

Heavy menstrual bleeding

Your treatment options. Your second opinion.



What is Heavy menstrual bleeding

Women can be affected by a condition called heavy menstrual bleeding, in which the main symptom is excessive blood loss or prolonged bleeding during consecutive periods. Other symptoms that may occur include pelvic pain, feeling tired, low iron levels and decreased quality of life due to frequently changing sanitary products and fear of bleeding through your clothes.

Heavy menstrual bleeding (also called menorrhagia) affects one in five women. A cause is found in half of all cases such as pregnancy-related conditions, problems with the endometrium (the internal lining of the uterus) or non-cancerous uterine growths called fibroids. When a cause isn't found, it's known that heavy bleeding is often related to hormone or inflammatory levels in the endometrium.

Initial treatment

You may decide not to have treatment if bleeding isn't severe and doesn't decrease your quality of life. But if you want to reduce or stop bleeding, a medication or surgical procedure may often be your initial treatment.

Some treatments are for specific causes, while other treatments may help even when a cause isn't found. They're all effective, but to varying degrees and also with different side effects and risks. You may also need supplementation for low iron levels.

Medications

Medications may often be suggested to you as the initial treatment, including:

- > Oral contraceptives to make your periods regular and light.
- > Non-steroidal anti-inflammatory medications (NSAIDs) to decrease the inflammatory process associated with bleeding.
- > Tranexamic acid to make blood clots more stable.
- > Mirena® (intra-uterine device), placed in your uterus for up to five years, to slowly release progesterone, which thins out the endometrium.

All medications may have side effect risks. For example, an IUD may cause irregular bleeding, breast tenderness and acne. It's also a contraceptive, however it doesn't affect your chances of falling pregnant after you stop using it.

Surgical procedures

Some surgical procedures may be suggested to you for a specific cause such as a myomectomy to remove fibroids. Other procedures, such as endometrial ablation and hysterectomy, may also be suggested for more than one cause or when a cause isn't found.

Endometrial ablation

Endometrial ablation is a surgical procedure that removes the endometrium. Different techniques are available. They all involve inserting either a probe or balloon into your uterus and using heat or cold to remove the endometrium. Procedures may be performed under local or general anaesthesia and you may often go home the same day. Side effects may include bleeding and increased risk of miscarriage if you become pregnant.

Hysterectomy

Hysterectomy involves removing the uterus with or without the cervix and possibly also fallopian tubes, and ovaries. You won't be able to get pregnant after a hysterectomy. Three techniques are available. Lower abdomen incision (cut), incision through the vagina or laparoscopy keyhole surgery; the latter two may involve shorter hospital time and recovery.

For all hysterectomy techniques there may be more severe complications and longer recovery time (up to four days in hospital and eight weeks before return to all normal activities) compared to endometrial ablation.

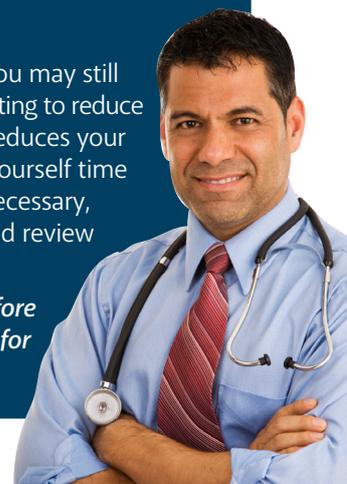
Making a decision on initial treatment

When deciding on the initial treatment for heavy menstrual bleeding, it may be helpful to think about and weigh up factors including:

- > if there is a specific, known cause for your heavy bleeding
- > your overall health
- > your future childbearing plans
- > the potential effectiveness, side effects and complications of each treatment
- > your personal preferences

Even once your decision is made, you may still have conflicting feelings such as wanting to reduce bleeding, but your treatment also reduces your fertility. It may be helpful to allow yourself time to reflect on your decision and, if necessary, see your doctor to ask questions and review your decision.

Always consult a medical expert before commencing a course of treatment for any medical condition.





Hysterectomy and medical research

When evaluating you for hysterectomy or other treatments for heavy menstrual bleeding, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found that hysterectomy may often be more effective at stopping bleeding in the short term compared to all other surgical and medication treatments because periods are no longer possible after the uterus has been removed.

However the research has found that IUD medication may also be effective at reducing or stopping bleeding for all women in the long term, and hysterectomy may be no more effective than IUD for improving health-related quality of life.

Studies have also found that women taking other medications may reduce or stop bleeding to a sufficient degree to may enable them to decide they don't need a hysterectomy. In addition, hysterectomy may be only marginally more effective than endometrial ablation for reducing bleeding and improving health-related quality of life, although it may also be less likely to require further surgery.

Hysterectomy and risks

Complications may include infection, bleeding, damage to surrounding organs, vaginal prolapse (collapses downwards) and, if the cervix is removed, reduced sexual response.

Understanding these risks is important, particularly given the possibility that other treatments may also be effective for reducing or stopping bleeding and improving your quality of life, and have less side effects or complications.

Hysterectomy and heavy menstrual bleeding – the main points

- > If you want to reduce or stop heavy bleeding and improve your quality of life, you should discuss with your doctor your initial treatment options which include medications and surgical procedures.
- > If you're considering a hysterectomy, take into account the medical studies showing that while hysterectomy may often be more effective at stopping bleeding in the short term, other treatments may also either reduce or stop bleeding in the long term or be effective enough for you not to need to have a hysterectomy, and also achieve improvements in your quality of life.

Would you like a second opinion?

Deciding on a treatment path for a medical condition can be a difficult, complex and stressful question.

Would you like the benefit of an expert second opinion to help you to decide on your treatment options?

If you want to know more about GPS² or have a general enquiry, please contact us on 1800 477 246 or email via contact@gps2.com.au

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