

Menorrhagia (Heavy Menstrual Bleeding)

One of the most frequent complaints our patients' have is that of heavy menstrual bleeding, known as menorrhagia. An understanding of the potential causes of this symptom allows us to accurately diagnose the problem and then offer the patient treatment options.

Can you define menorrhagia?

There are several definitions. Typically it is described as having very heavy menstrual bleeding either in duration or quantity. Bleeding can last more than a week and be associated with passing large clots of blood. This can result in anemia and fatigue as well as restricting the individual's activity.

What causes menorrhagia?

There are many causes of abnormal bleeding. The evaluation will focus on the age of the patient as well as their general health. Adolescents are evaluated differently than women in their reproductive years or the perimenopausal woman.

What determines a normal period for a woman in her reproductive years?

A normal hormonal environment allows a woman to ovulate roughly on a monthly basis. If conception does not occur, hormone levels drop and the lining of the uterus sloughs off about 2 weeks after ovulation. Typically, the lining is completely shed during the first day or two of menses, corresponding to the observed heavier bleeding. The lining then begins to regenerate causing the bleeding to diminish until it completely stops days later.

When women experience abnormally heavy bleeding there are several avenues of investigation.

Can you describe the process?

First and foremost is the taking of a detailed personal and family history along with performing a complete physical with emphasis on the pelvic exam. Lab tests may include a complete blood count and possibly a hormonal evaluation. On occasion tests are performed to rule out a bleeding disorder.

Other modalities are employed to further evaluate the structure of the uterus and the uterine cavity. Pelvic ultrasound is utilized most often to visualize the pelvic organs. On rare occasion a pelvic MRI is warranted.

Depending on the above findings, a biopsy of the lining of the uterus may be necessary to rule out precancerous conditions. Direct visualization of the interior of the uterus consists of a minor procedure called hysteroscopy.

What are the options currently available?

It will certainly depend on the results of the evaluation. Common causes of heavy bleeding will include uterine polyps or fibroids. Polyps can be removed with a minor surgical procedure. Treatment of fibroids may include surgery such as myomectomy (the surgical removal of fibroids) or hysterectomy. Because fibroids rely on a good blood supply for their growth, occlusion of its blood supply may result in their shrinkage and subsequent decrease in bleeding. The procedure, a uterine artery embolization, is performed by a specially trained radiologist.

If the source of the bleeding is from small fibroids or from a benign condition known as adenomyosis, hormonal intervention can be very effective.

Are there newer, less invasive, surgical procedures available?

In my opinion, this is the most promising area today. Because it is the lining of the uterus that results in the bleeding, procedures to modify or eliminate that lining can provide immediate benefit. The procedure is called an endometrial ablation. This simple procedure involves destroying the superficial uterine lining so that it does not regenerate the next menstrual cycle. It is relatively quick and is associated with minimal discomfort afterwards. It is however not appropriate for someone who may be trying to conceive.

My final message would be that for most women suffering with menorrhagia, effective treatments are available once a thorough evaluation has been performed.

You may also find more information at AboutHeavyPeriods.com and Novasure.com.