



Patient Information

Treatment & Care for Women with Heavy Periods

Your treatment and care will take into account your personal needs and preferences and decisions will be made in partnership with your health team. To help with this and ensure you are fully informed before you attend, this leaflet provides information concerning the management of period problems.

Some of the treatments may already have been tried by your own doctor, and not all the treatments mentioned are suitable for everyone. The treatments are based on best practice and recommendations in the NICE (National Institute for Health and Clinical Excellence) clinical guidance. Treatments tend to take a stepped approach, starting with minor treatments and progressing through alternative treatment options.

Hysterectomy is now rarely used as a treatment option unless other treatments have failed. Management can be divided into drug treatments and surgical treatments.

Drug treatments compared in order to be considered:

Levonorgestrel releasing system (Mirena):

Is a small plastic device that is placed in the womb and slowly releases the hormone progestogen

How does it work: Prevents the lining of the womb from growing quickly.

Is it a contraceptive: Yes

Could it affect my chance of getting pregnant in the future: No – after removal your fertility returns to its pre insertion state.

Possible effects (not everyone experiences these).

Common: irregular bleeding that may last for over 6 months, breast tenderness, acne or headaches may occur but are generally minor and short lived.

Tranexamic Acid:

Are tablets taken from the start of your period for up to 4 days. Treatment should be stopped if symptoms don't improve in 3 months.



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How does it work: Helps the blood in the womb to form clots, which reduces the amount of bleeding.

Possible effects (not everyone experiences these): Less common: indigestion, diarrhoea, headache.

Non Steroidal Anti-Inflammatory Drugs (NSAIDS):

Tablets taken from the start of your period or just before, until heavy blood loss has stopped. Treatment should be stopped if no improvement in 3 months.

How does it work: Reduce the body's production of prostaglandin (a hormone like substance linked to heavy periods). These drugs are also pain killers.

Is it a contraceptive: No

Could it affect my chance of getting pregnant in the future: No

Possible effects (not everyone experiences these): Common: indigestion, diarrhoea.

Combined Oral Contraceptives: Are pills containing the hormones oestrogen and progestogen. One pill is taken daily for 21 days, then stopped for 7 days. Then repeat the cycle.

How does it work: Prevents the menstrual cycle.

Could it affect my chance of getting pregnant in the future: No – not after you have stopped taking this drug.

Possible effects (not everyone experiences these): Common: mood change, headache, nausea, fluid retention, breast tenderness.

Oral Progestogen (norethisterone):

Are tablets taken 2 to 3 times a day from the 5th to the 26th day of your cycle (counting the first day of your period as day 1).

How does it work: Prevents the lining of the womb growing quickly.

Is it a contraceptive: Yes

Could it affect my chance of getting pregnant in the future: No – after you have stopped taking the drug.

Possible effects (not everyone experiences these): Common: weight gain, bloating, breast tenderness, headaches, acne (usually minor and short lived).

Injected or Implanted Progesterone:



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Is an injection of the hormone progestogen. An implant is also available that releases progestogen slowly for 3 years.

How does it work: Prevents the lining of the womb from growing quickly.

Is it a contraceptive: Yes

Could it affect my chance of getting pregnant in the future: No – after you have stopped using this medicine.

Possible effects (not everyone experiences these): Common: weight gain, irregular bleeding, absence of periods, premenstrual symptoms.

Less common; bone density loss.

Gonadotrophin - Releasing Hormone Analogue:

Is an injection that stops the body producing the hormones oestrogen and progesterone

How does it work: Prevents the menstrual cycle.

Is it a contraceptive: No

Could it affect my chance of getting pregnant in the future: No – after you have stopped using the medicine.

Possible effects (not everyone experiences these): Common: menopausal like symptoms.

Less common: osteoporosis.

Surgical treatments compared:

Surgery to remove the lining of the womb:

There are several different methods. Here we use free fluid thermal ablation or bipolar radiofrequency ablation. In many cases this can be undertaken in outpatients.

What is it: A device is inserted into the womb through the vagina and cervix. The device is heated using different methods and this destroys the lining of the womb.

How does it work: Removing the lining of the womb should stop/reduce bleeding. In some cases the lining grows back and surgery may need to be repeated.

Could it affect my chance of getting pregnant in the future: This surgery is not suitable if you want to become pregnant at any time in the future. You will need to use contraception.

Possible effects (not everyone experiences these): Common: vaginal discharge, increased period pains or cramping, need for additional surgery.



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Less common: infection

Treatment to Block the Blood Supply to Fibroids (uterine artery embolization):

Small particles are injected into the blood vessels that take blood to the womb. The blood supply to the fibroids is blocked and this causes them to shrink.

Could it affect my chance of getting pregnant in the future: You may be able to get pregnant after this procedure.

Possible effects (not everyone experiences these): Common: long-lasting vaginal discharge, pain, nausea, vomiting, fever.

Less common: Need for further surgery, premature ovarian failure, particularly in women over 45 years, collection of blood.

Surgery to remove fibroids:

What is it: This can be done through a cut in your abdomen or through the vagina.

How does it work: Fibroids can cause heavy periods, and removing them may reduce the amount of bleeding.

Could it affect my chance of getting pregnant in the future: You may be able to get pregnant after this procedure.

Possible effects (not everyone experiences these): Less common: internal scars which may lead to pain and/or impaired fertility, need for additional surgery, recurrence of fibroids, perforation, infection.

Surgery to remove the womb:

This can be performed through the vagina or the abdomen.

How does it work: Removing the womb means you won't have a period again. If you have fibroids there is an increased risk of complications.

Could it affect my chance of getting pregnant in the future: You cannot get pregnant after a hysterectomy.

Possible effects (not everyone experiences these): Less common: excessive bleeding during surgery, damage to other organs, urinary dysfunction.

Useful contacts

- **Fibroid Network** info@fibroid.co.uk www.fibroidnetworkonline.com
- **The Hysterectomy Association** www.hysterectomyassociation.org.uk
- **Women's Health Concern** www.womens-health-concern.org



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Questions I would like to ask my clinician:

Women's Health Outpatients:

01793 605252 Monday – Friday 8.30 – 17.00

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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