

Heavy Menstrual Bleeding (Heavy Periods)

Management Options¹

Brief Decision Aid

There are **four** options for the management of heavy menstrual bleeding:

- **Watchful waiting** - seeing how things go with no active treatment.
- **Intrauterine system (IUS)** - a hormonal device placed in the womb that lasts five years.
- **Medication** - tablets taken before and during periods, the combined oral contraceptive pill, or progestogens either as tablets or as a 3 monthly injection.
- **Surgery** - endometrial ablation or hysterectomy. These are hospital procedures that are usually considered only if other options have not worked well or have been unacceptable. **NICE** (National Institute of Health and Clinical Excellence) guidance suggests women are offered the options in the order listed here.

In making a decision you need to ask yourself - What is important to me? This leaflet and your health professional can tell you the evidence and give their suggestions but you need to make a decision that is right for you. What are your preferences?

You may want to think about:

- Do I want to take tablets? Will I remember to take them?
- Do I need contraception at the same time?
- Do I need a treatment that will help with period pain as well?
- Do I need a long term or more short term solution?
- Do I have any medical problems that will influence my choice?
- Will the treatment affect my fertility?

Benefits and risks of watchful waiting

Treatment Option	Benefits	Risks or Consequences
Watchful waiting - no active treatment	No side effects or hospital treatment - can choose another option at any time. Your periods will eventually disappear - average age of menopause is 51.	It may already be having an impact on your life and wellbeing. It is possible that periods will get worse running up to the menopause.

¹ Only for use once other causes of HMB such as fibroids or polyps have been excluded

Benefits and risks of Levonorgestrel intrauterine system (LNG-IUS)

Treatment Option	Benefits	Risks or Consequences
<p>Intrauterine system (IUS) Involves a minor procedure in the GP practice/sexual health clinic.</p> <p>Majority of women say the fitting is similar to moderate period discomfort.</p>	<p>Blood loss is normally reduced by about 90% at one year.</p> <p>About 25 in 100 women will have no periods at all at one year.</p> <p>It lasts five years but can be removed at any stage.</p> <p>It is more often considered if the treatment is wanted for longer than a year.</p> <p>It usually reduces period pain.</p> <p>It is a very effective contraceptive (see separate leaflet on www.patient.co.uk or the BDA).</p>	<p>The reduction in blood loss will vary from person to person</p> <p>Bleeding can become more unpredictable especially in the first 3-6 months. This usually, but not always, settles down.</p> <p>At the time of fitting, an IUS may rarely be placed through the wall of the uterus (about 1 in 1000 fittings).</p> <p>IUS falls out 50 in every 1000 times it is put in. (This is usually obvious at the time).</p>

Benefits and risks of medication

Treatment Option	Benefits	Risks or Consequences
<p>Tranexamic acid Involves taking a tablet three times a day for up to four days from the moment your period starts.</p>	<p>Blood loss is normally reduced by about 40%.</p>	<p>Does not reduce length or pain of periods.</p> <p>Common side effects include upset stomach and diarrhoea.</p>
<p>Non-steroidal anti-inflammatory drug (NSAID) e.g. ibuprofen and mefenamic acid. Involves taking tablets, usually three times a day, for up to five days from the moment the period starts.</p>	<p>Blood loss is normally reduced by about 20-30%.</p> <p>It usually eases period pain.</p>	<p>Common side effects include upset stomach.</p> <p>Should not be taken if you have asthma.</p>
<p>Tranexamic acid plus NSAID</p>	<p>Likely to work better than the above medications alone - but there are no studies to say by how much.</p>	<p>Side effects: as for the individual medications.</p>
<p>Combined oral contraceptive pill Involves taking a tablet usually every day for three weeks, stopping for a week and then repeating.</p>	<p>Blood loss is normally reduced by about 40% for most varieties of 'the pill'.</p> <p>It often helps with period pain.</p> <p>It is an effective contraceptive (see separate leaflet on www.patient.co.uk or the Brief Decision Aid (BDA) on</p>	<p>Forgetting to take regularly. This will reduce its effectiveness.</p> <p>Risks (such as blood clots) increase slightly as you get to your mid 40s.</p> <p>Side effects sometimes occur (see separate leaflet on Patient.co.uk).</p>

	contraception).	
Norethisterone Taken daily from day 5 to day 26 of the menstrual cycle.	Probably reduces blood loss by around 40% (but the research is less clear on this)	Side effects tend to be less well tolerated and include weight gain, bloating, breast tenderness, headache and acne.
Long acting progestogens This is injected every 12 weeks, usually into the buttock.	55 in 100 women using the injection for one year will have stopped having periods. You do not need to remember to take tablets for every period, but you do need to remember to come for the injection every 12 weeks	45 in 100 women will not have stopped having periods. Side effects are similar to norethisterone tablets. Injection can cause irregular periods, particularly in the first few months.

Benefits and risks of surgery - surgical procedures are usually only considered if the non surgical options have not been successful or are not appropriate

Treatment Option	Benefits	Risks or Consequences
Endometrial ablation Involves destroying the lining of the womb by a variety of techniques.	Up to 50 in 100 women stop bleeding but this depends on the procedure used. You should discuss this with your surgeon. A further 40 in 100 women will report significant reduction of bleeding. 70-90 in 100 women are satisfied with the operation depending on the procedure performed.	If performed under a general anaesthetic there is a small associated risk. There is a risk of damage to womb (uterus). Is not a reliable contraceptive, so you may need contraception as well. 10-30 women in 100 are not satisfied with the operation. This is a permanent solution and cannot be reversed. It is not advisable to plan to become pregnant after this procedure.
Hysterectomy Involves surgery and hospital stay between a day and five days.	No periods. Contraception not needed.	This is a significant operation and has a variety of risks (anaesthetic, bleeding and damage to other organs, infection and risk of DVT). This is a permanent solution and cannot be reversed.

Brief Decision Aids are designed to help you answer three questions: **Do I have options? What are the benefits and risks of these options, (and how likely are they)? How can we make a decision together that is right for me?**