

HEAVY PERIODS

INFORMATION FOR PATIENTS

NORMAL PERIODS

During each menstrual cycle the lining of the womb/uterus thickens and gets ready to accept an embryo if an egg is successfully fertilized. If you don't become pregnant the womb lining breaks down and comes away as a period. A period is the body's natural way to remove the womb lining.

HOW CAN IT TELL IF MY PERIODS ARE HEAVY?

Most women will have a period once a month and bleed for no more than five to seven days. Your periods are probably heavy if:

- You pass clots or have "flooding"
- Double protection is essential (tampons and towels)
- You need to change your tampon more than every two hours
- Blood soaks through your protection into the bed sheets at night
- The period lasts for more than a week
- You have become anaemic
- Your quality of life is being excessively affected by your period

There isn't really an easy or reliable way to measure the amount of blood lost with each period so your doctor will rely on your symptoms (and perhaps a blood test for anaemia +/- iron levels) to decide if your periods are heavy.

WHAT INFORMATION WILL MY DOCTOR NEED TO KNOW ABOUT MY PERIODS?

Your doctor will need to ask a number of questions to help diagnose your problem including:

- The length of your menstrual cycle (the number of days between the start of one period and the start of the next)?
- The number of days your period lasts for?
- Do you pass clots or have "flooding?"
- The date your last period began?

- Are you having some bleeding between your periods or after intercourse?
- How painful are your periods?
- Is intercourse uncomfortable?
- Do you suffer from pre-menstrual tension (PMT)?

WHY DO I NEED TO BE EXAMINED?

An examination of the abdomen and pelvis is important to try and identify the cause of heavy periods. For example, your doctor may find that the womb is enlarged or there are fibroids, although in the majority of women no obvious problems are detected.

WHAT INVESTIGATIONS WILL BE NECESSARY?

It may be necessary to arrange an ultrasound scan to check the size/shape of the womb and look at the inner lining (also known as the endometrium). A scan will also check the ovaries to exclude problems such as cysts. Sometimes blood tests are done to exclude anaemia or low iron levels. Occasionally hormone levels are measured, particularly if the menstrual cycle is irregular or there are concerns that the patient may be approaching the menopause.

Sometimes it is necessary to take a sample of the lining of the womb (endometrium) to make sure that the cells are growing normally. This is sometimes done during an outpatient visit using a very fine plastic tube which is passed through the cervix into the womb. This is called an endometrial pipelle.

An alternative is to arrange a hysteroscopy (look inside the womb with a small camera) at which time a "D&C" is performed to again obtain a sample of the lining cells to make sure there is no abnormality. Common abnormalities such as polyps or fibroids can be detected and may be removed. A hysteroscopy can be performed under local or general anaesthetic.

WHAT TREATMENT OPTIONS ARE AVAILABLE?

Not everyone will require treatment – some patients are happy to be reassured that their periods are normal and no abnormalities can be found either on examination or ultrasound scan. If treatment is required, there are a number of alternatives available.

1) Tablets

a) Non hormonal

These tablets can be useful as they are only taken at the time of a period

(e.g.) **Tranexamic acid (Cyclokapron).**

This tablet can reduce the amount of blood which comes away during a period by up to 50%.

Mefenamic acid (Ponstan).

This tablet is very useful for period pain and can also reduce the quantity of bleeding by around a third.

b) Hormonal

The combined oestrogen/progesterone contraceptive pill or the progesterone only mini-pill are both useful for treating heavy periods and would provide additional contraception. They need to be taken throughout the month.

2) **Mirena intrauterine system (IUS) –also known as a Mirena coil.**

3) **Endometrial ablation**

4) **Hysterectomy**

Additional information is available on all of the above treatments.

ANY OTHER QUESTIONS?

If you would like any further information then please don't hesitate to get in touch. Our contact details are as follows:

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Andrew Hextall – August 2008

MIRENA INTRAUTERINE SYSTEM (IUS)

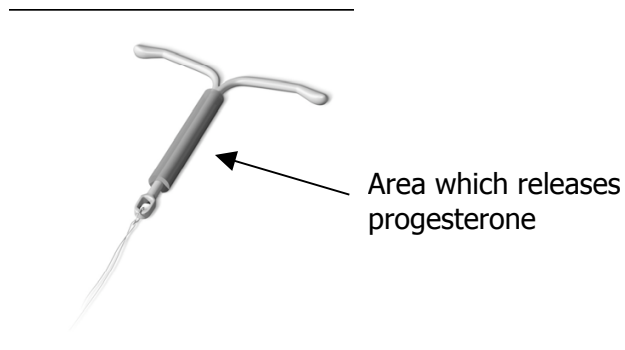
INFORMATION FOR PATIENTS

HOW DOES A MIRENA IUS HELP HEAVY PERIODS?

The Mirena IUS is a contraceptive device which is placed inside the womb. It contains a small amount of progesterone hormone called Levonorgestrel. This hormone is used in a variety of contraceptive Pills. The Mirena IUS releases levonorgestrel very slowly into the womb. This hormone stops the lining of the womb thickening each month making the periods shorter and lighter.

HOW DOES IT WORK AS A CONTRACEPTIVE?

The Mirena IUS makes it difficult for an embryo to implant in the womb. Cervical mucus also becomes thicker which makes it harder for sperm to get into the uterus. Finally, in some cases the Mirena IUS can temporarily stop the ovaries from producing eggs (ovulating).



HOW IS THE MIRENA IUS INSERTED?

The Mirena IUS can either be placed in the outpatient clinic or, alternatively, it can be inserted at the time of a hysteroscopy and D&C. The device is passed through the cervix into the womb. The best time to have a Mirena IUS is either during or at the end of a period when it can be certain you are not pregnant. It is also easier to insert as the cervix is slightly more dilated.

HOW EFFECTIVE IS IT FOR TREATING HEAVY PERIODS?

The Mirena IUS is very effective for most patients with about 70-80% of women finding that it has helped their heavy periods. After approximately three months use, the average blood loss is 85% less and around one third of ladies will stop having periods altogether. This is not a problem because the lining hasn't thickened up during the month and there is nothing to come away.

HOW LONG DOES THE COIL LAST FOR?

The Mirena IUS can be left in place for up to five years and then needs to be replaced.

WHEN CAN I RELY ON IT FOR CONTRACEPTION?

The coil is effective immediately and no other contraception is required.

HOW EASY IS IT TO REMOVE?

There is a small string at the end of the coil which comes out through the cervix. Removal involves passing a speculum into the vagina and then removing the coil by pulling on the string. There is slight discomfort for one to two seconds.

HOW MUCH DOES IT COST?

The Mirena IUS costs around £90-£100. Although this sounds expensive it does, of course, last for five years.

CAN IT BE USED IF I HAVE FIBROIDS?

The Mirena can be used if there are only small fibroids within the womb. If there are large fibroids, then this may distort the shape of the uterine (womb) cavity making it difficult to place the Mirena coil properly.

WHAT HAPPENS WHEN THE MIRENA COIL IS REMOVED?

When the coil is taken out, it is quite likely that you will revert back to your normal bleeding pattern and, of course, your periods may continue to be heavy. Fertility returns very quickly but it is probably best to wait for your next period before trying for a pregnancy so that it is easier to work out how far on you are when you do fall pregnant.

WHAT ARE THE SIDE EFFECTS?

1. Irregular periods.

It takes approximately two to three months for the Mirena IUS to work for most ladies. During this time it is very common to have some slightly irregular bleeding which may be on a daily basis initially. The bleeding settles down with time in most patients but unfortunately a few continue to have a persistent, troublesome light period or some discharge.

2. Expulsion.

There is an extremely small chance that the coil could come out, particularly if the periods remain heavy. If it is being used for contraception then the coil should be checked after each period to make sure it is still in place. This is done by self examination - if the string can be felt coming out through the cervix then it is still in position. If there is any doubt then an examination should be performed by your doctor or practice nurse.

3. Hormonal problems.

The main advantage of the Mirena IUS over tablets is that the progesterone hormone is delivered directly onto the lining of the womb - only a very small amount gets absorbed into the body. This tends to reduce the risk of hormonal side effects. However, in some ladies this can cause some water retention/bloating. Premenstrual tension (PMT) can also be a concern for a minority of women although this tends to get better with time.

4. Pelvic infection.

Although most normal coils increase the risk of pelvic infection, this does not seem to be the case with a Mirena coil.

5. Contraceptive failure.

The Mirena IUS is an extremely effective form of contraception. If 1000 women used a Mirena IUS for a year, only one would fall pregnant compared to about ten for the normal coil or 20 for the Pill. As with all coils, if it does fail there is a higher risk of ectopic pregnancy. If you fall pregnant then it is important to see your doctor to rule out an ectopic pregnancy.

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