



## Patient Information Leaflet

### *Heavy Periods*

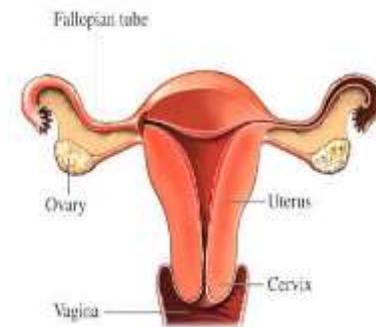
#### **What is menorrhagia?**

The word 'menorrhagia' means too much bleeding during a period. The medical definition is the passage of more than 80 mls of blood each period, but we don't really have a method for actually measuring the amount of blood lost. A period is considered heavy if it causes one or more of the following:

- Frequent changes of sanitary towels every 2 hours or more.
- Flooding onto clothes or bedding.
- Needing double sanitary protection with tampons and towels.
- Passing large clots.
- Affecting normal activities e.g. school, sports etc.
- More than 7 days of heavy bleeding

#### **What causes menorrhagia?**

The cause is not known in most cases but is more common if you have recently started your periods. You may find that your periods are irregular as well as heavy.



Bleeding from the womb (uterus) is under the influence of hormones from the ovaries.

When your periods first start it is common for your hormone levels to vary a lot which can go on for several years until your late teens. Inflammation of the uterus also causes heavy periods but this is rare in teenagers unless you are sexually active.

#### **Is menorrhagia dangerous?**

The heavy bleeding does not cause any other medical problems and the main problem is the disruption to lifestyle.

Some teenagers lose enough blood to become anaemic (low blood count). Anaemia can cause problems such as dizziness, shortness of breath and tiredness.

Keeping a diary of your periods for a few months will show your doctor if you need help with the bleeding problem. Make a note of the amount of bleeding and the number of sanitary towels needed.

Your doctor may offer you some treatment and it is important to understand that most treatments take three or more menstrual cycles to work fully. A diary is useful for both you and your doctor to see how bad the symptoms are and whether the treatment is helping.

#### **Do I need any tests?**

Your doctor may do a blood test to see if you are anaemic. You do not need any other blood tests routinely but we sometimes check to see if you have a bleeding disorder if your heavy bleeding started as soon as your periods began, you have a family history or any unusual symptoms such as prolonged bleeding / excessive bruising.

You do not usually need an ultrasound scan of the womb.

### **What are the treatments?**

The options for managing heavy periods are:

1. **Observation** ( no active treatment)

**Benefits:** No side effects and can choose another option at any time.

**Risks:** might not alleviate the impact on your life and wellbeing.

2. **Non-hormonal tablets** – there are two different tablets (Mefenamic Acid 3 times a day/ Tranexamic Acid 4 times a day) which are normally taken before and during periods.

**Benefits:** only taken for the few days in the period when the pain and bleeding is heavy.

**Risks:** Side effects include upset stomach. These tablets will not make the periods regular.

3. **‘The pill’** - combined oral contraceptive pill which contains two hormones; taken as 1 pill daily for 3 weeks followed by a week off during which a period occurs.

**Benefits:** very effective treatment which also helps with period pain. Reliable contraception if you need it. The bleeding pattern is usually short and predictable.

**Risks:** Blood clots (thrombosis).

Side effects include breast tenderness, nausea and depression.

4. **Progesterone tablets**- to be taken three times a day from D5-25 every month for 6-12 months.

**Benefits:** no increase in risk of thrombosis; regular light bleeds

**Risks:** may produce irregular bleeding if missed; does not provide contraception or pain relief

5. **The ‘minipill’** – which contains only one hormone (progesterone) - taken every day of the month.

**Benefits:** might stop periods altogether. Reliable contraception if you need it.

**Risks:** may produce an irregular bleeding pattern or irregular spotting. Side effects include low mood and weight gain.

6. **‘Depo injection’** – progesterone hormone called Depo-Provera given every 12 weeks.

**Benefits:** might stop periods altogether. Reliable contraception if you need it.

**Risks:** May cause irregular bleeding and some worries about reversible bone thinning if used long term.

7. **‘Implant’** – containing progesterone which inserted under the skin of the arm under local anaesthetic replaced every 3 years.

**Benefits:** might stop periods altogether. Reliable contraception if you need it.

**Risks:** May cause irregular bleeding

8. **Intrauterine system**– a coil with progesterone hormone placed inside the womb and lasts five years.

**Benefits:** very effective (80%) and might stop periods altogether; reliable contraception if you need it.

**Risks:** often needs a general anaesthetic for insertion in teenagers & usually causes irregular light bleeding for several weeks. Rarely coil can fall out or become embedded / work its way through the wall of the womb.

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