



Sandwell and West Birmingham
NHS Trust

Heavy menstrual bleeding

Information and advice for patients

Obstetrics & Gynaecology



Heavy periods are common, but they can have a big effect on a woman's everyday life.

What are heavy periods?

It's difficult to define exactly what a heavy period is because it can vary from woman to woman. Heavy for one woman may be normal for another. A woman may be described as having heavy periods if she has excessive menstrual bleeding over several menstrual cycles in a row that interferes with her physical, emotional and social quality of life.

How much is heavy bleeding?

Most women have a good idea of how much bleeding is normal for them during their period and can tell when this changes, therefore it is not usually necessary to measure blood loss.

Signs and symptoms that may be suggestive of heavy periods include:

- having to change your sanitary products frequently (such as every 1 to 2 hours or more)
- passing blood clots (these can vary in size)
- bleeding through to your clothes or bedding
- needing to use two types of sanitary product together (e.g. tampons and pads)
- Periods that last more than seven days
- feeling tired and drained during and just after your period
- feeling that your periods are interfering with your everyday life

What causes heavy periods?

There are a number of conditions and medical treatments that can cause heavy menstrual bleeding. However, in approximately half of women with heavy menstrual bleeding, no underlying reason is found.

Some causes for heavy menstrual bleeding include:

- **Endometrial polyps or uterine fibroids** - benign growths in or around the womb which can cause heavy or painful periods.
- **Endometriosis** - where the tissue that normally lines the womb (endometrium) is found in places outside the womb, such as in the ovaries and fallopian tubes.
- **Adenomyosis** - when tissue from the womb lining becomes embedded in the wall of the womb.
- **Pelvic inflammatory disease** - an infection in the upper genital tract (the womb, fallopian tubes or ovaries).
- **Polycystic ovary syndrome (PCOS)** - a common condition that affects how the ovaries work which causes irregular and heavy periods.
- **Intrauterine contraceptive device ("the coil")** - this is a device inserted into the womb for contraceptive reasons. It can make your periods heavier for the first 3 to 6 months after insertion.
- **Endometrial hyperplasia** - when the endometrium is thicker than usual in response to an excess of oestrogen.
- **Endometrial cancer** - This is very rare, but can also cause heavy periods.

- **Blood clotting disorders** - e.g. von Willebrand disease.
- **Hypothyroidism** - An under-active thyroid gland.
- **Blood thinning medication** e.g. warfarin.
- some **herbal supplements**, which can affect your hormones and therefore may affect your periods e.g. ginseng, ginkgo and soya.

Investigating heavy periods

There are a number of tests that can be carried out to find the cause of heavy periods. Usually you will begin by having a full assessment by your GP. The GP will start by asking you about your medical history, what your heavy bleeding is like, any other symptoms you have, and what effect the bleeding is having on your everyday life. The GP may also suggest a physical examination or refer you for further tests to try to find out if there's an underlying cause for your heavy periods. They may also refer you to be seen by a specialist.

Physical examination

The clinician may ask to perform a physical examination which may include:

- **Abdominal examination** - pressing on your tummy to feel for any abnormalities
- **Pelvic examination:**
 - **Vulval examination** - this involves inspection of the external genitalia for evidence of bleeding or infection
 - **Speculum examination** - this involves using a device called a speculum to hold open the walls of the vagina to allow visualisation of the cervix
 - **Bimanual palpation** - feeling the inside of your vagina to identify whether your womb or ovaries are tender or enlarged

Your clinician must obtain your consent and give you the option of having someone with you (a chaperone) while the pelvic examination is being performed.

Further investigations

- **Blood tests:**
 - Full blood count (FBC) – to look for iron deficiency anaemia which can be caused by loss of iron following prolonged heavy periods. This will usually be treated with medication.
 - **Thyroid function tests (TFTs)** – to check whether thyroid hormone imbalance is a cause for heavy periods. This is also usually treated with medication.
 - **Clotting screen** – to ensure there isn't a problem with the body's blood clotting mechanism
- **Ultrasound scan** - an ultrasound scan may be performed either externally via the abdomen (transabdominal ultrasound) or internally via the vagina (transvaginal ultrasound) to look for any structural causes for heavy bleeding. For a transvaginal ultrasound, a small probe is inserted into your vagina to get a close-up image of your womb. This is usually preferred as it produces a better image of the womb.

- **Endometrial biopsy** - if an ultrasound scan shows that the lining of the womb (endometrium) is thicker than normal, an endometrial biopsy (a small sample of the endometrium) can be taken for examination under a microscope to find out the reason for the thickness. The biopsy involves inserting a straw-like tube via the vagina into the womb to obtain the sample.
- **Hysteroscopy** – a procedure where a narrow telescope is passed into the womb through the vagina to examine the inside of the womb. Sometimes a biopsy (endometrial biopsy) is carried out at the same time.

Treating heavy periods

There are various treatment options for heavy periods. The choice of treatment depends on various factors such as what's causing your heavy periods, your general health and your preferences. If a reason for the bleeding is found, then this will be treated. Sometimes, no cause for heavy periods can be found. In these cases, heavy periods can be treated by medication or by surgery with the aim of decreasing the amount of bleeding. Some treatments may stop your periods completely and others may have an impact on your fertility.

Treatment options include:

- **An intrauterine system (IUS)** – a small device that contains the hormone progestogen is inserted in your womb by a medical professional. It slowly releases a small amount of the hormone progesterone which acts locally on the lining of the womb.
- **Non-hormonal medications** – including tranexamic acid or non-steroidal anti-inflammatory drugs (NSAIDs) such as mefenamic acid. The aim of these is to reduce the amount of bleeding and NSAIDs can also relieve pain associated with periods.
- **Hormonal medications** – such as the combined oral contraceptive pill or progesterone tablets.
- **Endometrial ablation** – a procedure to destroy the lining of the womb with view to preventing it from thickening.
- **Myomectomy** – surgery to remove fibroids.
- **Uterine artery embolisation** – a procedure to reduce the size of fibroids.
- **Hysterectomy** – surgery to remove the womb.

Your doctor will discuss any proposed treatments with you in detail.

Further Information

NHS Website

Heavy periods

Website: www.nhs.uk/conditions/heavy-periods

Patient

Heavy periods: menorrhagia

Website: <https://patient.info/womens-health/periods-and-period-problems/heavy-periods-menorrhagia>

(Websites checked 17 April 2024).

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