

Understanding NICE guidance

Information for people who use NHS services

Treatment and care for women with heavy periods

Are heavy periods disrupting your life?

Every woman is different and the amount of blood each woman loses during her period varies widely from one person to another. If heavy periods are disrupting your life, your doctor should be able to offer treatments to help.

First step: your doctor

Your doctor will ask you about your periods, how much bleeding you have (how often you need to change your tampons/sanitary pads, whether you have clots or experience flooding) and how long your period lasts. If you bleed after sex or have pelvic pain or bleeding between periods, your doctor should offer to examine you to try and find out the cause.

Tests

Your doctor may offer tests to try and find out what is causing your heavy periods. A blood test will show the doctor if you have anaemia (not enough iron in your blood).

If your doctor is concerned about the cause of your heavy periods, you may be offered an ultrasound scan. If the scan doesn't show anything is wrong or is unclear, you may be offered other types of tests. Your doctor may offer to refer you to a specialist if there seem to be large fibroids or other problems with your womb. (A fibroid is a non-cancerous growth in the womb.)

This leaflet aims to help women with heavy periods understand the care and treatment options that should be available in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Questions you might like to ask your doctor

- Please give me more details about any tests I may need.
- How long will it take to have the tests and get the results?
- Please tell me why you have decided to offer me this particular type of treatment.
- What are the pros and cons of having this treatment?
- How will the treatment help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take before I notice a difference?
- Are there any risks if I take this treatment?
- What are my options for taking treatments other than the recommended treatment?
- Is there some written information about the treatment that I can have?

Drug treatments

If there are no obvious problems with your womb, your doctor will be able to offer a number of different drug treatments to help you. Some of the treatments are also contraceptives. The options are listed on the table below in the recommended order. Your doctor should discuss the benefits and risks of each treatment with you. If the first treatment isn't suitable for you, or if you try one treatment and it doesn't work, it may be possible to try the next option. Some of the treatments make your periods lighter and some may stop the bleeding completely. You should be given information explaining the different options, and be allowed time to make your decision.

Second step: your specialist

If treatments offered by your doctor haven't worked, or if you have large fibroids or other possible problems with your womb, you may be offered a referral to a specialist. Before your appointment you should be given this leaflet or other similar information.

Surgical treatments

Your specialist may offer you surgery. There are a number of different operations that can help (see the second table below). Your specialist should discuss these with you. You should be told about the benefits and risks of each option, and given enough time and support to help you make a decision. Some operations will affect your fertility, and before making a decision about these operations your specialist should discuss in detail the potential impact on you.

Your specialist should be competent in the procedures offered. If your specialist is not trained to undertake a particular treatment you should be referred to another specialist with this training.

If you think that your care does not match what is described in this leaflet, please talk to a member of your healthcare team.

Drug treatments compared

First treatment to consider

Second treatment to consider

Third treatment to consider

| Drug treatments in recommended order of what to try first as long as it's suitable for you | What is it? | How does it work? | Is it a contraceptive? | Could it affect my chance of getting pregnant in the future? | Possible unwanted effects (not everyone experiences these) See note 1 at bottom of table |
|--|---|--|------------------------|--|---|
| Levonorgestrel-releasing intrauterine system | A small plastic device that is placed in the womb and slowly releases the hormone progesterone | Prevents the lining of the womb from growing quickly | Yes | No – not after you've stopped using this drug | Common: irregular bleeding that may last for over 6 months; breast tenderness, acne or headaches may occur but are generally minor and short lived Less common: no periods |
| Tranexamic acid | 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 | Helps the blood in the womb to form clots, which reduces the amount of bleeding | No | No | 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 symptoms don't improve in 3 months | Reduce the body's production of prostaglandin (a hormone-like substance linked to heavy periods). These drugs are also painkillers | No | No | Common: indigestion; diarrhoea |
| Combined oral contraceptives | Pills containing the hormones oestrogen and progesterone One pill taken daily for 21 days, then stop for 7 days. Then repeat this cycle | Prevents the menstrual cycle | Yes | No – not after you've stopped taking this drug | Common: mood change; headache; nausea; fluid retention; breast tenderness |
| Oral progestogen (norethisterone) | 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) | Prevents the lining of the womb from growing quickly | Yes See note 2 | No – not after you've stopped taking this drug | Common: weight gain; bloating; breast tenderness; headaches; acne (usually minor and short lived) |
| Injected or implanted progestogen | An injection of the hormone progesterone. An implant is also available that releases progesterone slowly for 3 years | Prevents the lining of the womb from growing quickly | Yes | No – not after you've stopped using this drug | Common: weight gain; irregular bleeding; absence of periods; premenstrual symptoms (including bloating, fluid retention, breast tenderness) Less common: bone density loss |
| Gonadotrophin-releasing hormone analogue | An injection that stops the body producing the hormones oestrogen and progesterone | Prevents the menstrual cycle | No | No – not after you've stopped using this drug | Common: menopause-like symptoms (for example, hot flushes, increased sweating, vaginal dryness) Less common: osteoporosis |

Note 1: The most common unwanted effects may be experienced by 1 in 100 women. Less common unwanted effects are those experienced by 1 in 1000 women. Rare unwanted effects are not shown here.

Note 2: The recommended dosing regimen for norethisterone is not licensed for use as a contraceptive, but may affect a woman's ability to become pregnant while it is being taken.

Surgical treatments compared

Types of surgery in recommended order – some types may not be suitable for you

What is it?

How does it work?

Could it affect my chance of getting pregnant in the future?

Possible unwanted effects (not everyone experiences these) See note at bottom of table

Surgery to remove the lining of the womb (endometrial ablation). There are several different methods. The following are recommended:

- ‘thermal balloon endometrial ablation’ (TBEA)
- ‘impedance-controlled bipolar radiofrequency ablation’
- ‘microwave endometrial ablation’ (MEA)
- ‘free fluid thermal endometrial ablation’.

But other techniques (for example, rollerball ablation) may be more suitable if you have fibroids or other problems with your womb

In all of these techniques a device is inserted into the womb through the vagina and cervix. The device is heated using different methods (for example, using microwave or radio energy). This heat destroys the lining of the womb

Removing the womb lining should stop bleeding. In some women the lining grows back and the surgery may need to be repeated

This surgery is not suitable if you want to become pregnant at any time in the future
You will need to use contraception if you have sex

Common: vaginal discharge; increased period pain or cramping (even if no further bleeding); need for additional surgery
Less common: infection

Treatment to block the blood supply to fibroids (uterine artery embolisation or UAE)

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

You may be able to get pregnant after this procedure

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 (myomectomy)

This can be done either through a cut in your abdomen or through your vagina
When the surgery is done through the vagina, a thin telescope (called a hysteroscope) is used to see inside your womb

Fibroids can cause heavy periods, and removing them should reduce the amount of bleeding

You may be able to get pregnant after this procedure

Less common: internal scars (which may lead to pain and/or impaired fertility); need for additional surgery; recurrence of fibroids; perforation (hysteroscopic route); infection

Surgery to remove the womb (hysterectomy). There are two main ways of doing this depending on your individual circumstances. Hysterectomy should only be considered when:

- Heavy bleeding has a severe impact on your quality of life
 - Other treatments haven’t worked or are not suitable for you
 - You want your periods to stop completely
 - You fully understand the risks and benefits and ask for a hysterectomy
 - You don’t want to keep your womb or to have a child
- Your ovaries should not be removed if they are healthy. If you or your specialist have concerns, or you are considering having your ovaries removed, all the options should be discussed. If you have a strong family history of ovarian or breast cancer you should be offered genetic counselling

- Vaginal hysterectomy: the womb and cervix are removed through the vagina
- Abdominal hysterectomy: the womb is removed through the abdomen
 - In a ‘total’ hysterectomy, all of your womb and cervix is removed. In a ‘subtotal’ hysterectomy, just the womb is removed
 - In laparoscopic hysterectomy, a device with a camera and cutting tool is used

Removing the womb means you won’t have a period again
If you have fibroids there is an increased risk of complications, your specialist should discuss this with you

There is no chance of having a child after a hysterectomy

Common: infection
Less common: excessive bleeding during surgery; damage to other abdominal organs; for example, urinary tract or bowel; urinary dysfunction – frequent passing of urine and incontinence

With ovary removal at time of hysterectomy:

Common: menopausal-like symptoms (for example, hot flushes, increased sweating, vaginal dryness)

Note: The most common unwanted effects may be experienced by 1 in 100 women. Less common unwanted effects are those experienced by 1 in 1000 women. Rare unwanted effects are not shown here. This table does not cover all of the pros and cons of each option. Your specialist should discuss both the short- and long-term effects in detail.

Your care

Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding and explain heavy periods and the treatments simply and clearly.

The information you get from your healthcare team should include details of the possible benefits and risks of particular treatments. You can ask any questions you want to and can always change your mind as your treatment progresses or your condition or circumstances change. Your own preference for a particular treatment is important and your healthcare team should support your choice of treatment wherever possible. You should be able to get a second opinion if an agreement between you and your healthcare professional on your treatment is not reached.

Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in asking for what you want) if needed.

You should not be offered:

- oral progestogens for use only in the second half of your menstrual cycle
- drugs called danazol and etamsylate
- dilatation and curettage (D and C, which involves scraping out the womb lining) – as a treatment or test on its own

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about the specific treatments and options covered in this booklet, please talk to a member of your healthcare team.

This leaflet does not cover treatment for women whose heavy periods are caused by endometriosis or HRT, or whose bleeding is not related to the menstrual cycle.

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

More information about heavy periods

The organisations below can provide more information and support for women with heavy periods. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Fibroid Network, info@fibroid.co.uk, www.fibroidnetworkonline.com
- The Hysterectomy Association, 0871 7811141, www.hysterectomy-association.org.uk
- Women's Health Concern, 0845 123 2319, www.womens-health-concern.org

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further information and support.

About NICE

NICE produces advice (guidance) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the best available evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals working in the field. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This booklet and other versions of this guideline aimed at healthcare professionals are available at www.nice.org.uk/CG044

You can order printed copies of this booklet from the NHS Response Line (phone 0870 1555 455 and quote reference N1181).