



# Heavy Periods: What are my options?



Northampton  
General Hospital  
NHS Trust

## What is Heavy Menstrual Bleeding (HMB)?

Heavy Menstrual Bleeding (HMB) is excessive menstrual blood loss that interferes with the physical, social, emotional and/or material quality of your life. It remains one of the most common reasons for seeing a gynaecologist, with 1 in 20 women aged between 30 and 49 years consulting their GP every year due to heavy periods or menstrual problems. If heavy periods are affecting the quality of your life, you can be offered various treatment options.

This document lists the possible benefits and risks of the options available to you for heavy periods. Some of the treatments listed here may not be suitable for you depending upon your individual circumstances. The aim of treatment is to improve your quality of life.

## Before deciding what treatment options are suitable for you

Your health care professional will ask you about your periods and any concerns you have. You may be offered an internal examination and further tests like a hysteroscopy (where a small telescope is used to get a view inside your womb) and/or ultrasound scan to find the cause of heavy periods. Your health care professional will then discuss and document available treatment options to help you make a decision that is right for you considering your preferences, any other medical issues (like medical conditions, obesity, previous surgery etc.), whether you have fibroids (including

size, number and location), polyps, any problems with your womb lining, adenomyosis (a condition where the cells or the lining of the womb are found in the muscle wall) and any other symptoms such as pressure and pain. If you try one treatment and it doesn't work, you can try the other available options.

## Your options include:

- **Monitoring** – Wait and see how things go without any active treatment. This can be either monitoring you carry out yourself or monitoring with a health care professional. You can consider opting for other available treatments at any stage
- **Hormonal treatment** – Levonorgestrel-releasing intrauterine system e.g. Mirena® or hormone tablets like combined oral contraceptives or progestogens either in the form of tablets or a 3-monthly injection or implant
- **Non-hormonal treatment** – Tranexamic acid or non-steroidal anti-inflammatory drugs (NSAIDs)
- **Surgical treatment** – endometrial ablation, uterine artery embolization, myomectomy or hysterectomy

## MONITORING:

Option	Benefits	Possible side-effects/risks
Watchful waiting without any active treatment	<p>No side effects</p> <p>You can choose alternative treatment option at any time</p> <p>Your periods will eventually stop-average age of menopause in the UK is 51</p>	<p>Heavy periods may affect quality of your life</p> <p>Periods may get worse</p>

**HORMONAL TREATMENT WITH LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM (LNG-IUS):** First treatment option to consider if there is no known cause for your symptoms or you have small fibroids (less than 3cms) or you have suspected or known adenomyosis

Option	Benefits	Possible side-effects/risks
<p>Levonorgestrel-releasing Intrauterine system (LNG-IUS)</p> <p>A small plastic device that slowly releases the hormone progesterone is placed into your womb through your vagina</p> <p>Helps to thin the lining of the womb</p>	<p>Considered to be the most effective treatment option</p> <p>Up to 95% reduction in total menstrual blood loss</p> <p>May take up to 6 cycles for it take effect so you are advised to wait for 6 months to see the full benefit</p>	<p>Common: unpredictable bleeding that may last for 6 months or sometimes longer: usually, but not always, light and settles down; hormone related problems such as breast tenderness, acne or headaches, which if present are generally minor and short-lived</p> <p>Less common: no periods at all</p>

Option	Benefits	Possible side-effects/risks
Involves a minor procedure (approximately 10-15 minutes in total) usually in the clinic setting. Majority of women experience moderate period type discomfort during fitting which can be helped by simple painkillers like Paracetamol	<p>Can help to reduce period pain</p> <p>It lasts five years but can be removed at any stage</p> <p>It is a very effective long-acting contraceptive as well</p> <p>It does not affect your fertility after removal</p>	<p>Rare: damage to the wall of the womb at the time of IUS insertion (1.4 in 1000)</p> <p>Needs replacing every 5 years</p> <p>Not suitable for those trying to conceive</p>

**Side-effects/risks are classed as:**

Common = 1 in 100 chance    Less common = 1 in 1000 chance  
 Rare = 1 in 10 000 chance    Very rare = 1 in 100 000 chance

If LNG-IUS is not suitable or you do not want it, treatment options to consider include:

**NON-HORMONAL TREATMENT:** This can be started while you are awaiting further tests and can be continued for as long as you wish if they help

Option	Benefits	Possible side-effects/risks
Tranexamic acid Involves taking 2 tablets orally, 3 times a day, from the day your period starts for up to 4 days each month	<p>This is non-hormonal treatment, so it has none of the side-effects of hormones</p> <p>Up to 58 % reduction in total menstrual blood loss</p> <p>Suitable for women trying to conceive as it does not affect your fertility</p>	<p>Less common: indigestion; diarrhoea; headaches</p> <p>Does not reduce length or pain of periods</p> <p>This is not a contraceptive</p>

Option	Option	Possible side-effects/risks
<p>Non-steroidal anti-inflammatory drugs (NSAIDs) e.g. Ibuprofen and Mefenamic acid</p> <p>Involves taking tablets orally from the start of your period or just before, until heavy blood loss has stopped; usually three times a day, for up to five days</p> <p>Reduces your body's production of a substance linked to heavy periods</p>	<p>Helps with period pain as well</p> <p>Up to 50 % reduction in total menstrual blood loss</p> <p>Also suitable for women trying to conceive as it does not affect your fertility</p>	<p>Common: indigestion; diarrhoea</p> <p>Rare: worsening of asthma in sensitive individuals; peptic ulcers</p> <p>This is not a contraceptive</p>
<p>Tranexamic acid plus NSAID</p>	<p>May work better than the above medications taken on their own</p>	<p>Side effects: as for the individual medications.</p>

### HORMONAL TREATMENT:

Option	Benefits	Possible side-effects/risks
<p>Combined oral contraceptive pills (COCs)</p> <p>Involves taking a tablet containing oestrogen and progestogen every day for three weeks, stopping for a week and then repeating</p>	<p>Helps with period pain</p> <p>Up to 40 % reduction in total menstrual blood loss</p> <p>It is an effective contraceptive</p> <p>It does not affect your fertility after you come off the pills</p>	<p>Common: mood change; headache; nausea; fluid retention; breast tenderness</p> <p>Rare: blood clots in legs/lungs (risks increase with age and body weight)</p> <p>Forgetting to take pills may cause irregular bleeding</p>

Option	Option	Possible side-effects/risks
<p>Oral progestogen (Norethisterone)</p> <p>Involves taking tablets orally 2 to 3 times a day from day 5-26 of your menstrual cycle (counting first day of your period as day 1)</p> <p>Helps thin the lining of the womb</p>	<p>Up to 80% reduction in total menstrual blood loss in the long term</p> <p>It does not affect your fertility after you come off the pills</p>	<p>Common: weight gain; bloating; breast tenderness; headaches; acne (usually minor and transient)</p> <p>Rare: depression</p> <p>This is not a contraceptive</p>
<p>Progestogens in the form of injection or implant used mainly for their contraceptive effects can also help reduce menstrual blood loss</p> <p>Long acting progestogens are either injected every 12 weeks, usually into the buttock or implant into the arm that lasts for 3 years</p> <p>Thins the lining of the womb</p>	<p>Mainly used as an effective contraceptive</p> <p>Up to 50 % reduction in menstrual blood loss</p> <p>Bleeding may stop completely in some women</p> <p>It does not affect your fertility in future. However, sometimes, it can take a while for periods to return and for you to be able to conceive after discontinuing progestogen injection or implant</p>	<p>Common: weight gain; irregular bleeding; absence of periods; premenstrual symptoms</p> <p>Less common: osteoporosis (largely recovers after stopping treatment)</p>

## SURGICAL TREATMENT

Option	Benefits	Possible side-effects/ risks
<p><b>Endometrial ablation</b></p> <p>Involves surgery to destroy the lining of the womb by a variety of methods:</p> <ul style="list-style-type: none"> <li>● Radiofrequency ablation (Novasure)</li> <li>● Thermal balloon endometrial ablation (TBEA)</li> </ul> <p>Technique involves inserting a device into the womb through the vagina and cervix to destroy the lining with radiofrequency energy (Novasure) or heated fluid (Thermal balloon).</p> <p>Can be done under local or general anaesthesia</p>	<p>Minimally invasive surgery</p> <p>Can be done in an outpatient clinical setting</p> <p>Considered to be the best surgical treatment for reducing blood loss in women with no fibroids</p> <p>Saves/preserves the womb</p> <p>Novasure ablation seems to be more effective in reducing the blood loss compared with other ablation techniques with 9 out of 10 women experiencing significant reduction in blood loss and about 5 in 10 women experiencing no bleeding at 12-month follow-up</p>	<p>Common: vaginal discharge; irregular bleeding; increased period pain or cramping (even if no further bleeding); need for additional surgery</p> <p>Less common: infection</p> <p>Rare: damage to womb (very rare with newer available techniques)</p> <p>If performed under general anaesthetic, there is a small added risk from the anaesthetic</p> <p>Is not a contraceptive (there are reported cases of pregnancy after endometrial ablation) so you will be advised to use contraception as pregnancy after the procedure carries increased risks</p> <p>This is a permanent destruction of the lining of the womb and cannot be reversed. It is not suitable if you want to consider pregnancy in future</p>

Option	Benefits	Possible side-effects/risks
<p><b>Uterine artery embolization (UAE)</b></p> <p>This involves blocking the blood supply to the fibroids causing them to shrink</p> <p>Treatment option to be considered depending upon the size (3ms or more), location and number of fibroids, and the severity of the symptoms</p>	<p>Helps shrink the fibroids and reduce the bleeding</p> <p>May be suitable for you if you wish to consider pregnancy in future</p>	<p>Common: persistent vaginal discharge; post-embolization syndrome – pain, nausea, vomiting, abdominal pain and fever</p> <p>Less common: need for additional surgery; premature ovarian failure (1 to 2 in 100 women, particularly in women over 45 years old); haematoma</p>
<p><b>Myomectomy</b></p> <p>Surgery to remove fibroids either through your vagina using a thin telescope, called a hysteroscope or through a cut in your abdomen (keyhole or open surgery)</p>	<p>Helps remove whole or part of the fibroids and reduce the bleeding</p> <p>May be suitable for you if you wish to consider pregnancy in future</p>	<p>Major surgery - abdominal myomectomy</p> <p>Less common: Bleeding; infection; adhesions; recurrence of fibroids; damage to womb; need for further surgery</p>
<p><b>Hysterectomy</b></p> <p>Major surgery to remove the womb and/or neck of the womb; this may be total hysterectomy (removal of womb and neck of the womb) or subtotal (removal of womb only, keeping the neck of the womb)</p>	<p>Your periods stop permanently</p> <p>No need for further treatment for periods</p> <p>Contraception not needed</p>	<p>Major surgery</p> <p>Cannot be reversed and you cannot conceive after this</p> <p>Common: infection</p>

Option	Benefits	Possible side-effects/risks
<p>Should only be considered when:</p> <ul style="list-style-type: none"> <li>● Heavy bleeding is significantly disrupting your life</li> <li>● Other treatment options haven't worked</li> <li>● You fully understand the benefits and risks involved</li> <li>● You don't want to keep your womb or to have a child in future</li> </ul> <p>This involves surgery and hospital stay. It may be undertaken via:</p> <ul style="list-style-type: none"> <li>● Vaginal route</li> <li>● Abdominal route (opening the tummy)</li> <li>● Laparoscopic route (keyhole)</li> </ul> <p>Depending upon your individual clinical situation and taking your preferences into consideration</p> <p>If you or your specialist is considering removal of your ovaries, the potential risks and benefits should be fully discussed with you</p>		<p>Less common: bleeding during surgery (more likely if you have fibroids when a hysterectomy is carried out); damage to other abdominal organs, such as the bladder or bowel</p> <p>Can affect the way your bladder works (frequent passing of urine, urinary leakage)</p> <p>Can have a psychological effect on you and can affect your sexual feelings</p>



## Useful websites

[www.nhs.uk](http://www.nhs.uk)

[www.northamptongeneral.nhs.uk](http://www.northamptongeneral.nhs.uk)

## Other information

Northampton General Hospital operates a smoke-free policy. This means that smoking is not allowed anywhere on the Trust site, this includes all buildings, grounds and car parks.

Leaflets, information, advice and support on giving up smoking and on nicotine replacement therapy are available from the local Stop Smoking helpline on 0845 6013116, the free national helpline on 0300 123 1044, email: [smokefree@nhft.nhs.uk](mailto:smokefree@nhft.nhs.uk) and pharmacies.

Car parking at Northampton General Hospital is extremely limited and it is essential to arrive early, allowing ample time for parking. You may find it more convenient to be dropped off and collected.

This information can be provided in other languages and formats upon request including Braille, audio cassette and CD. Please contact (01604) 523442 or the Patient Advice & Liaison Service (PALS) on (01604) 545784, email: [pals@ngh.nhs.uk](mailto:pals@ngh.nhs.uk)

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