

Menorrhagia (Heavy Menstrual Periods)

About 1 in every 3 women will describe her periods as “heavy.” However, it is difficult to measure the amount of blood you actually lose during a period. Doctors and nurses must rely on information about passing clots, “flooding” through pads or tampons, or interference with usual activities. Heavy periods can occur in women with both regular and irregular cycles.

You may need tests to determine the cause of your menorrhagia—an internal exam by your doctor, blood tests, a special ultrasound (where a probe is inserted into the vagina), or a sampling of the uterine lining taken through a fine tube inserted into the uterus via the vagina.

After the cause is found, there are treatments that can help. Your doctor will help you decide which is best for you. It may require trying a few different methods before you find the one that works best for you.

Medication: The First Step in Treatment

- ✦ **Non-steroidal Anti-inflammatory Medicines (e.g., mefenamic acid or ibuprofen)** - may reduce menstrual blood loss by 20–50%. You may need to take these for several days each period. These drugs also relieve period pain.
- ✦ **Tranexamic Acid Tablets** - may reduce the amount of bleeding by 40–50%. They are taken during your period but do not relieve pain. They can cause some stomach upset.
- ✦ **Combined Oral Contraceptive Pills** - can reduce bleeding by 30% in most women resulting in regular, shorter, often lighter periods.
- ✦ **Levonorgestrel IUD** - similar to an ordinary IUD (“coil”) except that it releases small amounts of progesterone into the uterus. Bleeding becomes very light or stops altogether in 3–6 months. It can reduce blood loss by about 90% in most women. It is also an effective contraceptive and can stay in place for 5 years.
- ✦ **Oral or Injected Progestins** - over 50% of women using these will have no periods after one year. Progesterone helps to make periods lighter, mainly by making the lining of the uterus thinner.
- ✦ **Danazol** - stops the production of certain hormones which stimulate the lining of the uterus, reducing menstrual blood loss. Treatment for 3 months can reduce blood loss by about 50%, but it has a higher chance of unpleasant side effects (weight gain, headaches, acne, hirsutism, etc.).

Surgery: The Next Step in Treatment

Surgery is usually reserved for women who do not desire pregnancy.

- ✦ **Endometrial Ablation** - removes or “strips” the lining of the uterus by inserting an instrument into the uterus via the vagina. Several different methods (e.g., laser, microwaves, freezing) are used. About 85% of women have an improvement in their symptoms with ablation and, it does mean a shorter hospital stay and quicker recovery than a hysterectomy.
- ✦ **Fibroid Embolization**- cuts off blood supply to the fibroid, by injecting a gel into the artery that “feeds” the fibroid. The fibroid shrinks and often disappears completely. Effectively treats menorrhagia in 80–90% of women who have heavy bleeding because of fibroids.
- ✦ **Hysterectomy** - removes the entire uterus, either through a cut in the abdomen or through the vagina—often with the use of a special instrument called a laparoscope. It is preferred by women who have not had good results with other treatments and want a cure that is 100%.