

Deciding what to do about heavy menstrual bleeding (menorrhagia)

This short decision aid is to help you decide what to do about your heavy menstrual bleeding (menorrhagia). You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are five main options for treating heavy menstrual bleeding. The choices are:

- **Monitoring.** This means checking your symptoms to see if they change. You can monitor your symptoms yourself (self-monitoring) or with your health care team. You can choose to have other treatments later if you decide you want them.
- **Hormone treatments.** These are tablets, injections, or a small device fitted inside your womb (the hormonal coil). These are treatments to reduce your bleeding.
- **Non-hormone treatments.** These are medicines that don't contain hormones that reduce your bleeding.
- **Surgery or procedure other than hysterectomy.** This is an operation to remove the lining of your womb, or reduce the blood supply to your womb. This makes the blood flow lighter.
- **Hysterectomy.** This is an operation to remove your womb. Your ovaries and fallopian tubes may be removed as well.



Shared Decision Making

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What are my options?

	Monitoring	Medicines	Non-hormone treatment	Hysterectomy	Surgery or procedure other than hysterectomy
What is the treatment?	Monitoring involves having no immediate treatment. Women can have regular checks to see if their symptoms change, but they can choose not to have any treatment unless they get new symptoms or their symptoms get worse. Women can monitor symptoms themselves (self-monitoring) or with their health care team.	<p>Hormone treatments include tablets, injections, and the hormonal coil. These reduce menstrual bleeding.</p> <p>The hormonal coil is a small plastic device that is fitted inside the womb where it slowly releases a hormone called progestogen. Hormone tablets (the pill) contain either the hormone progesterone, or progesterone and oestrogen combined. Progesterone can also be taken as an injection for heavy menstrual bleeding.</p> <p>Injections of another type of hormone treatment, gonadotropin-releasing hormone analogues, help heavy periods.</p>	<p>Non-hormone treatments are tablets that are taken orally to help heavy menstrual bleeding. They don't contain hormones. Non-hormone treatments won't affect a woman's chances of getting pregnant.</p> <p>Tranexamic acid, works by helping the blood in the womb to clot.[1] Mefenamic acid, which is a type of painkiller called a non-steroidal anti-inflammatory drug (NSAID), can help with painful periods as well as heavy menstrual bleeding. [2] A doctor might suggest taking either tranexamic acid or mefenamic acid, or taking both treatments together.</p>	<p>This is an operation to remove the womb. Sometimes, the cervix, the ovaries, and the fallopian tubes are removed during the same operation. Women can discuss this with their surgeon before the operation.</p> <p>Total hysterectomy is where the womb and the neck of the womb (the cervix) are removed. Sub-total hysterectomy is where the womb is removed but the cervix is left in place.</p>	<p>Surgery treatment for heavy menstrual bleeding involves having an operation to remove the womb lining (the endometrium), or to block the blood supply to the womb. An operation to remove the lining of the womb is called endometrial ablation, or endometrial resection.</p> <p>If heavy periods are caused by growths in the womb called fibroids, an operation called uterine artery embolisation can be chosen.[3] This operation reduces the blood supply to the womb and causes the fibroid to shrink. This should help make periods lighter.</p>

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What is the effect on bleeding?	<p>It's difficult to predict what will happen with monitoring. Women who are older and approaching the menopause are more likely to get better without treatment.</p> <p>In one group of women aged 40 to 44, four in 100 women said their bleeding became lighter within two years, without treatment. In a group of women aged 50 to 54, 25 in 100 women said their bleeding became lighter within two years, without treatment.[4]</p>	<p>Having hormone treatment can help heavy menstrual bleeding. The hormonal coil, the combined pill, and the progesterone pill can all help make periods lighter.[5]</p> <p>We don't know if having injections of progesterone or gonadotropin-releasing hormone analogues can make bleeding lighter.[6]</p>	<p>Non-hormone treatment can help heavy menstrual bleeding. Between 60 and 70 women in 100 who have non-hormone treatment for heavy menstrual bleeding have lighter periods.[7]</p>	<p>Having a hysterectomy can help heavy menstrual bleeding. If a woman has a hysterectomy to remove the womb, it means she won't have any menstrual periods at all.</p>	<p>Having surgery to remove or thin the lining of the womb can help heavy menstrual bleeding. Around 90 in every 100 women who have their womb lining removed using endometrial ablation have lighter periods or no periods afterwards.[8][9]</p>

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<p>What is effect on whether you can get pregnant?</p>	<p>Monitoring isn't likely to have any effect on whether a woman can get pregnant. Contraception should be used if a woman wants to avoid pregnancy. If heavy menstrual bleeding is caused by fibroids, women can choose to have other treatments to improve their fertility.[10]</p>	<p>Hormone treatments might affect whether a woman can get pregnant. Hormone treatments have variable contraceptive effects. This means that they may prevent a woman from getting pregnant while they are having treatment. This effect is not permanent. If a woman stops having hormone treatment, she will be able to get pregnant in the future.</p>	<p>Non-hormone treatments won't have any effect on whether a woman can get pregnant. Contraception should be used if a woman wants to avoid pregnancy.</p>	<p>Having a hysterectomy will affect whether a woman can get pregnant. A hysterectomy is an operation to remove the womb. Some women may also have their ovaries and their fallopian tubes removed during the operation. This means that after the operation, they will not be able to get pregnant. This is effect is permanent.</p>	<p>Surgical treatment can affect whether a woman can get pregnant. Surgical treatment means having an operation to remove the lining of your womb. It removes the tissue that bleeds during a period and most of the tissue that makes up the surface lining of the womb. This can mean that after having treatment, some women are less likely to be able get pregnant. This effect may be permanent.</p> <p>If a woman becomes pregnant after endometrial ablation, there can be complications. So, if a woman does want to become pregnant in the future, this may not be a suitable treatment. Therefore contraception should be used to prevent the possibility of pregnancy.[11]</p>

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<p>What other consequences does this treatment have?</p>	<p>Having monitoring probably won't make much difference to daily life. Symptoms may get worse or may not improve, which can impact on daily life and what women can do.</p> <p>Choosing monitoring involves having occasional GP appointments to check the symptoms. Some women may need to go to hospital for tests to find out what's causing the symptoms.</p> <p>We don't know whether monitoring will improve quality of life. There aren't many studies that have looked at this.</p>	<p>We don't know if hormone treatment helps women go about their daily life in the same way as they would normally. Some women find medical treatment improves their symptoms. This may mean they are able to do more.</p> <p>Having hormone treatment involves going to the GP surgery or the hospital, depending on the type of hormone treatment a woman has.</p> <p>Having hormone treatment can improve quality of life. [12]</p>	<p>We don't know if non-hormone treatment helps women to go about their daily life in the same way as they would normally. Some women find non-hormone treatment improves their symptoms. This may mean they are able to do more.</p> <p>Non-hormone treatments need to be taken every day during a period. Some women may need to see a GP, nurse, or pharmacist to get repeat prescriptions for non-hormone treatments.</p> <p>Non-hormone treatment for heavy menstrual bleeding can improve quality of life. [13]</p>	<p>It may take up to two months to recover after having a hysterectomy. Once better, women are able to go about their daily life in the same way as they normally would. Some women find having a hysterectomy can improve your symptoms. This may help them to do more.</p> <p>Having an operation to remove the womb is likely to affect quality of life.[18]</p>	<p>The operation to remove the womb lining doesn't take long, and most women go home from hospital on the same day. Women should be able to get back to normal life within two to three weeks.[14]</p> <p>In one group of women who had an operation to remove the lining of their womb, they found they were able to do more daily activities after treatment.[15]</p> <p>Having an operation to remove the lining of the womb can improve quality of life.[16][17]</p>

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<p>What side effects or complications does this treatment have?</p>	<p>Monitoring is not likely to cause side effects. If a woman chooses not to have treatment, symptoms may not improve or get worse.</p>	<p>Having hormone treatment can cause side effects.[19] How common the side effects are, and what kinds of side effects, depends on the type of hormone treatment a woman has. Not all side effects need treatment and some will go away on their own.</p>	<p>Non-hormone treatment can cause side effects.[20] The most common side effects are indigestion, diarrhoea, and headaches. These affect around one in 1,000 women. Around one in 10,000 women have bleeding or swelling in the stomach, ulcers, or breathing problems.[21]</p>	<p>Having a hysterectomy can cause side effects.[24] The most common side effect is an infection. This affects around one in 100 women. [25] Other side effects, like bleeding, damage to other parts of the body, blood clots, and dying during the operation, happen less often and affect fewer women.[26]</p>	<p>Surgical treatment can cause side effects.[22] The most common side effects are vaginal discharge, period pains or cramps, feeling sick, vomiting, or a fever. These affect around one in 100 women. Other side effects, like an infection, bleeding, or damage to the womb, happen less often and affect fewer women.[23]</p> <p>Not all side effects need treatment and some will go away on their own.</p>

What are the pros and cons of each option?

People with heavy menstrual bleeding have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for heavy menstrual bleeding:

- Are they willing to take the risk of side effects or health problems after treatment?
- Are they willing to have an operation?
- Are they willing to spend a lot of time having treatment?
- Are they willing to spend a lot of time recovering after having treatment?
- Do they want to keep their fertility?
- Are they planning to have any more children?

How do I get support to help me make a decision that is right for me?

Go to <http://sdm.rightcare.nhs.uk/pda/menorrhagia/> for more detailed information about treatments for **Menorrhagia**. People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

References

References can be viewed online at <http://sdm.rightcare.nhs.uk/pda/menorrhagia/references/>