

Heavy Menstrual Bleeding

Heavy menstrual bleeding is a common thing. It is estimated that one-third of women seek treatment for it. It is not normal and can indicate a more serious health issue. Tell your obstetrician–gynecologist if you're concerned about heavy menstrual bleeding.

Blood loss from heavy periods also can lead to a condition called iron-deficiency anemia. Shortness of breath and an increased risk of cardiac issues are both caused by severe anemia.

- When is menstrual bleeding considered “heavy”?

Any of the following can be a sign of heavy menstrual bleeding:

- Bleeding that lasts more than 7 days.
 - Bleeding that soaks through one or more tampons or pads every hour for several hours in a row.
 - Needing to wear more than one pad at a time to control menstrual flow.
 - Needing to change pads or tampons during the night.
 - Menstrual flow with blood clots that are as big as a quarter or larger.
- What causes heavy menstrual bleeding?

Heavy menstrual bleeding is caused by things like:

- Fibroids and polyps
- Adenomyosis
- Irregular ovulation— If you don't ovulate on a regular basis, regions of the endometrium (uterine lining) can thicken. During puberty and perimenopause, this is a regular occurrence. Women with certain medical problems, including as polycystic ovary syndrome (PCOS) and hypothyroidism, are also at risk.
- Bleeding disorders—When the blood does not clot properly, it can cause heavy bleeding.
- Medications—Blood thinners and aspirin can cause heavy menstrual bleeding. The copper intrauterine device (IUD) can cause heavier menstrual bleeding, especially during the first year of use.
- Cancer—Heavy menstrual bleeding can be an early sign of endometrial cancer. Most cases of endometrial cancer are diagnosed in women in their mid-60s who are past menopause. It often is diagnosed at an early stage when treatment is the most effective.

- Other causes—Endometriosis can cause heavy menstrual bleeding. Other causes include those related to pregnancy, such as ectopic pregnancy and miscarriage. Pelvic inflammatory disease (PID) also can cause heavy menstrual bleeding. Sometimes, the cause is not known.
- How is heavy menstrual bleeding evaluated?

When talking to your ob-gyn about heavy menstrual bleeding, you may be asked about

- past and present illnesses and surgical procedures
- pregnancy history
- medications, including those you buy over the counter
- your birth control method
- your menstrual cycle—If you can, use a calendar or period-tracking smartphone app to keep track of your cycle before your visit. Your ob-gyn will want to know detailed information about several cycles, including the dates that your period started, how long bleeding lasted, and the amount of flow (light, medium, heavy, or spotting).
- What tests and exams may be used to evaluate heavy menstrual bleeding?

You may be subjected to a physical examination, which may include a pelvic exam. Several laboratory tests may be performed. You may be subjected to a pregnancy test as well as screenings for sexually transmitted illnesses (STIs). Additional tests may be required based on your symptoms and age:

- Ultrasound exam—Sound waves are used to make a picture of the pelvic organs.
- Hysteroscopy—A thin, lighted scope is inserted into the uterus through the opening of the cervix. It allows your ob-gyn to see the inside of the uterus.
- Endometrial biopsy—A sample of the endometrium is removed and looked at under a microscope. Sometimes hysteroscopy is used to guide this test. A surgical procedure called dilation and curettage (D&C) is another way this test can be done.
- Sonohysterography—Fluid is placed in the uterus through a thin tube while ultrasound images are made of the uterus.
- Magnetic resonance imaging (MRI)—This test views internal organs and structures using a strong magnetic field and sound waves.
- Which medications can be used to treat heavy menstrual bleeding?

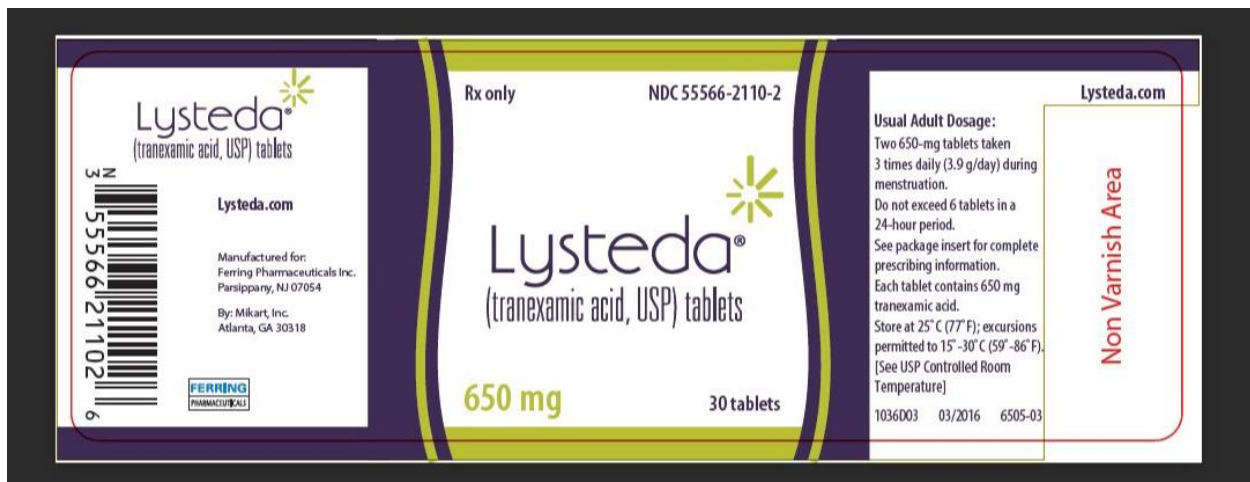
Medications often are tried first to treat heavy menstrual bleeding:

- Heavy bleeding caused by ovulation issues, endometriosis, PCOS, and fibroids can often be controlled with hormonal birth control. These strategies can lighten menstrual flow, help make periods more regular, or even stop bleeding completely depending on the kind.
 - Hormone therapy can help with excessive menstrual bleeding during the perimenopause period. It's essential to consider the benefits and hazards of hormone therapy before making a decision (increased risk of heart attack, stroke, and cancer).
- Gonadotropin-releasing hormone (GnRH) agonists stop the menstrual cycle and reduce the size of fibroids. They are used only for short periods (less than 6 months). Their effect on fibroids is temporary. Once you stop taking a GnRH agonist, fibroids usually return to their original size.
- Gonadotropin-releasing (GnRH) antagonists work more quickly and have fewer side effects than GnRH agonists. This is also an oral medication as opposed to an injection. Specifically made to reduce heavy periods due to fibroids. It reduces the signals that your pituitary gland sends to your ovaries telling them to produce estrogen and progesterone. Lowering levels of these hormones is one way to reduce heavy menstrual bleeding



[What is ORIAHNN™? Oral Treatment for Heavy Bleeding Due to Uterine Fibroids](#)

- Tranexamic acid is a prescription medication that treats heavy menstrual bleeding. It is a tablet taken for a maximum of five days once a month at the start of the menstrual period.



Lysteda product information [Tranexamic Acid: MedlinePlus Drug Information](#)

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, also may help control heavy bleeding and relieve menstrual cramps. If you have a bleeding disorder, your treatment may include special medications to help your blood clot.
- Which procedures can be used to treat heavy menstrual bleeding?

If medication fails to stop the bleeding, a surgical procedure may be suggested:

- Endometrial ablation damages the uterine lining. It decreases or prevents menstrual bleeding. Although pregnancy is unlikely following ablation, it is possible. If it happens, the chances of major consequences increase. After endometrial ablation, you'll need to utilize birth control until after menopause. For women undergoing ablation, sterilization (permanent birth control) may be a viable alternative for preventing conception. Only after medications and other treatments have failed can endometrial ablation be explored.
- Uterine artery embolization (UAE) is used to treat fibroids. In UAE, the blood vessels to the uterus are blocked, which stops the blood flow that allows fibroids to grow.
- Myomectomy is surgery to remove fibroids without removing the uterus. Hysteroscopy can be used to remove fibroids or stop bleeding caused by fibroids in some cases.
- The uterus is surgically removed in a hysterectomy. When alternative treatments have failed or are not an option, a hysterectomy is done to treat fibroids and adenomyosis. Endometrial cancer is also treated with it.

A woman who has her uterus removed will no longer have periods and will be unable to conceive.

- Glossary

Adenomyosis: A condition in which the tissue that normally lines the uterus begins to grow in the muscle wall of the uterus.

Birth Control: Devices or medications used to prevent pregnancy.

Cells: The smallest units of a structure in the body. Cells are the building blocks for all parts of the body.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Dilation and Curettage (D&C): A procedure that opens the cervix so tissue in the uterus can be removed using an instrument called a curette.

Ectopic Pregnancy: A pregnancy in a place other than the uterus, usually in one of the fallopian tubes.

Endometrial Ablation: A minor surgical procedure in which the lining of the uterus is destroyed to stop or reduce menstrual bleeding.

Endometrial Biopsy: A procedure in which a small amount of the tissue lining the uterus is removed and examined under a microscope.

Endometrial Cancer: Cancer of the lining of the uterus.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Endometrium: The lining of the uterus.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Gonadotropin-releasing Hormone (GnRH) Agonists: A hormone made in the brain that tells the pituitary gland when to produce follicle-stimulating hormone (FSH) and luteinizing hormone.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve symptoms that may happen around the time of menopause.

Hypothyroidism: A condition in which the thyroid gland makes too little thyroid hormone.

Hysterectomy: Surgery to remove the uterus.

Hysteroscopy: A procedure in which a lighted telescope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Iron-Deficiency Anemia: Abnormally low levels of iron in the blood.

Magnetic Resonance Imaging (MRI): A test to view internal organs and structures by using a strong magnetic field and sound waves.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined from the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Miscarriage: Loss of a pregnancy that is in the uterus.

Myomectomy: Surgery to uterine fibroids only, leaving the uterus in place.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): Drugs that relieve pain by reducing inflammation. Many types are available over the counter, including ibuprofen and naproxen.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovulation: The time when an ovary releases an egg.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Pelvic Inflammatory Disease (PID): An infection of the upper female genital tract.

Perimenopause: The time period leading up to menopause.

Polycystic Ovary Syndrome (PCOS): A condition that leads to a hormone imbalance that affects a woman's monthly menstrual periods, ovulation, ability to get pregnant, and metabolism.

Polyps: Abnormal tissue growths that can develop on the inside of an organ.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Puberty: The stage of life when the reproductive organs start to function and other sex features develop. For women, this is the time when menstrual periods start and the breasts develop.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sonohysterography: A procedure in which sterile fluid is injected into the uterus through the cervix while ultrasound images are taken of the inside of the uterus.

Sterilization: A permanent method of birth control.

Tranexamic Acid: A medication prescribed to treat or prevent heavy bleeding.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterine Artery Embolization: A procedure to block the blood vessels to the uterus. This procedure is used to stop bleeding after delivery. It is also used to stop other causes of bleeding from the uterus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Source: [Heavy Menstrual Bleeding | ACOG](#)