

# Heavy menstrual bleeding treatment options

**If you have heavy menstrual bleeding (heavy periods), you can use this information to talk to your healthcare provider about your treatment options.**

There are several ways to treat heavy periods. The treatments that are suitable for you will depend on your personal situation, including:

- The cause of your bleeding
- If you need to prevent pregnancy (contraception)
- If you want to get pregnant in the future
- Your preferences.

Your healthcare provider will work with you to find out what might be causing your bleeding, and to understand your needs and preferences. They may also suggest tests like a blood test or ultrasound. They will talk to you about the treatments that might be suitable

for you, including their risks and benefits, so that you can make an informed decision about your treatment. If the first treatment you try does not work for you, you can return to your healthcare provider to discuss other options.

Heavy menstrual bleeding refers to heavy periods that affect your quality of life. It can be hard to know if your bleeding is normal. Talk to your doctor if you are concerned or have questions, or if your heavy periods are affecting your life.

## Medicines

Your doctor will usually suggest medicines as the first treatments to try as they often work well and generally have less risk of complications than other treatments. Depending on your situation, suitable options may include:

### **Tranexamic acid**

- Works by helping blood to clot and can reduce your period flow
- Available as a tablet that is taken during your period
- Does not provide contraception (does not prevent pregnancy)

### **Anti-inflammatory medicines**

- Examples include ibuprofen, mefenamic acid and naproxen
- Work by reducing inflammation, pain and period flow
- Available as a tablet or capsule that is taken during your period
- Do not provide contraception

If you are waiting for a blood test or ultrasound, or to see another healthcare provider, your doctor may offer you tranexamic acid and/or anti-inflammatory medicines while you wait. These can help improve your symptoms.

At a later appointment, you might decide on a different treatment.

### **Hormone-releasing intrauterine device (IUD)**

- A small plastic device that is placed inside your uterus (womb) and continuously releases a small amount of the synthetic hormone progestogen which is similar to the natural hormone progesterone
- Can stay in place for up to five years
- Works by thinning the lining of the uterus and is usually very effective at reducing bleeding
- Provides contraception

### **Combined oral contraceptive pill**

- Available as a tablet
- Contains synthetic hormones similar to natural hormones oestrogen and progesterone
- Works by thinning the lining of the uterus and reducing your period flow
- Provides contraception

### **Other hormonal treatments**

- May be in tablet or capsule form (oral progestogens), or an injection every three months
- Contain the synthetic hormone progestogen, which is similar to the natural hormone, progesterone
- Some provide contraception

## Surgery and other procedures

If medicines, including the hormone-releasing IUD, are not suitable or have not worked for you, some procedures may be considered.

The procedures that are suitable for you will depend on the cause of your bleeding and your individual situation. For example, sometimes heavy bleeding is caused by non-cancerous growths such as fibroids or polyps. If you have fibroids or polyps, there are procedures that are suitable for removing these growths. If you might want to get pregnant in the future, some procedures will not be suitable.

Your healthcare provider will refer you to a specialist to talk about your needs and the options that might be suitable for you in more detail.

### Endometrial ablation

- Involves removing or destroying the lining of the uterus (the endometrium) using heat
- A long narrow instrument is put inside the uterus through the vagina to apply heat to the uterus lining
- May be performed under local or general anaesthetic and you can usually go home the same day
- Not suitable for women who wish to get pregnant in future

### Myomectomy

- An operation to surgically remove fibroids from the uterus (womb) if they are thought to be causing heavy bleeding
- Usually performed under a general anaesthetic and involves a hospital stay
- May be suitable for women who may wish to get pregnant in the future

### Hysteroscopic removal

- Involves the removal of growths such as polyps or fibroids that are thought to be causing the heavy bleeding
- A thin, flexible instrument with a small camera (a hysteroscope) is inserted into the uterus to enable the doctor to see inside the uterus and guide the procedure
- Usually performed under a general anaesthetic and you can usually go home the same day
- May be suitable for women who are planning to have children in future

### Uterine artery embolisation

- Involves blocking the blood flow to fibroids so that they shrink and bleeding is reduced.
- A small tube is placed in an artery, usually near the groin, and is used to deliver tiny particles that block the blood vessels to the uterus; the tube is then removed
- This procedure is done by an interventional radiologist
- Usually performed under light sedation and may involve an overnight hospital stay
- If you wish to become pregnant in the future you should discuss the specific risks of this procedure with your doctor

## Hysterectomy

Hysterectomy, which involves removing part or all of the uterus (womb), stops menstrual bleeding completely. However, it is a major operation, has a higher risk of complications than other treatments for heavy menstrual bleeding, and recovery takes longer. The operation is usually performed under general anaesthetic and involves a hospital stay. You cannot get pregnant after a hysterectomy and the operation cannot be reversed. If you are considering this option, your doctor will make sure you understand what is involved, the expected benefits, possible complications, and other potential outcomes – so you can make an informed decision.

## Making an informed choice

Ask your doctor about the treatments that may be suitable for you, and the potential risks and benefits of each one, so that you can make an informed choice about your treatment. Consider these [5 questions to ask your doctor or other healthcare provider](#) to better understand your treatment options.

## Further information



Further information and links to relevant resources, including the *Heavy Menstrual Bleeding Clinical Care Standard*, are available on the Australian Commission on Safety and Quality in Health Care [website](#).