

Shared Decision Making – heavy menstrual bleeding (menorrhagia)

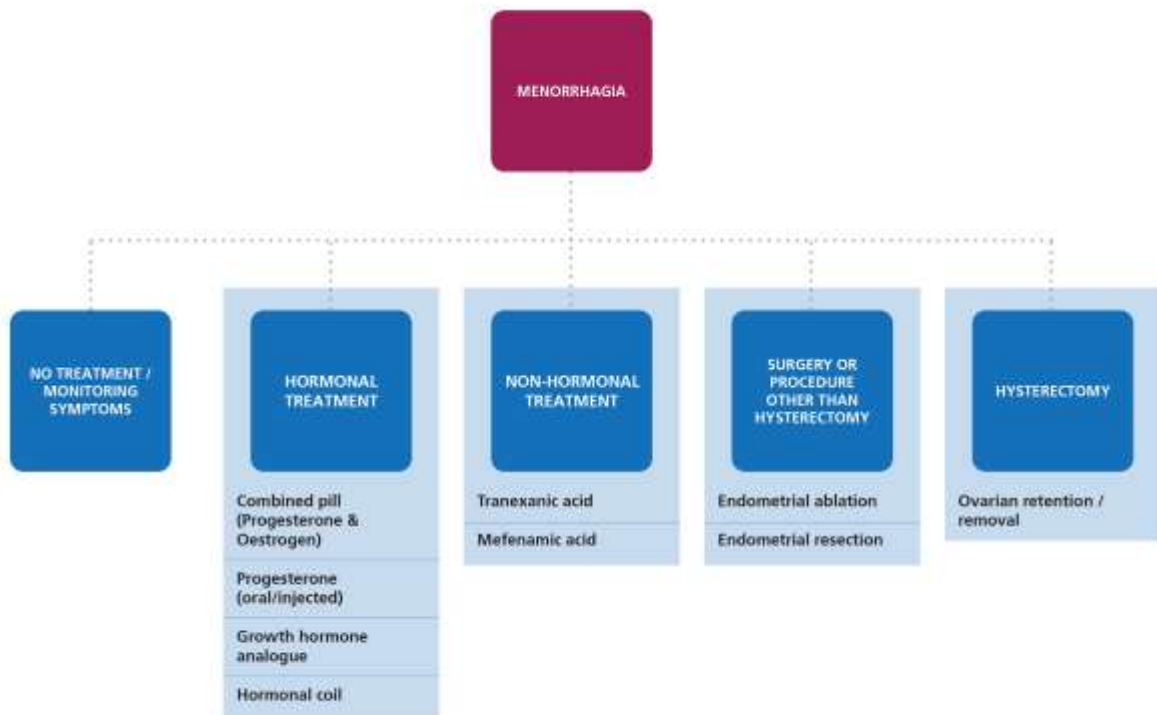
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Deciding what to do about heavy menstrual bleeding (menorrhagia)

This short decision aid is to help you decide what to do about your heavy menstrual bleeding (menorrhagia). You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are five main options for treating heavy menstrual bleeding. The choices are:

- **Monitoring.** This means checking your symptoms to see if they change. You can monitor your symptoms yourself (self-monitoring) or with your health care team. You can choose to have other treatments later if you decide you want them.
- **Hormone treatments.** These are tablets, injections, or a small device fitted inside your womb (the hormonal coil). These are treatments to reduce your bleeding.
- **Non-hormone treatments.** These are medicines that don't contain hormones that reduce your bleeding.
- **Surgery or procedure other than hysterectomy.** This is an operation to remove the lining of your womb, or reduce the blood supply to your womb. This makes the blood flow lighter.
- **Hysterectomy.** This is an operation to remove your womb. Your ovaries and fallopian tubes may be removed as well.



What are my options?

	What is the treatment?
Monitoring	Monitoring involves having no immediate treatment. Women can have regular checks to see if their symptoms change, but they can choose not to have any treatment unless they get new symptoms or their symptoms get worse. Women can monitor symptoms themselves (self- monitoring) or with their health care team.
Hormone Treatment	<p>Hormone treatments include tablets, injections, and the hormonal coil. These reduce menstrual bleeding.</p> <p>The hormonal coil is a small plastic device that is fitted inside the womb where it slowly releases a hormone called progestogen. Hormone tablets (the pill) contain either the hormone progesterone, or progesterone and oestrogen combined. Progesterone can also be taken as an injection for heavy menstrual bleeding.</p> <p>Injections of another type of hormone treatment, gonadotropin-releasing hormone analogues, help heavy periods.</p>
Non-Hormone Treatment	<p>Non-hormone treatments are tablets that are taken orally to help heavy menstrual bleeding. They don't contain hormones. Non-hormone treatments won't affect a woman's chances of getting pregnant.</p> <p>Tranexamic acid, works by helping the blood in the womb to clot. [1] Mefenamic acid, which is a type of painkiller called a non-steroidal anti-inflammatory drug (NSAID), can help with painful periods as well as heavy menstrual bleeding. [2] A doctor might suggest taking either tranexamic acid or mefenamic acid, or taking both treatments together.</p>
Surgery or procedure other than Hysterectomy	<p>Surgery treatment for heavy menstrual bleeding involves having an operation to remove the womb lining (the endometrium), or to block the blood supply to the womb.</p> <p>An operation to remove the lining of the womb is called endometrial ablation, or endometrial resection.</p> <p>If heavy periods are caused by growths in the womb called fibroids, an operation called uterine artery embolisation can be chosen. [3] This operation reduces the blood supply to the womb and causes the fibroid to shrink. This should help make periods lighter.</p>
Hysterectomy	<p>This is an operation to remove the womb. Sometimes, the cervix, the ovaries, and the fallopian tubes are removed during the same operation. Women can discuss this with their surgeon before the operation.</p> <p>Total hysterectomy is where the womb and the neck of the womb (the cervix) are removed. Sub-total hysterectomy is where the womb is removed but the cervix is left in place.</p>

	What is the effect of the treatment on bleeding?
Monitoring	<p>It's difficult to predict what will happen with monitoring. Women who are older and approaching the menopause are more likely to get better without treatment.</p> <p>In one group of women aged 40 to 44, 4 in 100 women said their bleeding became lighter within two years, without treatment. In a group of women aged 50 to 54, 25 in 100 women said their bleeding became lighter within two years, without treatment.[12]</p>
Hormone Treatment	<p>Having hormone treatment can help heavy menstrual bleeding. The hormonal coil, the combined pill, and the progesterone pill can all help make periods lighter. [13]</p> <p>We don't know if having injections or implants of progesterone or gonadotropin-releasing hormone analogues can make bleeding lighter.[13]</p>
Non-Hormone Treatment	<p>Non-hormone treatment can help heavy menstrual bleeding. Between 60 and 70 women in 100 who have non-hormone treatment for heavy menstrual bleeding have lighter periods.[14]</p>
Surgery or procedure other than Hysterectomy	<p>Having surgery to remove or thin the lining of the womb can help heavy menstrual bleeding. Around 90 in every 100 women who have their womb lining removed using endometrial ablation have lighter periods or no periods afterwards.[15][14]</p>
Hysterectomy	<p>Having a hysterectomy can help heavy menstrual bleeding. If a woman has a hysterectomy to remove the womb, it means she won't have any menstrual periods at all.</p>

	What is the effect of the treatment on what you can do?
Monitoring	<p>Having monitoring probably won't make much difference to daily life.</p> <p>Symptoms may get worse or may not improve, which can impact on daily life and what women can do.</p>
Hormone Treatment	<p>We don't know if hormone treatment helps women go about their daily life in the same way as they would normally. Some women find medical treatment improves their symptoms. This may mean they are able to do more.</p>
Non-Hormone Treatment	<p>We don't know if non hormone treatment helps women to go about their daily life in the same way as they would normally. Some women find non-hormone treatment improves their symptoms. This may mean they are able to do more.</p>
Surgery or procedure	<p>The operation to remove the womb lining doesn't take long, and most women go home from hospital on the same day. Women</p>

other than Hysterectomy	<p>should be able to get back to normal life within two to three weeks.[14]</p> <p>In one group of women who had an operation to remove the lining of their womb, they found they were able to do more daily activities after treatment.[16]</p>
Hysterectomy	<p>It may take up to two months to recover after having a hysterectomy. Once better, women are able to go about their daily life in the same way as they normally would. Some women find having a hysterectomy can improve your symptoms. This may help them to do more.</p>

What is the effect on your quality of life?	
Monitoring	We don't know whether monitoring will improve quality of life. There aren't many studies that have looked at this.
Hormone Treatment	Having hormone treatment can improve quality of life.[16]
Non-Hormone Treatment	Non-hormone treatment for heavy menstrual bleeding can improve quality of life. [16]
Surgery or procedure other than Hysterectomy	Having an operation to remove the lining of the womb can improve quality of life.[16][17]
Hysterectomy	<p>Having an operation to remove the womb is likely to affect quality of life.[21]</p> <p>Having an operation to remove the womb means having no more periods, which means pregnancy is no longer possible. This can affect quality of life.</p>

What is the effect of unwanted side effects of the treatment?	
Monitoring	Monitoring is not likely to cause side effects. If a woman chooses not to have treatment, symptoms may not improve or get worse.
Hormone Treatment	Having hormone treatment can cause side effects.[13] How common the side effects are, and what kind of side effects, depends on the type of hormone treatment a woman has. Not all side effects need treatment and some will go away on their own.
Non-Hormone Treatment	Non-hormone treatment can cause side effects.[13] The most common side effects are indigestion, diarrhoea, and headaches. These affect around one in 1,000 women. Around one in 10,000 women have bleeding or swelling in the stomach, ulcers, or

	breathing problems.[13] Not all side effects need treatment and some will go away on their own.
Surgery or procedure other than Hysterectomy	Surgical treatment can cause side effects.[13] The most common side effects are vaginal discharge, period pains or cramps, feeling sick, vomiting, or a fever. These affect around one in 100 women. Other side effects, like an infection, bleeding, or damage to your womb, happen less often and affect fewer women.[13] Not all side effects need treatment and some will go away on their own.
Hysterectomy	Having a hysterectomy can cause side effects.[21] The most common side effect is an infection. This affects around one in 100 women.[21] Other side effects, like bleeding, damage to other parts of the body, blood clots, and dying during the operation, happen less often and affect fewer women.[21]

How does the treatment affect your life?	
Monitoring	Choosing monitoring involves having occasional GP appointments to check the symptoms. Some women may need to go to hospital for tests to find out what's causing the symptoms.
Hormone Treatment	Having hormone treatment involves going to the GP surgery or the hospital. Choosing to have either the combined pill or the progesterone pill involves going to see the GP, nurse, or pharmacist to get repeat prescriptions. Choosing to have a hormonal coil fitted involves going to the GP or a local family planning clinic. A hormonal coil should be fitted once every five years. Choosing to have progesterone injections involves going to a GP for treatment. An injection lasts for 12 weeks. An implant lasts for three years. Choosing to have injections of gonadotropin-releasing hormone analogues involves going to hospital for treatment. This treatment is not recommended for longer than six months at a time.
Non-Hormone Treatment	Non-hormone treatments need to be taken every day during a period. Some women may need to see a GP, nurse, or pharmacist to get repeat prescriptions for non-hormone treatments.
Surgery or	A stay in hospital is required when having surgery to remove the

<p>procedure other than Hysterectomy</p>	<p>lining of the womb.</p> <p>Most women go home from hospital either the same day, or a day or two after the operation. Normal activities can be resumed within two to three weeks.[14]</p>
<p>Hysterectomy</p>	<p>Women need to go to hospital to have surgery to remove the womb.</p> <p>Having surgery to remove the womb involves being in hospital for a few days. Some women find it can take up to eight weeks to get better after a hysterectomy. Lots of rest will be required during this time. Some women may need someone to help them during this time.</p> <p>Open hysterectomy leaves a scar that is visible after it has healed.</p>

<p>What is the effect on whether you can get pregnant?</p>	
<p>Monitoring</p>	<p>Monitoring isn't likely to have any effect on whether a woman can get pregnant.</p> <p>Contraception should be used if a woman wants to avoid pregnancy. If heavy menstrual bleeding is caused by fibroids, women can choose to have other treatments to improve their fertility.[18]</p>
<p>Hormone Treatment</p>	<p>Hormone treatments might affect whether a woman can get pregnant. Hormone treatments have variable contraceptive effects. This means that they may prevent a woman from getting pregnant while they are having treatment. This effect is not permanent. If a woman stops having hormone treatment, she will be able to get pregnant in the future.</p>
<p>Non-Hormone Treatment</p>	<p>Non-hormone treatments won't have any effect on whether a woman can get pregnant. Contraception should be used if a woman wants to avoid pregnancy.</p>
<p>Surgery or procedure other than Hysterectomy</p>	<p>Surgical treatment can affect whether a woman can get pregnant. Surgical treatment means having an operation to remove the lining of your womb. It removes the tissue that bleeds during a period and most of the tissue that makes up the surface lining of the womb. This can mean that after having treatment, some women are less likely to be able get pregnant. This effect may be permanent.</p> <p>If a woman becomes pregnant after endometrial ablation, there can be complications. So, if a woman does want to become pregnant in the future, this may not be a suitable treatment. Therefore, contraception should be used to prevent the possibility of</p>

	pregnancy.[13]
Hysterectomy	Having a hysterectomy will affect whether a woman can get pregnant. A hysterectomy is an operation to remove the womb. Some women may also have their ovaries and their fallopian tubes removed during the operation. This means that after the operation, they will not be able to get pregnant. This is effect is permanent.

How likely are you to be satisfied with your treatment?	
Monitoring	<p>We don't know how happy women are with the effects monitoring has on their symptoms. There aren't many studies that have looked at this.</p> <p>Most women who choose monitoring continue to have symptoms that need treatment. In one group of women who chose to wait and see if their symptoms got better on their own, 88 in 100 women still had heavy menstrual bleeding that affected their daily life after six months of no treatment.[12]</p>
Hormone Treatment	<p>Most women who have hormone treatment feel happy with their treatment and the effects it has on their symptoms.[19]</p> <p>In one group of women who had a hormonal coil fitted, around 82 or 83 in 100 were happy with the results. After one year of treatment, women were likely to say they were happy with how their symptoms had improved.[19]</p>
Non-Hormone Treatment	<p>Most women who have non-hormone treatment feel happy with their treatment and the effects it has on their symptoms.[17]</p> <p>In one group of women who had medical treatment, 91 in 100 said they were happy with the treatment and 75 in 100 said they were happy with how much the treatment had improved their symptoms.[17]</p> <p>Most women who choose medical treatment go on to have other treatments. In one group of women who had heavy periods, around 10 in every 100 women who had medical treatment carried on having treatment for five years.[17]</p>
Surgery or procedure other than Hysterectomy	<p>Most women who have surgical treatment feel happy with their treatment and the effects it has on their symptoms.[17]</p> <p>In one group of women who had surgical treatment, 93 in 100 said they were happy with the treatment and 86 in 100 said they were happy with how much the treatment had improved their symptoms.[17]</p>

	<p>In one group of women who had an operation to remove the lining of their womb, around 27 in 100 women needed another operation to help their symptoms within five years of having surgical treatment.[17]</p> <p>In one group of women who had an operation to remove the lining of their womb, around 22 in 100 women chose to have a hysterectomy within ten years of having surgical treatment.[20]</p>
Hysterectomy	<p>Most women who have a hysterectomy feel happy with their treatment and the effects it has on their symptoms.[21]</p> <p>In one group of women who had a hysterectomy, 95 in 100 were happy with the results.[21]</p>

What are the pros and cons of each option?

People with heavy menstrual bleeding have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for heavy menstrual bleeding:

- Are they willing to take the risk of side effects or health problems after treatment?
- Are they willing to have an operation?
- Are they willing to spend a lot of time having treatment?
- Are they willing to spend a lot of time recovering after having treatment?
- Do they want to keep their fertility?
- Are they planning to have any more children?

How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

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