

Heavy or Abnormal Vaginal Bleeding

If you are having a period more frequently than every 24 days, or the bleeding time is greater than 7 days or you are changing your pad or tampon more than every 2 to 3 hours, this is considered abnormal. Your heaviest day should be the first or second day of your period and then your bleeding should slowly taper off. Passing of large clots or “gushing blood” on the toilet is also not normal. These are all reasons to call and make an appointment to evaluate your periods.

Uterine fibroids, uterine polyps, thyroid disease, and abnormal ovulation can cause heavy bleeding during perimenopause as well as earlier in life. Uncommon causes are adenomyosis, precancerous changes or uterine or cervical cancer.

When you call to make an appointment, please be prepared for a pelvic exam, a blood evaluation, a possible pelvic ultrasound and a possible uterine biopsy. In addition, a hysteroscopy may be recommended. This is a minimally invasive procedure to diagnose the cause of bleeding as well as treat many intrauterine abnormalities such as polyps and fibroids. Some of these exams will occur at another appointment.

After your evaluation and testing the physician will meet with you to discuss possible options for your particular problem.

The following options are used for control and treatment of abnormal vaginal bleeding. Some may be appropriate for your situation and some may not. Your doctor will discuss which are good options for you.

1. **Medical Management:** You may be offered birth control pills or progesterone to regulate your bleeding. Women who are not at risk for blood clots and do not have cancer may be able to try these medications. Some women find relief from their bleeding as well as PMS and perimenopausal symptoms when using these medications. There are risks with all medications. The biggest risks of birth control pills are a clot in your leg, lung or a stroke. Your doctor will help assess your risk. Some women can experience an elevation of their blood pressure, nausea, mood changes, headaches, irregular spotting or changes in their libido and these should be addressed with your doctor.
2. **Mirena IUD:** The Mirena IUD can be placed in the uterus at an office visit. It contains a progesterone agent, which is slowly released over time and can decrease your bleeding and sometimes stop periods. This usually takes 3 to 6 months. Your natural hormones are still secreted by your ovaries during this time. The IUD is also an excellent birth control method. Side effects can include but are not limited to irregular spotting for 3 to 6 months, cramping and discomfort during placement, small risk of infection, possible mood change, and difficulty with insertion. The Mirena web site is very educational and we would advise you review this sight prior to deciding on the Mirena IUD. (www.mirena.com)

3. **Novasure Endometrial Ablation:** This is a surgical procedure, which can be done in the office or in the operating room. Your doctor will explain the appropriate preparation for you prior to the procedure. The Novasure is a fan like instrument. It is placed in your uterus after it has been numbed with medication. The fan is opened in the uterine cavity and the wires are heated to 360 degrees. This heat will cauterize the inside lining of the uterus and the blood vessels to the endometrial lining. After the procedure you may have 24 to 48 hours of menstrual type cramps. 85% of women over 40 who have this procedure with have improvement in their bleeding. Some women stop having period bleeding after the procedure or have only light spotting. The procedure does not affect your hormones. It is a quick procedure lasting about 90 seconds and most women go back to work the next day. The risks of the procedure are similar to any surgical procedure and include infection, bleeding, and perforation of the uterine wall or damage to surrounding organs. These are rare. You will be given postoperative instructions to follow. This is not birth control! And there is a theoretical risk of masking a cancer of the uterus in the future. The Novasure website is informative and we recommend you read this prior to making a decision. (www.novasure.com)

4. **Laparoscopic Minimally Invasive Hysterectomy:** For many women, the above methods cannot control their bleeding or they are having pelvic discomfort, pain with intercourse, or bladder problems because of an enlarged uterus. The enlargement can be caused by fibroids or adenomyosis. Your doctor may offer you a hysterectomy to eliminate these problems and help you recover your health. Laparoscopic surgery is now done to avoid a large incision on your abdomen and help to minimize your time off work. The surgery is done in the hospital and takes about 2 to 3 hours. Three to four 1 to 2 cm incisions are placed on your abdomen to remove the uterus. Most women stay in the hospital less than 24 hours and are back to work in 2 weeks and full exercise in 4 weeks. There are many advantages to this surgery over the traditional hysterectomy which your mother may have had. Your scar is small, recovery is fast, it is less painful and you're back to your normal activities faster. You can choose several options including leaving your ovaries in place so your hormones are not changed or having them removed. In addition, some women choose to leave their cervix in place and some women choose to have their cervix removed. These options need to be discussed with your doctor. Ethicon Medical has an excellent website to read about this procedure and we recommend that you read this information before making a decision. Risks with this surgery are infection, bleeding, injury to other organs that surround the uterus and general anesthesia. These will be discussed in detail at a preoperative appointment. (<http://www.ethicon.com/our-solutions/pelvic-health>) (www.pelvichealthsolutions.com)

5. **Other Hysterectomies:** Sometimes Laparoscopic surgery is not the right approach and your doctor may advise a vaginal hysterectomy or an abdominal hysterectomy. Vaginal hysterectomies are often combined with bladder repair

surgery. Abdominal hysterectomies are reserved for a very large uterus or known history of scar tissue or endometriosis. Your doctor will explain these options with you.

The discussion above is to help you start to think about what is happening to your body. Vaginal bleeding can cause anemia, fatigue, depression, moodiness, general malaise and achy muscles. You may find your relationships or work is suffering because of how you feel. Many women think it is natural to bleed heavily but this is not true. Please refer to the websites for more detailed information and make an appointment to assess your problem.