

Menorrhagia (Heavy Periods)

Menorrhagia is the medical name for heavy periods. The amount of blood that is lost during a woman's period varies from person to person, with some women experiencing more blood loss than others. Menorrhagia can occur by itself or in combination with other symptoms, such as menstrual pain (dysmenorrhoea).

Menorrhagia is defined as excessive (heavy) bleeding that occurs over several consecutive menstrual cycles. Heavy bleeding does not necessarily mean that there is anything seriously wrong, but it can affect a woman physically, emotionally and socially, and can cause disruption to everyday life.

How much is heavy bleeding?

The amount of blood that is lost during a woman's period can vary considerably for each woman, so it is difficult to define exactly what a heavy period is.

In research, heavy menstrual bleeding is considered to be 60-80ml (millilitres) or more per cycle (the average amount of blood lost is 30-40ml, and 90% of women lose less than 80ml). However, in reality, it is difficult to quantify objectively what heavy blood loss is, and most women have a good idea about how much bleeding is normal for them during their period, and can tell when this amount increases or decreases.

If your periods are causing disruption to your everyday life, or they are heavier than usual, you should speak to your GP about it. If you feel that you are using an unusually high number of tampons or pads, experience flooding through to your clothes or bedding, or you need to use tampons and towels together, it is a good indication that your blood loss is excessive. It is not normal to have clots in menstrual blood, or flooding past sanitary wear, and these are certainly signs that bleeding is heavy.

In 40-60% of cases of menorrhagia, there is no underlying cause. In these cases, women are said to have dysfunctional uterine bleeding. However, there are many different possible causes of the condition that can be categorised depending on how common they are.

Causes of menorrhagia include:

- **Endometrial polyps** - benign growths in the lining of the cervix or womb cavity,

- **Endometriosis/adenomyosis** - when the womb lining (endometrium), grows in other parts of the body, usually within the pelvis. When this occurs within the muscle of the womb it is called adenomyosis. Pain commonly happens along with heavier periods.
- **Uterine fibroids** – very common, non-cancerous growths in the womb which can cause pelvic pain (dysmenorrhoea),
- **Intrauterine Contraceptive Device (IUD)** (the coil) - blood loss may increase by 40-50% after an IUD is inserted. Not with the Mirena device however which reduces bleeding.
- **Chronic Pelvic Inflammatory Disease (PID)** - ongoing infection in the pelvis which can cause pelvic pain, fever and bleeding after sexual intercourse or between periods,
- **Polycystic Ovarian Syndrome (PCOS)** - multiple cysts in the ovaries produce excess oestrogen and less ovulation. This can lead to heavy and erratic bleeds.
- **Coagulation disorders** - blood clotting disorders, such as von Willebrand disease,
- **Hypothyroidism** - an under-active thyroid gland, which may cause fatigue, constipation, intolerance to cold, and hair and skin changes.
- **Liver or renal disease**, and
- **Cancer of the womb** (although this is very rare).

Treatments That May Cause Menorrhagia

Heavy periods are sometimes caused by medical treatments. These can include:

- **Anticoagulant medicines** - are sometimes used to reduce the clotting of the blood,
- **Chemotherapy** - cancer treatment using powerful medication, and
- **Sterilisation** - an operation to prevent future pregnancies. There is evidence both for and against sterilisation as a cause of heavier periods. It is likely that stopping hormonal contraception when having a sterilisation results in heavier periods returning, rather than the sterilisation causing it.

Medical history

To establish the cause of your heavy periods, your doctor will ask you some questions about your medical history, the nature of your bleeding, and any related symptoms that you have.

Your doctor will ask you about your menstrual cycle - how many days it usually lasts for, how much bleeding you have, how often

you have to change your tampons (or sanitary pads), and whether or not you experience flooding. They will ask you about the impact that your heavy periods have on your everyday life.

Your doctor will ask you about whether you have any bleeding between periods (inter-menstrual bleeding) or after sexual intercourse (post-coital bleeding), and if you experience any pelvic pain. To find the cause of your heavy bleeding, you may have a physical examination, particularly if you have pelvic pain, bleeding between periods, or bleeding after sex.

You may be asked about the contraception that you currently use, whether you are considering changing the type of contraception that you use, and whether you have any future plans to have a baby. The last time you had a cervical screening test will also be noted.

Your GP may ask you about your family history in order to identify whether there is a possibility that a hereditary condition, for example, a coagulation disorder (condition that affects the blood's ability to clot properly), such as von Willebrand disease, is responsible for your heavy bleeding.

Further testing

Depending on your medical history, and the results of your initial physical examination, the cause of your heavy bleeding may need to be investigated further. For example, if you experience inter-menstrual or post-coital bleeding, or you have pelvic pain, you will need to have some further tests in order to rule out serious illness, such as an underlying cancer (which is very rare). This may require referral to a gynaecologist.

Blood tests

A full blood count is usually carried out for all women who have heavy periods. A blood test can detect iron-deficiency anaemia, which is often caused by a loss of iron following prolonged heavy periods. If you have iron-deficiency anaemia, you will usually be prescribed a course of medication. Your GP will be able to advise you about the type of medication that is most suitable for you, and how long you need to take it for.

Pelvic Examination

- a vulval examination - an examination of your vulva (external sexual organs) for evidence of external bleeding and signs of infection, such as a vaginal discharge,

- a speculum examination of your vagina and cervix - a speculum is a medical instrument that is used for examining the vagina and cervix, and
- bimanual palpation - an internal examination of your vagina using the fingers to identify whether your uterus, or ovaries, are tender or enlarged.

Pelvic examinations should only be carried out by health professionals who are qualified to perform them, such as a GP or gynaecologist (a specialist in the female reproductive system). Before carrying out a pelvic examination, the health professional will explain the reasons why the examination is required, and they will also explain the procedure to you. You should ask about anything that you are unsure about.

In some cases of menorrhagia, a biopsy may be needed in order to establish a cause. This will be carried out by a specialist and involves a small sample of your womb lining being removed for examination under a microscope.

Endometrial Biopsy

This test is performed if there is no response to initial treatment or if the doctor feels that it is important to rule out abnormal cells (which are very uncommon before the menopause). The test is also definitely required if you are planning on having an endometrial ablation as treatment. A speculum is placed in the vagina, as for a smear and a fine flexible straw is passed up the canal of the cervix until in the cavity of the womb. Once in place some cells are gently suctioned out. No anaesthetic is required but some period cramping can occur so it is useful to take an anti inflammatory tablet like ibuprofen 400mg about an hour beforehand if you have no contraindications. Paracetamol can be used if you can't use tablets like ibuprofen.

Ultrasound scan

If you have heavy menstrual bleeding, and following tests the cause is still unknown, an ultrasound examination of your womb may be used to look for abnormalities of your uterus, such as fibroids (non-cancerous growths), or polyps (harmless growths). Ultrasound can also be used to detect some forms of cancer. A trans-vaginal scan is often used, which involves a small probe being inserted into the vagina to take a close-up image of the womb.

Hysteroscopy

This test involves passing a narrow telescope (3 – 4mm diameter) up through the canal of the cervix to look inside the cavity of the uterus. This can usually be done as an outpatient and often does not require any anaesthetic, although this can be used if necessary. A speculum is placed in the vagina as for a smear test then the small telescope is passed up the canal of the cervix under direct vision. The doctor can then see if there are any abnormalities inside such as fibroids or polyps. Sometimes these can be removed there and then. A sample of the lining of the womb can also be taken (endometrial biopsy).