UAE)*** is used to treat fibroids. In UAE, the blood vessels to the uterus are blocked, which stops the blood flow that allows fibroids to grow. Most women will resume regular menstrual periods shortly after the procedure. In about 40% of women older than 50 years who have UAE, menstrual periods do not return.
- ***Myomectomy*** is surgery to remove fibroids without removing the uterus.
- Hysteroscopy can be used to remove fibroids or stop bleeding caused by fibroids in some cases.
- ***Hysterectomy*** is surgical removal of the uterus. Hysterectomy is used to treat fibroids and adenomyosis when other types of treatment have failed or are not an option. It also is used to treat endometrial intraepithelial neoplasia and endometrial cancer. A hysterectomy can be done in different ways: through the vagina, through the abdomen, or with ***laparoscopy***. After the uterus is removed, a woman can no longer get pregnant and will no longer have periods.

Finally…

If you have heavy menstrual bleeding, tell your gynecologist. It may signal an underlying medical condition. It also can cause anemia. You do not have to live with heavy menstrual bleeding. Effective treatment is available even if an underlying cause is not found.

Glossary

Adenomyosis: A condition in which the tissue that normally lines the uterus begins to grow in the muscle wall of the uterus.

Cells: The smallest units of a structure in the body; the building blocks for all parts of the body.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Dilation and Curettage (D&C): A procedure in which the cervix is opened (dilated) and tissue is gently scraped (curettage) or suctioned from the inside of the uterus.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

Endometrial Ablation: A minor surgical procedure in which the lining of the uterus is destroyed to stop or reduce menstrual bleeding.

Endometrial Biopsy: A procedure in which a small amount of the tissue lining the uterus is removed and examined under a microscope.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Endometrium: The lining of the uterus.

Estrogen: A female hormone produced in the ovaries.

Fibroids: Growths, usually benign, that form in the muscle of the uterus.

Gonadotropin-releasing Hormone (GnRH) Agonists: Medical therapy used to block the effects of certain hormones.

Hormone: A substance made in the body by cells or organs that controls the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve some of the symptoms caused by low levels of these hormones.

Hypothyroidism: A condition in which the thyroid gland makes too little thyroid hormone.

Hysterectomy: Removal of the uterus.

Hysteroscopy: A procedure in which a device called a hysteroscope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Iron-Deficiency Anemia: Abnormally low levels of iron, the part of the red blood cells that carries oxygen to the cells and tissues of the body.

Laparoscopy: A surgical procedure in which an instrument called a laparoscope is inserted into the pelvic cavity through a small incision. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Magnetic Resonance Imaging: A method of viewing internal organs and structures by using a strong magnetic field and sound waves.

Menopause: The time in a woman's life when menstruation stops; defined as the absence of menstrual periods for 1 year.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined from the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Miscarriage: Loss of a pregnancy that occurs in the first 13 weeks of pregnancy.

Myomectomy: Surgical removal of uterine fibroids only, leaving the uterus in place.

Nonsteroidal Anti-inflammatory Drugs: A type of pain reliever that relieves pain by reducing inflammation. Many types are available over the counter.

Ovulation: The release of an egg from one of the ovaries.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Pelvic Inflammatory Disease: An infection of the uterus, fallopian tubes, and nearby pelvic structures.

Perimenopause: The period before menopause that usually extends from age 45 years to 55 years.

Polycystic Ovary Syndrome: A condition characterized by two of the following three features: the presence of growths called cysts on the ovaries, irregular menstrual periods, and an increase in the levels of certain hormones.

Polyps: Benign (noncancerous) growths that develop from tissue lining an organ, such as that lining the inside of the uterus.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Puberty: The stage of life when the reproductive organs become functional and secondary sex characteristics develop.

Sexually Transmitted Infections: Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus, herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sonohysterography: A procedure in which sterile fluid is injected into the uterus through the cervix while ultrasound images are taken of the inside of the uterus.

Sterilization: A permanent method of birth control.

Tranexamic Acid: A medication prescribed to treat or prevent heavy bleeding.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterine Artery Embolization (UAE): A procedure in which the blood vessels to the uterus are blocked. It is used to treat postpartum hemorrhage and other problems that cause uterine bleeding.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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