

Heavy menstrual bleeding

Gynaecology

Heavy menstrual bleeding is common and can affect your daily life. This leaflet explains what heavy menstrual bleeding is, its possible causes and symptoms, how the diagnosis is made, and which treatment options are available.

What is considered normal menstrual bleeding varies from woman to woman and can change throughout life. Most women have periods lasting between 2 and 8 consecutive days. The interval between the first day of one period and the first day of the next is usually 21 to 35 days. During the menstrual cycle, an egg matures in the ovary. Under the influence of hormones, the lining of the uterus thickens in preparation for a possible pregnancy. If pregnancy does not occur, this lining is shed. The blood and tissue leave the body through the vagina. This is called menstruation.

What is heavy menstrual bleeding?

Heavy menstrual bleeding occurs when you lose more blood during your period, or bleed for longer, than is normal for you. Heavy menstrual bleeding is common. Approximately 10% to 35% of women experience this condition. In most cases it is not serious, but sometimes additional investigation may be needed.

Symptoms

If you have heavy menstrual bleeding, you may notice that:

- you need to change your sanitary pads, tampons or menstrual cup frequently, including during the night.
- your sanitary pad, tampon or menstrual cup becomes completely soaked or leaks quickly.
- you need to use double protection, such as a tampon and a sanitary pad.
- you lose a large amount of blood when changing your protection.
- you pass large blood clots.
- your period lasts longer than usual.
- you also experience abdominal pain.
- the blood loss affects your daily life.

Causes

Heavy menstrual bleeding is often related to hereditary factors or age. Other causes may also play a role, including:

Fibroid

A fibroid is a thickening of the muscular wall of the uterus. Fibroids are benign (non-cancerous).

Polyp

A polyp is a growth of the lining on the inside of the uterus. Polyps are usually benign (non-cancerous).

Adenomyosis

In adenomyosis, tissue similar to the uterine lining, grows into the muscular wall of the uterus. This condition is relatively uncommon and is not dangerous.

Copper IUD

During the first three months after insertion of a copper IUD, menstrual bleeding may increase. After this period, bleeding usually remains stable. If you have had a copper IUD for a longer time without any symptoms, it is unlikely that it has suddenly become the cause of heavier bleeding.

Medicines

Some medicines may contribute to heavier bleeding, including anti-inflammatory medicines such as prednisone, blood thinners, or certain antidepressants (SSRIs).

Blood clotting disorders

In some women, the blood does not clot as effectively. Heavy menstrual bleeding is often present from the first menstrual periods onwards. Easy bruising and prolonged bleeding from minor wounds may also occur.

Diagnosis

Your gynaecologist will discuss your symptoms and may perform a gynaecological examination. This may include:

- a vaginal examination, during which the doctor examines the uterus using two fingers
- an examination using a speculum
- an internal ultrasound scan

Sometimes a cervical smear or swab is taken during the examination, for example to test for sexually transmitted infections (STIs). In addition, blood tests may be performed to check for anaemia.

Depending on your symptoms and the results of the examination, further tests may be needed. Your gynaecologist will discuss this with you.

Treatment

There are various treatment options for heavy menstrual bleeding. The most suitable treatment depends on the cause of your symptoms and your personal situation. Together with your doctor, you will discuss which option is best for you.

Resuscitation

All patients at DC Klinieken will be resuscitated in an emergency situation. If you have a "do not resuscitate" statement, or if you have discussed with your doctor that you do not want to be resuscitated, it is important that you inform us.

Emergency after visiting DC Klinieken

In case of an emergency, call: 088 0100 998.

Insurance

DC Klinieken has contracts with all health insurers. This means that almost all care is reimbursed, just like in the hospital. You do need a referral from your (general) doctor. Please be aware of your own deductible. More information about reimbursements and possible exceptions can be found at: www.dcklinieken.nl/vergoedingen.

Questions

For more information and answers to frequently asked questions, go to: www.dcklinieken.nl/contact or contact our Service and Information Centre at 088 0100 900.