



PATIENT INFORMATION LEAFLET

HEAVY MENSTRUAL BLEEDING (HMB)

This leaflet aims to give you some information regarding Heavy Menstrual Bleeding (HMB).

Menstruation (also known as a period) is the monthly shedding of the lining of the womb.

Menstrual cycles varying in length with the average cycle being between 23–35 days long, with bleeding lasting an average of 5–7 days and a blood loss of between 25–80 ml.

Heavy menstrual bleeding (HMB) is a phrase used for excessive menstrual blood loss which interferes with a woman's physical, social, emotional, and/or material quality of life, which can occur alone or in combination with other symptoms.

SYMPTOMS OF HMB

- Changing pads or tampons every 1 to 2 hours; or empty your menstrual cup more often than recommended.
- Needing to use 2 types of sanitary products together, such as a pad and a tampon.
- Periods lasting more than 7 days.
- Passing blood clots larger than 2.5cm (the size of a 10p coin).
- Bleeding through to your clothes or bedding.
- Avoiding daily activities e.g., exercise; or take time off work because of heavy periods.
- Feeling tired or short of breath a lot.

CAUSES OF HMB

It can sometimes be normal to have heavy periods. They can be heavy at different times, like when you first start your periods, after pregnancy or as you approach menopause.

HMB can be caused by:

Uterine (Womb) Abnormalities:

- **Fibroids:** Benign tumours in the womb that can cause heavy bleeding.
- **Adenomyosis:** Endometrial tissue growing into the muscle in the wall of the womb, leading to painful and heavy periods.
- **Polyps:** Growths on the womb lining that can cause excessive bleeding.

Hormonal Imbalances:

- **Oestrogen/Progesterone Imbalance:** Conditions such as Polycystic Ovary Syndrome (PCOS) or perimenopause can disrupt hormone levels, leading to a thickened womb lining and heavy bleeding.
- **Thyroid Disorders:** Both hypo (low) and hyper (raised) thyroid can lead to irregular and heavy periods.

Endometrial Conditions:

- Endometriosis: Tissue similar to the womb lining grows outside the womb, causing bleeding and pain.
- Endometrial Hyperplasia: Thickening of the womb lining can result in heavy bleeding.

Coagulation Disorders:

- Conditions such as von Willebrand disease or other blood clotting disorders can lead to excessive (heavy) menstrual bleeding.

Infections and Invasive Conditions:

- Pelvic Inflammatory Disease (PID) or cancers of the uterus, cervix, or ovaries can contribute to abnormal bleeding.

Medications and Devices:

- Intrauterine Devices (IUD), particularly copper IUDs or medications like blood thinning medication can cause heavier periods.

TREATMENT FOR HMB

Heavy periods do not always need to be treated however, there are treatments that can help if they're affecting the quality of your life.

The GP may have already offered you:

- Contraception, such as an intrauterine system (IUS) or the combined contraceptive pill.
- Medicine to help reduce the bleeding, such as Tranexamic acid.
- Prescription-only anti-inflammatory painkillers, such as mefenamic acid or naproxen
- An Ultrasound scan to determine if there is anything causing HMB.
- A blood test to check if you have iron deficiency anaemia and commenced you on iron tablets if your iron levels are low.

If these treatments have not worked or the GP thinks a condition may be causing your heavy periods, you may have been referred to see a specialist at the hospital where:

- An ultrasound scan may be repeated.
- You may be offered a hysteroscopy, which is an investigative camera used to assess if there is any cause of bleeding in the lining of the womb e.g., Polyps or fibroids.
- A biopsy from the lining of the womb may be obtained and sent to the lab for testing to rule out pre-cancer cells and cancer.

TREATMENTS AVAILABLE AT SAINT MARY'S

Treatment depends on several factors, such as the specific cause of bleeding i.e. fibroids, precancer cells, thickened lining etc., individual preference and fertility preservation (if applicable).

Treatments include:

Medications:

- Hormonal Treatments: Birth control pills, hormonal IUDs e.g. Mirena Coil, or hormone therapy (like progesterone) can regulate the menstrual cycle and reduce bleeding.

- **Tranexamic Acid:** This medication helps reduce bleeding by preventing the breakdown of blood clots.
- **Nonsteroidal Anti-Inflammatory Drugs (NSAIDs):** Drugs like ibuprofen can reduce menstrual bleeding and alleviate pain by reducing prostaglandin production.
- **Iron Supplements:** To treat or prevent anaemia caused by heavy bleeding.

Minimally Invasive Procedures:

- **Endometrial Ablation:** A procedure that destroys the womb lining to reduce or stop heavy bleeding.
- **Uterine Artery Embolization (UAE):** A technique that blocks blood flow to fibroids, reducing their size and bleeding.

Surgical Treatments:

- **Myomectomy:** Surgical removal of fibroids within the womb, to reduce bleeding caused by fibroids.
- **Hysterectomy:** In cases where other treatments fail, removal of the womb may be recommended, especially if the bleeding is severe and persistent.
- **Sonata:** Uses radiofrequency energy to reduce the size of fibroids and ease symptoms

Lifestyle and Supportive Care:

- **Iron and Nutritional Support:** To address anaemia caused by chronic heavy bleeding, iron supplements or dietary changes may be recommended.
- **Weight Management:** For women with conditions like PCOS or obesity, managing weight may help regulate hormone levels and improve menstrual bleeding patterns.

Watchful Waiting:

- In cases of mild to moderate bleeding or during perimenopause, monitoring the condition over time may be recommended, with treatment provided as needed.

NOTE: Leaflets are available for the treatments listed above. Please, feel free to ask one of the team if you need one.

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

If you have any questions related to appointments, please see the contact number below for the Benign Gynaecology Secretaries



0161 701 4455 (option 1 for benign gynaecology)



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