

Menorrhagia (Heavy Periods) - Management Options

A Brief Decision Aid

There are four options for the management of menorrhagia:

- **Watchful waiting** - seeing how things go with no active treatment.
- **Medication** - tablets taken before and during periods, or the combined oral contraceptive pill.
- **Intrauterine system (IUS)** – a device placed in the womb that lasts five years.
- **Surgery** - endometrial ablation or hysterectomy. These are hospital procedures that are usually considered only if the other options have not worked well or have been unacceptable.

Benefits and Risks of Watchful Waiting

Treatment option	Benefits	Risks / Cons
Watchful waiting - no active treatment	No side effects or hospital treatment – can choose another option at any time. Your periods will eventually disappear – average age of menopause is 50.	It is possible that periods will get worse running up to the menopause. Already having an impact on your life and wellbeing.

Benefits and Risks of Medication

Treatment option	Benefits	Risks / Cons
Tranexamic acid Involves taking a tablet four times a day for up to five days.	Between 40 and 50 women in every 100 will notice reduced bleeding.	Does not reduce length or pain of periods. 50 to 60 women in every 100 will not notice a difference. Occasionally, side effects occur. Upset stomach is the most common.
Mefenamic acid Involves taking tablets before period and then for up to five days	Between 20 and 50 in every 100 women will notice reduced bleeding. It usually eases period pain.	50-80 women in every 100 will not notice reduction in bleeding. Occasionally, side effects occur. Upset stomach is the most common.
Tranexamic acid plus Mefenamic acid	Likely to work better than either alone – but there are no studies to say by how much.	Occasionally, side effects occur. Upset stomach is the most common.

<p>Combined oral contraceptive pill</p> <p>Involves taking a tablet usually every day for three weeks and then stopping for a week, and then repeating.</p>	<p>30 in every 100 women will notice a reduction in bleeding.</p> <p>It often helps with period pain.</p> <p>It is an effective contraceptive (see separate leaflet).</p>	<p>Forgetting to take regularly.</p> <p>70 in a 100 women will not notice a reduction in bleeding.</p> <p>Risks (such as blood clots) increase slightly as you get to your mid 40s.</p> <p>Side effects sometimes occur.</p>
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Benefits and Risks of Intrauterine System (IUS)

Treatment option	Benefits	Risks / Cons
<p>Intra uterine system(IUS) - coil</p> <p>Involves a minor procedure done in the GP practice. It is usually only slightly more uncomfortable than having a smear.</p>	<p>Within six months over 90 in every 100 women have very light or no periods at all.</p> <p>It lasts five years but can be removed at any stage.</p> <p>Reduces period pain.</p> <p>It is an effective (>99%) contraceptive.</p>	<p>Bleeding from periods can become slightly more unpredictable.</p> <p>10 women in a 100 will not get improved periods.</p> <p>Less than one time in each 100 women the coil will fall out.</p> <p>Very rarely the coil can become embedded in the uterus (womb).</p>

Benefits and Risks of Surgery – surgical procedures are usually only considered if the other options have not been successful or appropriate

Treatment option	Benefits	Risks / Cons
<p>Endometrial ablation</p> <p>Involves destroying the lining of the womb by a variety of techniques.</p>	<p>10 in every 100 women stop bleeding altogether.</p> <p>70 in every 100 women will report significant reduction of bleeding.</p> <p>70-80 in every 100 women are satisfied with the operation.</p>	<p>Anaesthetic risk.</p> <p>Risk of damage to womb (uterus).</p> <p>Risk of blood clot in leg (DVT).</p> <p>Is not a reliable contraceptive, so you may need contraception as well.</p> <p>20-30 women in every 100 are not satisfied with the operation.</p>
<p>Hysterectomy</p> <p>Involves surgery and hospital stay between a day and two days.</p>	<p>No periods.</p> <p>No period pains.</p> <p>No issue with contraception.</p>	<p>This is a significant operation and has a variety of risks (anaesthetic, bleeding, damage to other organs, risk of DVT).</p>

In making a decision you need to ask yourself – What is important to me? This leaflet and your health professional can tell you the evidence and give their suggestions but you need to make a decision that is right for you. What are your preferences?

You may want to think about;

- Do I like taking tablets?
- Will I remember them?
- Do I need contraception at the same time?
- Do I need a long term or more short term solution?
- Do I have any medical problems that will influence my choice?