

RECOMMENDED
MEDICAL
INVESTIGATIONS
and
TREATMENTS FOR

HEAVY
MENSTRUAL
BLEEDING

INFORMATION FOR WOMEN



This pamphlet has been endorsed by the RANZCOG and the RNZCGP

This pamphlet, based on the NHC Guidelines has
been prepared by Women's Health Action for the
National Health Committee

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INTRODUCTION

Heavy menstrual bleeding, or menorrhagia, is a problem for many women. 11% of GP referrals for women to specialists are to investigate heavy menstrual bleeding. Women with a regular heavy blood loss are also at risk of being iron deficient, anaemic, tired and lacking in energy. Menorrhagia generally refers to menstrual blood loss of more than 80mls per cycle.

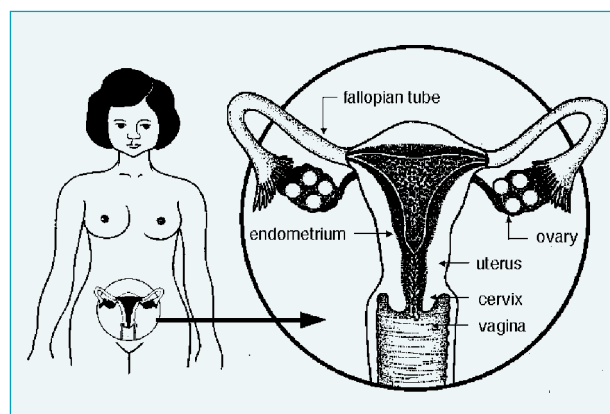
Of the pre-menopausal women having hysterectomies in New Zealand, 80% (3,500) are for heavy menstrual bleeding. In NZ, 1 in 5 (20%) women have a hysterectomy by the age of 50. In the UK the rate is 17%. American women have a 40% incidence (includes all ages) whilst in Denmark the lifetime incidence is only 10%. There are, however, variations between services and practitioners, in both the treatments provided to women with heavy menstrual bleeding, as well as the rate of hysterectomies.

A hysterectomy incurs a cost for women (emotional, financial and recovery), and for the health service. As there are other less invasive treatments for heavy menstrual bleeding that are effective, these should be considered first.

This pamphlet provides information about procedures for diagnosing and investigating heavy menstrual bleeding as well as options for treatment that have been shown to be effective. This information is based on evidence from research studies as well as expert opinion.

DIAGNOSIS & INVESTIGATIONS

- It is strongly recommended that all women with heavy menstrual bleeding problems have a **full blood count** to check for iron deficiency, anaemia or rare blood disorders.
- Using a **menstrual calendar** or **pictorial chart** of bleeding during a period is a helpful way to tell the exact amount of blood loss. An **abdominal and pelvic** examination is usually recommended and an **ultrasound** may be carried out. A **referral to a specialist** should be made if any pelvic abnormalities are found, or when a woman has severe anaemia.
- Women 45 years and over, women who weigh over 90 kilos, or infertile women with heavy bleeding problems are advised to have either an abdominal or **transvaginal ultrasound**, or an **endometrial biopsy** taken to check for abnormalities of the lining of the uterus. This also applies to women with polycystic ovary syndrome (PCOS), as well as those taking oestrogen-only hormones. This assessment is to exclude cancer and abnormal cells, which could develop into uterine cancer.
- **Hysteroscopy** and **biopsy** are indicated for women with irregular menstrual bleeding, or who have had an ultrasound that is suggestive of polyps or fibroids.



A woman's pelvic anatomy

EFFECTIVE TREATMENTS FOR HEAVY MENSTRUAL BLEEDING

medical treatments

The following medical treatments are effective in reducing regular heavy menstrual bleeding. Long-term therapy may be necessary, however, as symptoms usually return once these treatments are stopped. The severity and frequency of side effects, including the impact on fertility, need to be taken into account if long-term medical therapy is being considered.

- **Intrauterine devices (IUD)** that release progesterone such as the **levonorgestrel intrauterine system (IUS)** can be successfully used to both reduce heavy bleeding and provide contraception. This IUS system has a low infection rate. A progesterone-releasing IUS can be used for five years so is effective as a long-term solution for heavy bleeding. Although the satisfaction level expressed by women is high, some women may stop ovulating, others may stop menstruating and some have prolonged spotting.
- **Tranexamic acid** is effective when taken during a menstrual period. Side effects include nausea, diarrhoea and leg cramps.
- **Non-steroidal anti-inflammatory drugs (NSAIDs)** (eg. mefenamic acid, naproxen) reduce blood loss when taken during menstruation. Side effects include headaches, nausea and diarrhoea. Women with stomach ulcers should not take NSAIDs as they aggravate them. Care should also be taken when NSAIDs are prescribed for women with asthma.
- The **oral contraceptive pill** can be successfully used to both reduce heavy bleeding and provide contraception, although some women dislike the side effects.
- A long course (21 days each month) of high dose **norethisterone** has been found to significantly reduce blood loss but many women are not keen to continue this treatment long-term due to the side effects.
- The daily continuous use of **danazol**, a synthetic steroid, is extremely effective in reducing heavy bleeding. It is, however, an unpopular treatment as side effects include weight gain, depression, acne, headaches and the development of male characteristics such as hair growth and a deepening of the voice.

Progesterones (provera, norethisterone or medroxyprogesterone acetate) taken during the luteal phase of the menstrual cycle (days 12-26) are **not** effective in reducing heavy bleeding.

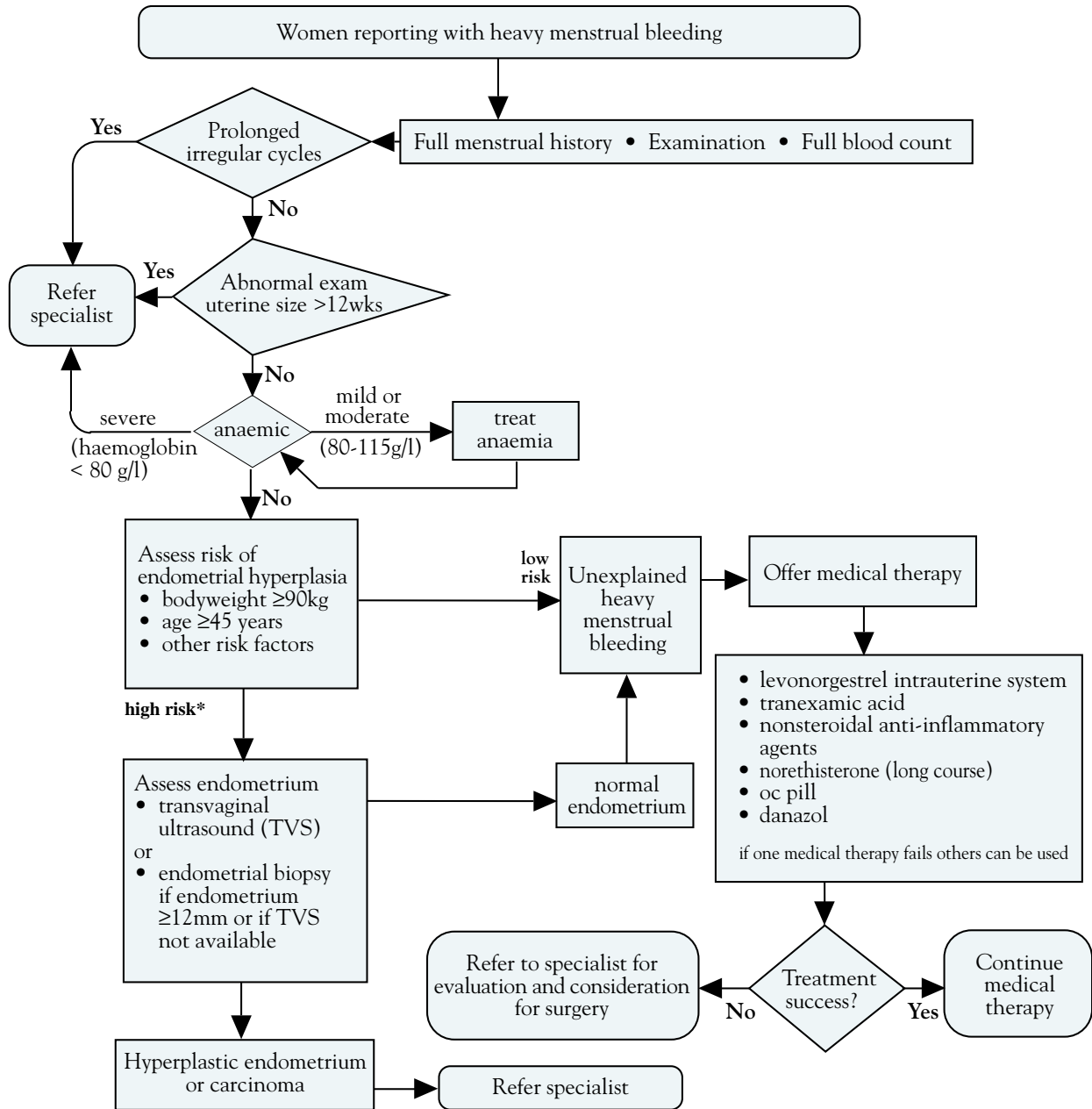
surgical treatments

The endometrium can be destroyed using a variety of techniques, but there is a 40% risk of needing a further operation after 4 years due to the return of symptoms. Although these techniques have fewer complications, have shorter operating times, faster rates of recovery and are less invasive than hysterectomy - these advantages may be outweighed by the need for repeat procedures.

- Women are, however, more likely to be satisfied with **endometrial ablation** than taking medication for heavy bleeding. Ablation can be performed a number of ways - using cryosurgery, laser ablation, resection, roller ball and heat destruction by balloon.
- There is a similar satisfaction rate and treatment success with **endometrial ablation** and the **levonorgestrel intrauterine system**.
- Women who have a **hysterectomy** for heavy bleeding express a high level of satisfaction, particularly if they have had a vaginal hysterectomy. Side effects from hysterectomy are common and include post-operative infection (25-50% for abdominal hysterectomy and 6-15% for vaginal hysterectomy). For most women the pain, bleeding and any bladder disturbances will have resolved by 6 weeks. The return to full activities usually takes 4-8 weeks after a hysterectomy.

Dilatation and curettage (D&C) should **not** be used to **treat** heavy menstrual bleeding, although it may have a role in diagnosis in some circumstances if other attempts to sample the endometrium are unsuccessful.

Flowchart for the medical management of heavy menstrual bleeding



* Referral to specialist could be considered

GLOSSARY

- **ablation** - destruction of the endometrium
- **anaemia** - very low iron levels in the blood
- **carcinoma** - cancer
- **endometrial biopsy** - procedure to remove a sample of the endometrium (can be done under local or general anaesthesia)
- **endometrial hyperplasia or hyperplastic endometrium** - abnormally thick endometrium
- **endometrium** - lining of the uterus
- **fibroids** - growth attached to the inside of the uterus (some may protrude into the outer surface of the uterus or into the pelvic cavity)
- **hysterectomy** - surgical removal of the uterus (may include the ovaries and can be a vaginal or abdominal removal)
- **hysteroscopy** - a procedure to view the uterus vaginally and to also take a sample of the endometrium
- **luteal phase** - stage of menstrual cycle following ovulation
- **menorrhagia** - heavy menstrual bleeding
- **oc pill** - oral contraceptive pill
- **pictorial chart** - diagrams of pads, tampons and clots so women can record their actual menstrual blood loss
- **pipelle biopsy** - soft cannula inserted through the cervix into the uterus to remove a small sample of endometrial cells
- **polyp** - growth attached to the inside of the uterus (and sometimes of the cervix)
- **polycystic ovary syndrome (PCOS)** - cysts on an ovary
- **TVS** - transvaginal ultrasound (ultrasound probe placed into the vagina for a close look at the uterus and ovaries)

Further Information

The information in this pamphlet is based on the Evidence-based Guideline for the Management of Heavy Menstrual Bleeding prepared by a working party for the New Zealand Guidelines Group (www.nzgg.org.nz). Copies of this pamphlet can be obtained by calling 0800 226 440.

Copies of the full report with details of the research studies referred to can be obtained from the New Zealand Guidelines Group website

www.nzgg.org.nz/library/gl_complete/gynae_hmb/index.cfm

A guideline and consumer pamphlet on recommended medical investigations and treatments for fibroids can also be found on this site.

For further information about heavy menstrual bleeding you can contact your general practitioner or a local women's health group.

Information on hysterectomy, fibroids and other women's health topics can be obtained from:

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