Abnormal Uterine Bleeding

What you need to know

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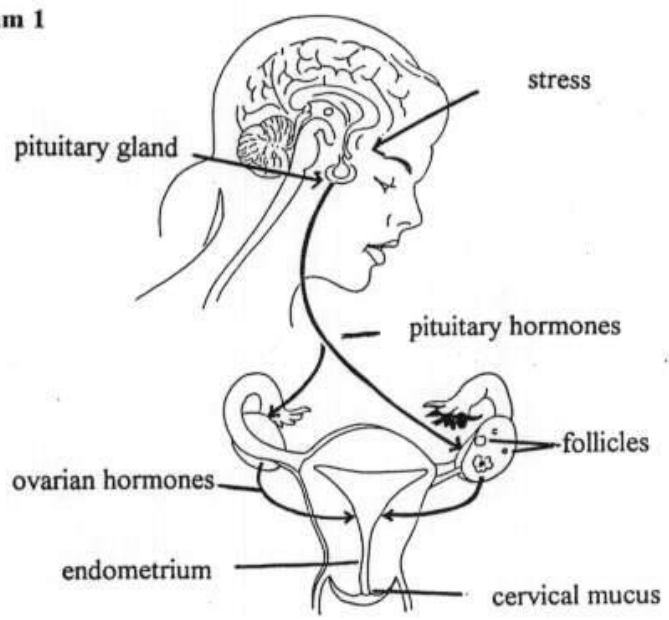
September 2015

ABNORMAL UTERINE BLEEDING

Menstrual bleeding is considered abnormal if it is too heavy or too prolonged or tends to occur repeatedly at unpredictable times during the month.

NORMAL MENSTRUAL BLEEDING

Diagram 1



Your menstrual cycle is controlled by a balance of hormones between the brain, ovaries and uterus. A gland in the base of the brain, the pituitary gland regulates the secretion of these hormones which travel down to the ovaries. The ovaries respond to these hormones by producing two types of hormones oestrogen and progesterone. Oestrogen is generally produced before ovulation (release of egg from the ovary) whilst progesterone is produced after ovulation.

These female hormones directly affect the lining of the uterus which becomes **thicker** in order to prepare itself to receive the fertilised egg. If fertilisation of the egg does not occur the hormone levels decrease and the uterine lining breaks down with resultant menses or periods. This event tends to occur every 28-30 days unless pregnancy occurs.

CAUSES OF ABNORMAL BLEEDING

The main causes of abnormal bleeding are:

(1) HORMONE IMBALANCE:

This occurs as a result of a disturbance or disease of pituitary gland or ovaries. At times stress may cause this disturbance.

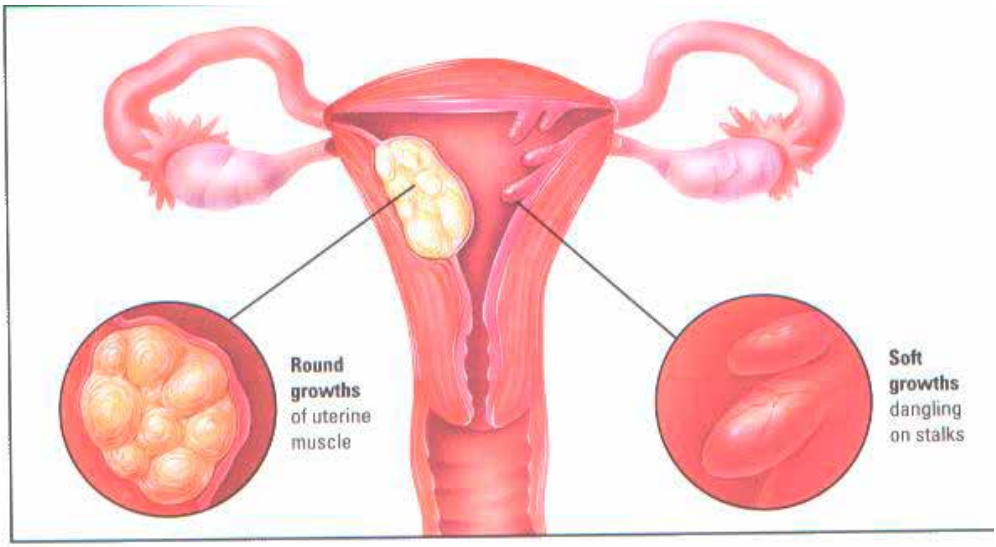
(2) UTERINE GROWTHS (usually non-cancerous)

a. Fibroids.

These are round growths of muscle in the wall of the uterus and are almost always non-cancerous. Fibroids are common and up to 25% of women may have fibroids although many do not cause problems.

b. Polyps.

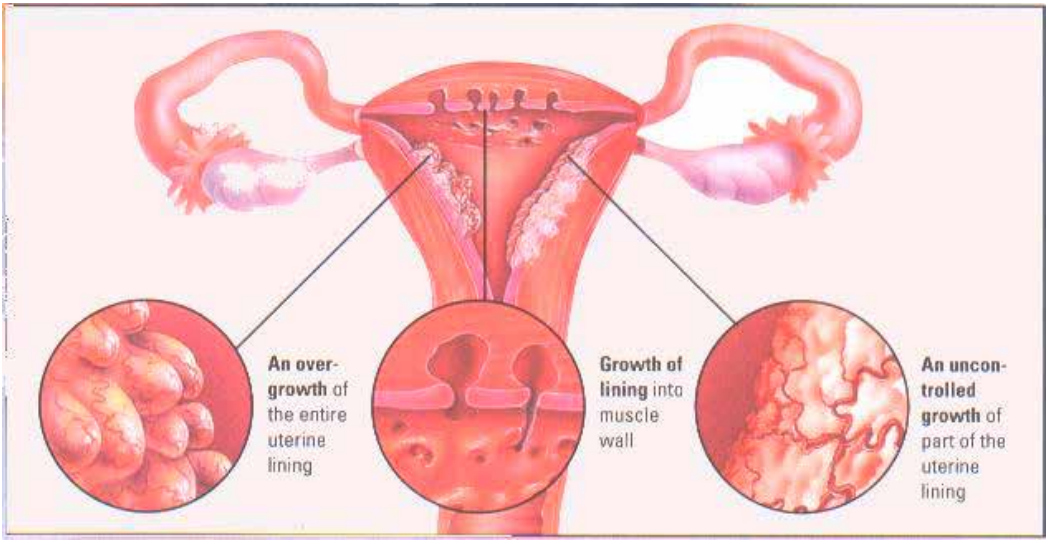
These are soft growths that dangle from the lining of the uterus. They usually cause unpredictable or prolonged bleeding. Most are non cancerous, but occasionally they can be.



c. Hyperplasia.
This is an overgrowth and thickening of the entire uterine lining caused by too much oestrogen stimulation of the lining of the womb. Some types of hyperplasias are pre-cancerous

(3) UTERINE ADENOMYOSIS

In this condition the cells lining the inside of the uterine cavity tend to grow inwards into the muscle wall of the uterus. This results in progressive enlargement of the uterus (from consistent bleeding in the muscle wall of the uterus during periods). Women with uterine adenomyosis experience heavy bleeding with pains and cramps. During pelvic examination, the uterus is often large and tender to touch. In some women, sexual intercourse is also painful.



(4) ENDOMETRIAL CANCER.

This is an uncontrolled growth of part of uterine lining. It is uncommon. Women over 40 years and especially menopausal women are at greater risk, hence in these women at risk, I would recommend a hysteroscopy and D&C to rule this out.

(5) PELVIC ENDOMETRIOSIS.
Here there is abnormal growth of the lining of the uterus (endometrium) outside the uterus. Endometriosis results in inflammation and scarring and can cause irregular bleeding as well as severe pain. Pain may also occur during sexual intercourse.

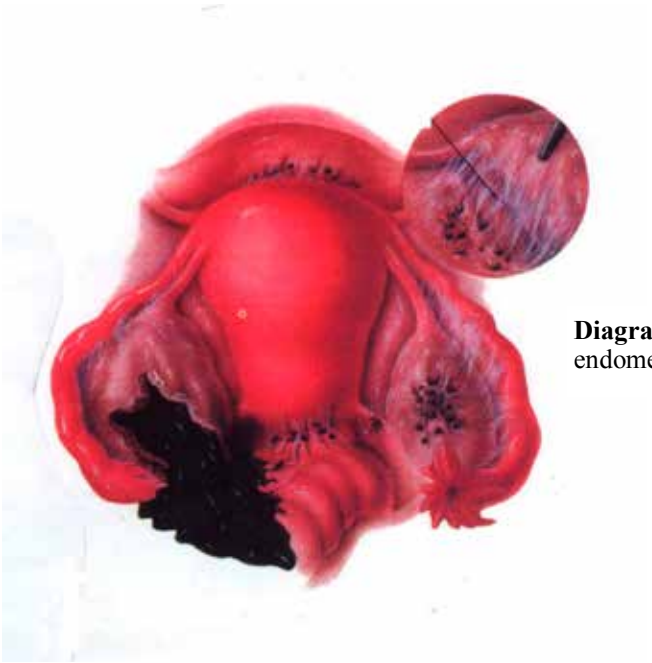


Diagram 4
endometriosis

LESS COMMON CAUSES OF ABNORMAL BLEEDING

1. **Medications:** especially hormones, birth control pills, prolonged use of aspirin and medications for arthritis.
2. **Cancer of other reproductive organs:**
   - Cancer of cervix
   - Cancer of ovary
3. **Pelvic inflammatory disease:** especially chronic pelvic infection.
4. **Thin fragile lining of the uterus or vagina:** This usually occurs after menopause as a result of very low levels of oestrogens.
5. **Complications of intra-uterine contraceptive device (IUD)**
6. **Complications of a pregnancy:** especially miscarriage or pregnancy in the tube (ectopic pregnancy).
7. **Clotting disorders of blood:** This is usually seen in the younger age groups especially in teenagers.
8. **Disorders of thyroid gland or liver**

YOUR EVALUATION

The aim of the evaluation is to:

(a) Determine your general state of health
(b) Pinpoint the cause of your bleeding
(c) Provide appropriate treatment

This will require:

(a) Detailed and careful medical history
(b) Full physical and pelvic examination
(c) Choosing the most appropriate investigations based on your history and physical examination.

INVESTIGATIONS

BLOOD TEST. This will include one or more of the following -

(a) **Full blood count**. This will detect if you are anemic or if you have an underlying blood disorder.

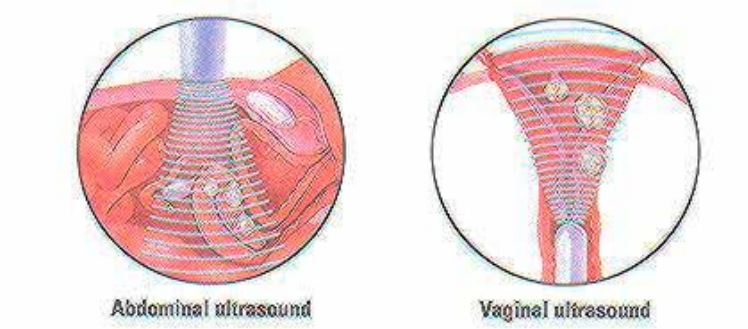
(b) **Serum Iron Studies**. This will detect your total iron stores and will assess your iron levels. (7 out of 10 women have iron deficiency)

(c) **Hormone levels** to check the pituitary and ovarian functions

(d) **Thyroid** check to ensure that there is no underlining abnormality contributing to your bleeding

(e) **Pregnancy test**

ULTRASOUND. This is a painless test and will provide images of your reproductive organs. Ultrasound is especially useful in checking for uterine growths, the lining as well as for ovarian cysts. I will generally recommend you have the ultrasound performed through the **vagina**, and ideally by a gynaecologist, who specialises in ultrasound, as this will give me much clearer pictures of your reproductive organs.



ENDOMETRIAL biopsy. This is a test where I insert an instrument into your womb to take a sample, mainly to exclude cancer.

HYSTEROSCOPY and D&C.
This requires general anaesthetic and admission into hospital. The opening of the cervix is first dilated in order to gain entry into the cavity of the uterus. I will then look directly into your uterine cavity with a telescope (hysteroscope) to assess the lining of your womb for growths, thickenings or cancer.
The lining of the uterus is then carefully scraped with a sharp spoon instrument (curettage). The tissue obtained is sent for pathology testing. Sometimes I may be able to remove the abnormal growths directly with the telescope and in some cases, hysteroscopy and curettage is curative, since small growths can be removed during the procedure and heavy bleeding can often be stopped following this procedure.

A thin hysteroscope is passed through the cervix into the uterus.

Growths may be closely inspected, or removed so that samples can be examined under a microscope.

TREATMENT.

Based on the results of your tests and investigations, I will now be in a position to provide you with the best possible advice regarding treatment. The treatment options available to you will include one or more of the following-

(a) No further treatment: If the probable cause has been rectified e.g. polyp was removed during your curettage.
(b) Medical treatment: This involves hormonal medications and vitamin supplements containing iron
(c) Mirena: This is a medicated IUCD, which contains a hormone to reduce bleeding. This is different from the normal IUCD and studies have shown the MIRENA IUCD may reduce blood loss by >90% and can avoid hysterectomy in 60% of women.
(d) Endometrial ablation. The lining of the womb can be burnt with microwave energy or electricity (Novasure). Studies have shown bleeding can be significantly reduced and 90% of women are satisfied with the results.
(e) Surgical treatment: This could be any one of the following
- Removal of the fibroid growth (myomectomy) (By key hole surgery or major surgery)
- Destruction of the lining of the womb by using electrical current or laser (Hysteroscopic Endometrial Ablation)
- Hysterectomy, that is removal of the womb. (see hysterectomy pamphlet)

CONCLUSION

Regardless of the type of treatment you choose, you can be reassured that a thorough investigation has been carried out and you can now ease back into your lifestyle with confidence. Most women will find that once they have been freed of unpredictable and heavy bleeding, life will take on a whole new perspective for them.