MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

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Heavy menstrual bleeding (HMB): patient information

What is a heavy menstrual bleeding?

Strictly speaking, heavy menstrual bleeding is when a woman loses ≥ 80mL of blood each period. A more practical definition is that if you think you lose too much blood every month, you have heavy menstrual bleeding! In particular, if the heaviness of your periods interfere with your physical, social, emotional and / or material quality of life.

Heavy periods are thought to affect approximately one in five women. So if you get in a lift at work with four other women, odds are at least one of them experiences heavy periods!

Symptoms of heavy periods

Heavy periods can impact hugely on a woman's day-to-day and quality of life. Symptoms include:

- Needing to change your sanitary wear (pads, tampons, menstrual cup) more often than you would like to
- Regularly passing clots, especially if moderate (the size of a golf ball) or large (palm-sized)
- Experiencing gushing of blood, which soaks through your clothes or bedsheets
- Having low iron (or 'iron deficiency anaemia'), which can lead to: fatigue, feeling dizzy when you stand up, breathlessness, a rapid heartbeat, and headaches

What causes heavy periods?

There are several underlying causes of heavy menstrual bleeding, including:

- Irregular ovulation. As a teenager (12 – 15yo), and before menopause (eg. 45 – 52yo), women may not ovulate every month. This leads to irregular and often heavy periods. Women with Polycystic Ovarian Syndrome (PCOS) may only have a period every 2 – 6 months. When they do have a period, it may be quite heavy
- Hormonal imbalance. Some hormonal imbalances (eg. underactive thyroid gland) can contribute to heavy menstrual bleeding
- Fibroids, which are non-cancerous overgrowths of the uterine muscle. Fibroids are extremely common, and tend to grow increasingly large with age. When they distort the uterine cavity, they can cause heavy menstrual bleeding, which can be torrential in severe cases

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- Polyps, which are non-cancerous overgrowths of the uterine lining. They can cause troublesome vaginal bleeding, which may be: heavy menstrual bleeding; bleeding between periods ('intermenstrual bleeding'); or bleeding after sex ('post-coital bleeding')
- Adenomyosis, which is a non-cancerous condition in which the uterine lining (the 'endometrium'), grows too deeply, into the uterine muscle (the 'myometrium'). It affects approximately one in four women, and can cause both heavy and painful periods. Adenomyosis tends to cause problematic heavy periods in a woman's mid-30s to late 40s
- Copper intrauterine devices are known to make periods heavier
- Gynaecological cancer. Cancerous changes to the uterine lining and / or muscle can cause heavy periods. Hence, investigating HMB often involves a pelvic ultrasound and / or a biopsy of the uterine lining
- Bleeding disorder. Very occasionally, a woman may have a genetic tendency to excessive bleeding. For example, women with von Willebrand disease are often troubled by excessively heavy periods.
- 'Blood thinner' medications (eg. aspirin, apixaban, warfarin) can contribute to excessively heavy menstrual bleeding.

Some women may have more than one underlying cause contributing to their heavy periods.

How is heavy menstrual bleeding investigated?

Heavy periods are investigated using:

- Physical examination. Your GP and / or gynaecological may ask to feel your tummy and / or do an intimate examination like a speculum examination
- Cervical screening test
- Blood tests (eg. haemoglobin level, iron studies +/- clotting tests)
- Transvaginal ultrasound is the main investigation for heavy periods: it helps to diagnose underlying conditions such as fibroids, polyps, and adenomyosis
- Your gynaecologist may recommend a biopsy of the uterine lining, which may be able to be completed in the clinic. In some situations, it may be performed under general anaesthetic
- Your gynaecologist may recommend a 'hysteroscopy', which is performed under general anaesthetic. A small video camera is inserted through the vagina, to look at the uterine lining

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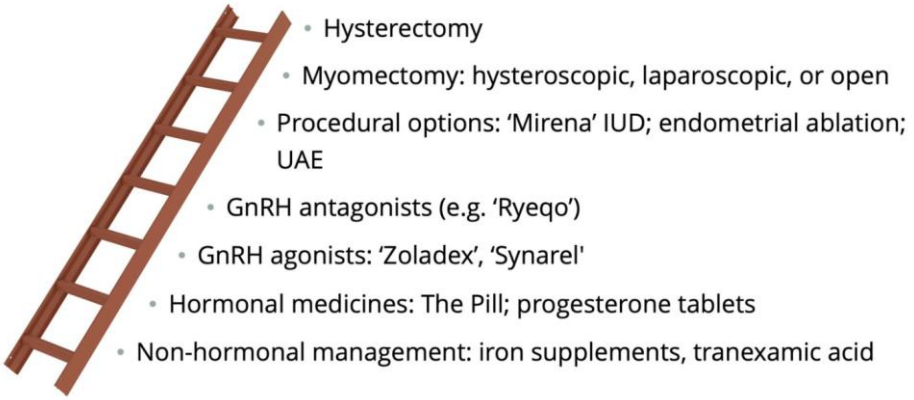
Medical management of heavy menstrual bleeding

There is a wide spectrum of management options for heavy menstrual bleeding, which can be thought of as a ladder.



If you are standing on the ground (yet to start climbing the ladder), you are not doing anything to manage your heavy periods.

As you climb higher and higher on the ladder, each rung is a more aggressive management option: it is more likely to successfully manage your heavy periods, but may have a higher risk of side-effects (or complications).

<u>Non-hormonal medicines</u>

Your GP may recommend iron tablets, to replenish your low iron stores. If tablets aren't sufficient, an iron infusion may be needed (which is given through a drip in your vein).

There is a non-hormonal medicine called 'tranexamic acid', which may be prescribed. Only taken during your period, it reduces the heaviness of periods by 40%.

<u>Hormonal medicines</u>

The next rung on the ladder is hormonal medications, which include:

- The combined contraceptive Pill, which lightens periods by about 50%
- Progesterone tablets (eg. Norethisterone) during the second half of your menstrual cycle
- GnRH agonists and antagonists are strong medications which put you into a temporary menopause. They are usually only prescribed by gynaecologists. While effective (95% of women will stop having periods within six months), they can cause significant side-effects

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Day procedures to manage heavy menstrual bleeding

The next rungs of the ladder are procedures, which: may or may not require general anaesthetic; and do not leave you with any visible scars or require any stitches. These include:

- Insertion of a progesterone-only ('Mirena') intra-uterine device, which lightens periods by approximately 80%
- Endometrial ablation, which is a procedure performed under general anaesthetic to burn the lining of the uterus
- Uterine artery embolisation (UAE), which is a procedure performed by interventional radiologists. A small tube is inserted into a blood vessel in your groin, then tiny particles (about the size of grains of sand) are then injected into the blood vessels of the problematic fibroid. The aim is to stop the blood supply to the fibroid, thereby causing it to slowly die, and shrink.

Not all of these options will be appropriate for you: please discuss the pros and cons of each with your gynaecologist.

Surgical management of heavy menstrual bleeding

By now, you've climbed up many rungs of the ladder, and have reached the rungs of surgical management. These operations, which require a general anaesthetic, include:

- Hysteroscopic myomectomy: a procedure performed through the vagina, to shave down any fibroids that are impinging on the uterine cavity
- Laparoscopic myomectomy: keyhole surgery to remove fibroids from the uterus
- Hysterectomy: an operation to remove the uterus +/- cervix. This can be performed: through the vagina; using keyhole surgery; or using an open (abdominal) approach. Please see the 'hysterectomy' patient information pamphlet on the Maven Centre website for more information

Your GP is able to provide advice about the lower rungs of the management ladder: ie. iron supplements, tranexamic acid, and the contraceptive Pill. The higher rungs require a nuanced discussion with a gynaecologist, about the advantages and disadvantages of each option.

This pamphlet is a general overview of heavy menstrual bleeding, and may not apply to everyone. If you have any further questions, please speak to your gynaecologist.