



Tameside and Glossop  
Integrated Care  
NHS Foundation Trust

# Menstrual Problems Clinic

Patient information Leaflet

June 2020

### **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. Your doctor has referred you to hospital because your heavy periods are disrupting your life.

The clinic you have been referred to is designed to see women, investigate their bleeding and commence treatment all within one visit. Please read this information as it gives you details of what will happen in the clinic and the possible treatments you may be offered.

You may have already had some tests, including a blood test to see if you have anaemia, or a scan. You may also have had some treatment, such as tranexamic acid.

When you come to the clinic you will be seen by one of the consultants in the department who will talk to you about your periods and how they are affecting your life. You may then be offered an investigation called hysteroscopy to look inside the womb.

### **About hysteroscopy**

Hysteroscopy is now recognised as being the safest, most accurate and most cost-effective way to diagnose abnormal bleeding problems. A hysteroscopy cannot be done if you are bleeding. Please telephone as soon as possible to change your appointment (telephone 0161 922 4190) if you know you will be bleeding. Please have something to eat as normal before attending for your appointment.

Who works in the outpatient hysteroscopy service?

- A consultant or nurse specialist – they will perform the hysteroscopy.
- Nurses and/or health care assistant – they will be helping in the clinic room and one of them will stay with you throughout the test.
- Occasionally there may be junior doctors or medical students present who are learning about hysteroscopy.

### **What do I need to bring with me?**

You are welcome to bring your partner, friend or relative with you. If you wish, he/she may be present during the hysteroscopy. You are advised to bring a sanitary towel as you are likely to experience some bleeding or discharge after the procedure.

How long will it take?

In about half an hour you will have:

- A full explanation about your visit.
- The hysteroscopy.
- Results and any advice.
- Recommendations for treatment.

### **What will happen during the test?**

It is a bit like a smear test – the doctor or nurse uses the same instrument in your vagina so your cervix (neck of the womb) can be seen. You may be given some local anaesthetic to numb the area, and then the doctor or nurse passes an instrument like a tiny telescope (as thin as a pencil) into your womb. This is the hysteroscope. It is

connected to a camera and a TV screen, which shows the inside of the womb. You may choose whether or not you wish to watch the screen.

After this the doctor or nurse may remove a tiny piece of tissue from the lining of the womb (a biopsy) which will be sent for examination by the pathologist under the microscope.

The whole procedure takes about 5-10 minutes. At some stage you may feel some discomfort which is a bit like period pain. You may also feel slightly wet, as water is passed through the hysteroscope into the womb to give a better view. Many women feel nothing at all.

The most common findings are:

- In many cases we find no serious cause for the bleeding.
- Polyps – these are simple skin tags within the womb.
- Fibroids – these are swellings in the muscle in the wall of the womb and are extremely common.

### **What if I feel nervous or worried about the pain?**

You can choose to take medication Ibuprofen (Brufen) or Paracetamol beforehand to relieve any discomfort.

### **What happens afterwards and how will I feel?**

After the test you can return to the cubicle to get changed into your own clothes. The doctor will talk to you about the results of the hysteroscopy and the next step in your treatment. You should feel well enough to walk, travel by bus or train or to drive home. You can go back to work if you wish.

### **How do I get the results?**

The doctor will either write to you with the results or you will be sent an appointment to be seen in the outpatient clinic.

## **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 doctor should discuss the benefits and risks of each treatment with you. If the first treatment is not suitable for you, or if you try one treatment and it does not 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.

## **Treatment Options**

### **Levonorgestrel-releasing intrauterine system (IUS)**

This is a small T-shaped plastic device that is placed in the womb and slowly releases the hormone progestogen. The IUS works by preventing the lining of the womb from growing quickly. It was designed as a contraceptive but it was noticed that many women who used it had lighter periods or no periods at all and is now used as a treatment for heavy periods. It is a very effective contraceptive which lasts for 5 years. It is common to have irregular bleeding when the IUS is first put in. This may last for

up to 6 months, but usually settles down. The IUS can be put in at the same time as a hysteroscopy and the doctor will discuss this with you when you come to the clinic.

### **Tranexamic acid**

Tablets that are taken from the start of your period for up to 4 days. Treatment should be stopped if symptoms don't improve within 3 months. It works by helping the blood in the womb to form clots, which reduces the amount of bleeding. It is not contraceptive and will not affect your chances of getting pregnant in the future.

### **Non-steroidal anti-inflammatory drugs**

These are 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. They reduce the body's production of prostaglandin (a hormone-like substance linked to heavy periods). These drugs are also painkillers. They are not contraceptive and will not affect future fertility.

### **Combined oral contraceptives**

These are pills containing the hormones oestrogen and progestogen. One pill is taken daily for 21 days, then stop for 7 days. Then repeat this cycle. This works by preventing the normal menstrual cycle. It is a contraceptive, but does not have an effect on future fertility. The main side effects are mood change, headache, nausea, fluid retention, breast tenderness.

### **ULIPRISTAL**

This an anti-hormone shrinks the fibroid by preventing their cells from multiplying and causing these problem cells to self-destruct. The tablets whilst they are taken suppress the menstrual lining from bleeding. With time, as the fibroids shrink, the menstrual bleeding can be lighter once the tablets have been stopped.

### **What if the treatments don't work or I don't want them?**

If the treatments don't work, or are unsuitable, you may be offered surgery. The options will be discussed with you. You will be told about the benefits and risks of each option. Some operations will affect your fertility and you should discuss this with the doctor.

### **Surgical Options**

Surgery to remove the lining of the womb (endometrial resection or ablation)

In this unit we offer impedance controlled bipolar radiofrequency ablation (NovaSure) or transcervical resection of the endometrium (TCRE). TCRE is more suitable if you have fibroids within the womb, or have had previous surgery, such as more than 2 Caesarean sections.

NovaSure – In this technique a device is inserted into the womb through the vagina and cervix. The device destroys the lining of the womb. Removing the womb lining should reduce or stop the bleeding. This treatment is not suitable if you wish to become pregnant in the future and it is important you have suitable contraception afterwards. If you choose this option more information will be given to you in the clinic.

TCRE – In this procedure the lining of the womb is removed using a telescope called

a hysteroscope and a small wire loop. Again it should reduce or stop the bleeding. This is also not suitable if you wish to become pregnant in the future.

### **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 as with the TCRE. Fibroids can cause heavy periods and removing them should reduce the amount of bleeding. You may be able to get pregnant after this procedure, but there is a small risk of needing a hysterectomy.

### **Surgery to remove the womb (hysterectomy)**

This 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.

There are two main ways of doing this depending on your individual circumstances:

- 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.

Removing the womb means you won't have a period again. There is no chance of having a child after a hysterectomy.

### **Contact numbers**

If you have a query about your appointment, or you think you may be bleeding on the day you are due to come, please contact Dr Stockman's secretary on 0161 922 4190.

### **Suggestions and comments**

If you have any comments, positive or negative, about the service – please tell us. You can telephone or write to us.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

**語言 翻譯及病者支持服務 (LIPS):**

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

**Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):**

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگوئج، انٹرپریٹیشن اینڈ پیڈیٹنٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

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