

INFORMATION ON HEAVY PERIODS

About 1:3 women describe their periods as 'heavy'.

Causes:

The exact cause is not known in most cases. Other causes include fibroids (benign growths of the muscle of the womb), polyps (small cysts in the lining of the womb) and hormone problems. Periods can be irregular and sometimes heavy if you do not ovulate every month. Very rarely abnormal cells in the lining of the womb can cause bleeding.

What investigations/tests might be required?

1. **An ultrasound scan of the uterus.** This scan can detect fibroids, polyps or other changes in the structure of the uterus.
2. **Endometrial sampling.** This is where a thin tube is passed into the uterus. Gentle suction is used to obtain small samples (biopsies) of the uterine lining (endometrium). This can often be done without an anaesthetic. The samples are looked at under the microscope for any abnormalities.
3. **Hysteroscopy.** This is where a doctor can look inside the uterus. This is done by passing a thin 'telescope' into the uterus through the cervix via the vagina. Small samples of the lining of the womb can also be taken during this test, this can be done awake or under anaesthetic.

What are the treatment options for heavy periods?

1. **Not treating** – This is an option if your periods do not interfere too much with normal life. You may be reassured that there is no serious cause for your heavy periods, and you may be able to 'live with them'. A blood test may be advised every so often to check for anaemia.
2. **Anti-inflammatory medicines (success rate approx 30%)** – These are popular as they also ease period pain. Most are available only on prescription but you can buy ibuprofen from pharmacies. These medicines reduce the blood loss by about a third (20-50%) in most cases. You need to take the tablets for a few days each period. The heaviness of the bleeding and pain are eased, but the number of days the period lasts is not reduced. Side-effects may include an upset stomach. If you have a history of a duodenal or stomach ulcer, or asthma, you should not really take this type of medicine.
3. **Tranexamic acid tablets (success rate approx 50%)** – This reduces bleeding by almost half (40-50%) in most cases. You need to take a tablet 3-4 times a day, for 3-4 days during each period. It works by reducing the breakdown of blood clots in the uterus. In effect it 'strengthens' the blood clots in the uterus lining which leads to less bleeding. It does not ease period pain. Side-effects are usually minor, but may include an upset stomach. The heaviness of the bleeding is eased, but the number of days of bleeding is not reduced.
4. **The contraceptive pill (success rate approx 30%)** – This reduces bleeding by about a third in most women – sometimes more. It often helps with period pain too. It is a popular treatment with women who also want contraception. If required, you can use this in addition to either of the above two treatments.
5. **Levonorgestrel intrauterine system (LNG-IUS) (Mirena coil) (success rate approx 85%)** – This is similar to an intrauterine device (IUD or 'coil'). It is inserted into the uterus and slowly releases a small amount of a progestogen hormone called levonorgestrel. There is a small risk of perforation of the womb of less than 1:100. Each device lasts five years. The amount of hormone released each day is tiny but sufficient to work inside the uterus. In most women, bleeding becomes either very light or stops altogether within 3-6 months. However, the light periods may become irregular. It is also an effective contraception.
6. **Long acting progestogen contraceptives** – The contraceptive injection (e.g. Depo / Implanon) tend to reduce heavy periods. For example, up to half of women on the contraceptive injection have no periods after a year. They are not given as a treatment just for heavy periods. However, if you require contraception then one of these may be a good choice for you.

Surgical treatment:

7. **Ablating the lining of the womb (e.g. Novasure ablation)**
https://gynsurgicalsolutions.com/wp-content/uploads/2025/09/PP-00079-006_01-NovaSure-patient-brochure-2023.pdf (success rate approx 80%) – is an option if you have no desire for pregnancy in the future (although it does NOT provide contraception). An instrument is passed into the uterus via the vagina. The aim is to remove / ablate as much of the uterus lining as possible. There is a small risk of perforation of the womb and trauma to the internal organs (bowel and blood vessels) in less than 1:100 operations. Some advantages over hysterectomy include: no scar, a short hospital stay (a few hours only usually) and a quicker recovery time. Some disadvantages compared to hysterectomy are: you still need contraception. It does not always work – symptoms do not improve in about 1-2 in 10 women who have this procedure. If it works initially, symptoms may return in the future. (Studies have shown that within four years about 4:10 women required further treatment for symptoms that had returned, and had a hysterectomy).
8. **Hysterectomy (laparoscopic / robotic, vaginally or rarely nowadays abdominally)** – removing the womb (with the option of removing the ovaries or cervix). It is 100% effective at curing heavy periods. Some advantages are that you no longer need contraception, and the risk of cancer of the uterus is removed. However, as with any operation, there are small risks involved with hysterectomy such as infection, thrombosis (blood clots in the legs or lungs), trauma to internal organs (bladder, bowel or ureters) and up to 1:10 ladies can have bladder symptoms after hysterectomy. Hysterectomy should ideally be performed vaginally or robotic / laparoscopically (keyhole) and very rarely nowadays by large abdominal incisions (as there is less operative morbidity with these routes).

I hope you find the above information helpful but if you have any questions please do not hesitate to contact me.

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