

Heavy Menstrual Bleeding

Clinical Care Standard Consumer Fact Sheet

There are different ways to manage heavy menstrual bleeding. This clinical care standard describes the care you should be offered if you have heavy menstrual bleeding. You can use this information to help you make informed decisions in partnership with your clinician.

Assessment and diagnosis

What the standard says

The initial assessment of a woman presenting with heavy menstrual bleeding includes a detailed medical history, assessment of impact on quality of life, a physical examination, and exclusion of pregnancy, iron deficiency and anaemia. Further investigations are based on the initial assessment.



What this means for you

- If you have heavy menstrual bleeding, your clinician will carry out a thorough assessment to help find the cause. They will ask about your past general health and family medical problems, your sexual health, previous pregnancies and births, current sexual activity, and whether you wish to become pregnant. They will also need to understand your bleeding and how it affects your life. With your consent, your clinician will carry out an internal physical examination to feel your uterus by placing their fingers inside your vagina.
- They will recommend a pregnancy test (if there is any chance you are pregnant), and tests for iron deficiency (a lack of iron) and anaemia (a lack of red blood cells). Whether you need any other tests will depend on your individual assessment, but these may include blood tests, a cervical screening test, or an ultrasound.

Informed choice and shared decision making

What the standard says

A woman with heavy menstrual bleeding is provided with consumer-focused information about her treatment options and their potential benefits and risks. She is asked about her preferences in order to support shared decision making for her clinical situation.



What this means for you

- There are several ways to treat heavy menstrual bleeding and each woman has different needs. When discussing your treatment, your clinician will give you information about your condition and the options available to you, using plain, non-medical language. You can ask the health service to arrange a translator if this would help you. You may also be given written information.
- Your clinician will explain the expected benefits as well as the risks for each option, and will ask you questions such as whether you want to become pregnant in the future and what your goals for treatment are. Your preferences are an important part of the decision-making process which should involve both you and your clinician.

Initial treatment is pharmaceutical

What the standard says

A woman with heavy menstrual bleeding is offered pharmaceutical treatment, taking into account evidence-based guidelines, her individual needs and any associated symptoms. Initial treatment is provided to a woman who is undergoing further investigations to exclude malignancy and significant pathology.



What this means for you

- Your clinician will usually suggest medicines to relieve your heavy menstrual bleeding. Which medicine is suitable for you will depend on several factors such as whether your period is regular, whether you need contraception and your other health conditions. There are several options, including medicines that are swallowed and those delivered in other ways, such as from a small device placed inside your uterus.
- Your clinician will explain the treatment options, their expected benefits and possible side effects, and ask about your preferences. If the first medicine you try is not satisfactory, you can return to your clinician to discuss other options.
- Your clinician may want you to have investigations to look for fibroids (non-cancerous growths) or to rule out cancer. If tests are recommended, the treatment provided may be temporary, but should give you relief while you are waiting for the necessary medical appointments. Later, a different treatment may be recommended.

Quality ultrasound

What the standard says

A woman having an ultrasound to investigate the cause of her heavy menstrual bleeding has a pelvic (preferably transvaginal) ultrasound, which assesses endometrial thickness and uterine morphology in days 5–10 of her menstrual cycle.



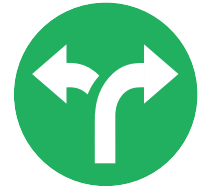
What this means for you

- You may have an ultrasound of your pelvic area to look for some common causes of heavy menstrual bleeding (such as polyps or fibroids) and to check the size and shape of your uterus. There are two ways of obtaining the ultrasound image. One method involves the ultrasound operator placing a narrow ultrasound probe in your vagina. This is called a transvaginal ultrasound, and is preferred because it provides a better view of the uterus and pelvic structures. The second method involves using the ultrasound probe on the outside of your lower abdomen (tummy), while you have a full bladder. This is called a transabdominal ultrasound. Ideally, both methods will be used. However a transvaginal ultrasound may not be possible or you may choose not to have the ultrasound this way.
- Whichever method is used, it is important to have the scan done 5–10 days from the first day of your period. This is when the lining of the uterus is thinnest and the reading will be most accurate. Talk to your clinician if timing the scan will be difficult for you for any reason – for example because your periods are very irregular, or because you live in an area where it is not easy to have an ultrasound. When booking your scan, ask for an appointment that is 5–10 days from when you expect your period.

Intra-uterine hormonal devices

What the standard says

When pharmaceutical treatment is being considered, a woman is offered the levonorgestrel intra-uterine system if clinically appropriate, as it is the most effective medical option for managing heavy menstrual bleeding.



What this means for you

- When selecting a pharmaceutical treatment, your clinician may suggest the levonorgestrel intra-uterine system (for example, the brand name Mirena), if it is suitable for you. This is a hormonal treatment that is released from a small plastic device placed inside your uterus, which can be left in place for up to five years. It can also be used as a contraceptive. Studies in large numbers of women show that it is more effective at reducing blood loss compared with other medicines. However, it is not suitable for everyone and you may choose not to have this treatment.
- If it is an option for you, your clinician will explain how it works as well as its benefits and possible side effects. The device needs to be placed in the uterus by a health professional who has been trained to insert intra-uterine devices. This means that sometimes you will be referred elsewhere to have the device fitted, for example to a general practice, family planning clinic or a specialist gynaecology service, depending on the services available in your area.

Specialist referral

What the standard says

A woman with heavy menstrual bleeding is referred for early specialist review when there is a suspicion of malignancy or other significant pathology based on clinical assessment or ultrasound. Referral is also arranged for a woman who has not responded after six months of medical treatment.



What this means for you

- Heavy menstrual bleeding can often be managed in primary care, by your general practitioner (GP) or family planning doctor. However you may be referred to a specialist if your ultrasound or other background suggests that further assessment would be helpful. For example, the ultrasound might identify fibroids or polyps, which are common types of non-cancerous growths which may benefit from specialist treatment. While it is rare for heavy menstrual bleeding to be caused by cancer, your clinician may also want to rule this out.
- You might also be referred to a specialist if your bleeding is not improving with prescribed medical treatments. It may take six months to try different options properly, so if there is no improvement after six months you should be referred to a specialist. However, if you have any concerns about your treatment or if it is not helping, you can go back to your primary care clinician at any time.

What is heavy menstrual bleeding?

Heavy menstrual bleeding is experienced by 25% of women and can significantly affect their quality of life. While everybody's periods are different, signs of heavy menstrual bleeding include:

- flooding through clothing
- being unable to leave home on the heaviest days
- having to change pads and tampons during the night.

Uterine-preserving alternatives to hysterectomy

What the standard says

A woman who has heavy menstrual bleeding of benign causes and who is considering surgical management is offered a uterine-preserving procedure, if clinically appropriate. The woman receives information about procedures that may be suitable (such as endometrial ablation or removal of local pathology) and is referred appropriately.



What this means for you

- If you are considering surgery for heavy menstrual bleeding, the first procedures to consider are those that will leave your uterus in place. The procedures that may be suitable for you will depend on the cause of your bleeding.
- One type of treatment that does not require removing your uterus is called endometrial ablation. This involves removing the tissue lining your uterus, and it is a common and effective procedure for women without large fibroids. After this procedure, it is not safe to get pregnant, so you must avoid any future pregnancy – for example, by using effective contraception.
- If the bleeding is caused by fibroids or polyps (non-cancerous growths), there are procedures to remove or destroy these growths without removing your uterus. The risks and benefits will differ for each woman, so discuss these with your doctor, including the impact on your future fertility if you are hoping to become pregnant in the future.
- Your doctor will inform you about the options. Some specialists may not conduct these procedures themselves, in which case they may instead refer you to another specialist for further assessment and treatment.

Hysterectomy

What the standard says

Hysterectomy for management of heavy menstrual bleeding is discussed when other treatment options are ineffective or are unsuitable, or at the woman's request. A woman considering a hysterectomy is given balanced information about the risks and benefits of the procedure before making a decision.



What this means for you

- Hysterectomy (surgery to remove the uterus) is one way to stop heavy menstrual bleeding. While it stops your periods permanently, hysterectomy is a major operation which cannot be reversed and has a risk of complications. Hysterectomy will be discussed as an option when alternative treatments are not recommended in your situation, haven't worked for you, or because it is your preference. Your doctor will explain what the surgery involves, its expected benefits and the possible complications or unwanted effects. This is so you can make an informed choice about the procedure, before you decide to go ahead.
- After a hysterectomy you can no longer become pregnant. While many women do not have any complications, there is a risk of infection, blood loss, damage to the bowel or bladder, and other surgical complications. There are different ways to conduct the operation (such as through the abdomen or the vagina). Part or all of the uterus, and less commonly the fallopian tubes and/or ovaries, may be removed. If your ovaries are removed, then you will experience early menopause. Different risks may apply according to your situation and the technique used, which your doctor will discuss with you.

For more information go to www.safetyandquality.gov.au/ccs

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.