

Frequently Asked Questions

Heavy Bleeding:

Q: What is a menstrual period?

A: When puberty begins, your brain signals your body to produce hormones. Some of these hormones prepare your body each month for a possible pregnancy. This is called the menstrual cycle. Hormones cause the lining of the uterus to become thicker with extra blood and tissue. One of your ovaries then releases an egg. This is called ovulation. The egg moves down one of the two fallopian tubes toward the uterus.

If the egg is not fertilized, pregnancy does not occur. The lining of the uterus breaks down and flows out of the body through the vagina. The discharge of blood and tissue from the lining of your uterus is your menstrual period (also called "your period").

Q: What if I am having heavy bleeding?

A: If you are bleeding so much that you need to change your pad or tampon every 1-2 hours or if your period lasts for more than 7 days, you should see your doctor. See your doctor right away if you are light-headed, dizzy, or have a racing pulse.

Q: What is heavy bleeding or menorrhagia?

A: Finding out if a woman has heavy menstrual bleeding often is not easy because each person might think of "heavy bleeding" in a different way. Usually, menstrual bleeding lasts about 4 to 5 days and the amount of blood lost is small (2 to 3 tablespoons). However, women who have menorrhagia usually bleed for more than 7 days and lose twice as much blood. If you have bleeding that lasts longer than 7 days per period, or is so heavy that you have to change your pad or tampon nearly every hour, you need to talk with your doctor.

Q: Who is affected?

A: Menorrhagia is common among women, but many women do not know that they can get help for it. Others do not get help because they are too embarrassed to talk with a doctor about their problem. Talking openly with your doctor is very important in making sure you are diagnosed properly and get the right treatment.

Heavy bleeding (menorrhagia) is one of the most common problems women report to their doctors. It affects more than 10 million American women each year. This means that about one out of every five women has it.

Heavy Periods and Teens: Heavy periods due to dysfunctional uterine bleeding seem to be more common in the first few years after starting your periods (and in the months running up to menopause). If you are a teenager and have heavy periods, you have a good chance that they will settle down over a few years and become less heavy.

So, for example, if you take treatment for heavy periods whilst a teenager or young adult, it is very likely you will not need it after a few years.

Q: Are there tests to determine if my heavy bleeding is a sign of a serious problem?

A: Your doctor might tell you that one or more of the following tests will help determine if you have a bleeding problem:

- **Blood test.** In this test, your blood will be taken using a needle. It will then be looked at to check for anemia, problems with the thyroid, or problems with the way blood clots.
- **Pap test.** For this test, cells from your cervix are removed and then looked at to find out if you have an infection, inflammation, or changes in your cells that might be cancerous or might cause cancer.
- **Endometrial biopsy.** Tissue samples are taken from the inside lining of your uterus or "endometrium" to find out if you have cancer or other abnormal cells.
- **Ultrasound.** This is a painless test using sound waves and a computer to show what your

blood vessels, tissues, and organs look like.

Using the results of these first tests, the doctor might recommend more tests, including,

- **Sonohysterogram.** This ultrasound scan is done after fluid is injected through a tube in the uterus by way of your vagina and cervix. This lets your doctor look for problems in the lining of your uterus.
- **Hysteroscopy.** This is a procedure to look at the inside of the uterus using a tiny tool to see if you have fibroids, polyps, or other problems that might cause bleeding.
- **Dilation and Curettage (D&C).** This is a procedure (or test) that can be used to find and treat the cause of bleeding. During a D&C, the inside lining of your uterus is scraped and looked at to see what might be causing the bleeding.

Q: Are there treatments I can try myself?

A: There are several options you may want to try to reduce heavy menstrual bleeding. These include:

- **Ice packs.** Put an icepack on your abdomen for 20 minutes at a time, several times a day when bleeding is especially heavy.
- **Vitamins.** Try vitamin C supplements to help your body absorb iron and possibly strengthen blood vessels.
- **Iron.** Some research suggests low iron levels can increase menstrual bleeding, and that supplementing with that mineral can reduce menstrual bleeding.

Always check with your health care professional before taking any medication — this includes taking herbal remedies and nutritional supplements.

Q: What are other possible treatments?

A: The type of treatment will depend on the cause of your bleeding and how serious it is. Your doctor also will look at things such as your age, general health, and medical history; how well you respond to certain medicines, procedures, or therapies; and your wants and needs. For example, some women do not want to have a period, some want to know when they can usually expect to have their period, and some want to just reduce the amount bleeding. Some women want to make sure they can still have children in the future. Others want to lessen the pain more than they want to reduce the amount of bleeding.

Drug Therapy (Iron supplements, Ibuprofen, Birth control pills, Hormone therapy) or Fibrinolytic medicines to reduce the amount of bleeding by stopping a clot from breaking down once it has formed.

Surgical Treatment

- **Dilation and Curettage (D&C),** in which the top layer of the uterus lining is removed to reduce menstrual bleeding.
- **Operative Hysteroscopy.** A surgical procedure, using a special tool to view the inside of the uterus, that can be used to help remove polyps and fibroids, correct abnormalities of the uterus, and remove the lining of the uterus to manage heavy menstrual flow.
- **Endometrial ablation or resection.** All or part of the lining of the uterus is removed to control menstrual bleeding. While some patients will stop having menstrual periods altogether, others may continue to have periods but the menstrual flow will be lighter than before.
- **Hysterectomy.** It involves surgically removing the entire uterus. After having this procedure, a woman can no longer become pregnant and will stop having her period.