



Your doctor will then discuss treatment options and your preferences. In addition to questions about your health, this will include other questions such as:

Are you trying to get pregnant?

Are you on or have you tried any previous medication for heavy periods?

How much blood reduction do you expect?

In preparation for your appointment, it's good that you know the available treatment options so you can raise all the questions you may have. Here is an overview:

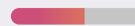
HMB is a symptom which can be caused by several underlying medical conditions. In clinical practice there are several treatments that are used despite not being specifically approved for HMB. The following section is intended to give an overview of what is clinical practice. Please be aware that the label of a specific product may vary from country to country.

NON-HORMONAL OPTIONS



Tranexamic acid

REDUCTION OF BLEEDING



HOW IS IT TAKEN

Orally

HOW DOES IT WORK

It reduces bleeding by helping the blood to clot

REGIMEN

Every month at the start of the menstrual period, for a maximum of 4 days

MORE INFO

They are usually prescribed in association with other treatments and have no contraceptive effect

POSSIBLE SIDE EFFECTS

Diarrhea, nausea, vomiting

HORMONAL OPTIONS



NSAID (Nonsteroidal anti-inflammatories)

REDUCTION OF BLEEDING



HOW IS IT TAKEN

Orally

HOW DOES IT WORK

They reduce the production of a substance called prostaglandin, which is linked to heavy periods

REGIMEN

Every month at the start or just before the menstrual period.

MORE INFO

In addition to reducing bleeding, they also relieve period pain. They are usually prescribed in association with other treatments and have no contraceptive effect.

POSSIBLE SIDE EFFECTS

Stomach pain, heartburn, stomach ulcers



Intrauterine System (IUS)

REDUCTION OF BLEEDING



HOW IS IT TAKEN

Placed in the womb (by your doctor)

HOW DOES IT WORK

A small intrauterine device releases a progestin (levonorgestrel), which makes the uterine lining thin and decreases menstrual blood flow and cramping. It can even make your periods stop altogether!

REGIMEN

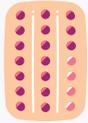
Last up to 5 years

MORE INFO

It reduces your bleeding and is also approved as contraceptive.

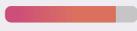
POSSIBLE SIDE EFFECTS

Irregular bleeding (especially in the first 3 months after placement), breast tenderness, acne



Birth control pills

REDUCTION OF BLEEDING



HOW IS IT TAKEN

Orally

HOW DOES IT WORK

Combined oral contraceptives regulate menstrual cycles and make the uterine lining thinner, reducing episodes of excessive or prolonged menstrual bleeding.

REGIMEN

Daily (around the same hour)

MORE INFO

It not only reduces your bleeding, it is also an effective contraceptive, as long as you take it correctly.

POSSIBLE SIDE EFFECTS

Mood changes, nausea, headache, breast tenderness. Estrogen containing pills can increase the risk of blood clots. This is a serious, but rare adverse event.



Selective progesterone receptor modulators

REDUCTION OF BLEEDING



HOW IS IT TAKEN

Orally

HOW DOES IT WORK

It blocks a hormone receptor and reduces the size of fibroids affecting the lining of the womb

REGIMEN

One 12 week cycle prior to surgery (repeated cycles only if you are not eligible for surgery)

MORE INFO

They are not contraceptives: although it is unlikely that you get pregnant during this treatment, it is recommended to use a barrier method (such as condoms)

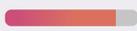
POSSIBLE SIDE EFFECTS

Changes in the lining of the uterus, headache, dizziness, nausea, hot flushes



Gonadotrophin-releasing hormone analogue (GnRH-a)

REDUCTION OF BLEEDING



HOW IS IT TAKEN

Injection

HOW DOES IT WORK

Monthly injections reduces the size of fibroids by simulating menopause

REGIMEN

Monthly injection, for 3 months usually prior to surgery

MORE INFO

Reduces heavy bleeding by stopping periods completely through simulating menopause. Although it is unlikely that you get pregnant during this treatment, it is recommended to use a barrier method (such as condoms).

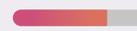
POSSIBLE SIDE EFFECTS

Menopausal-like symptoms (hot flushes, increased sweating, vaginal dryness)



High dose oral progestogens

REDUCTION OF BLEEDING



HOW IS IT TAKEN

Orally

HOW DOES IT WORK

They prevent the uterine lining from building up, making menstrual bleeding lighter

REGIMEN

It is taken for more than 3 weeks

MORE INFO

They can also be taken as contraceptives.

POSSIBLE SIDE EFFECTS

Weight gain, breast tenderness, headaches

SURGICAL OPTIONS



Dilation and Curettage (D&C)

WHAT IT IS AND WHEN IT'S DONE

Commonly referred to as D&C or "scraping", it is a surgical procedure where the surgeon dilates the cervix (the entrance to the uterus) and scrapes away the lining of the uterus, which is then sent for analysis. It is often performed in women with severe bleeding that need to be stopped quickly.

HOW IT WORKS

By removing the lining of the uterus, it stops heavy bleeding. Since the lining will grow again, the effect is only transient, so another treatment should be started after the surgery.

MORE INFO

As a sample is analyzed, significant information can be obtained regarding a possible cause for the heavy menstrual bleeding. The procedure is performed under general anesthetic.

WHAT TO EXPECT AFTER THE PROCEDURE AND POSSIBLE RISKS

In the 2 or 3 days after the procedure you may experience tummy cramps like period pains. You may also have some vaginal bleeding, like a light period. D&C has a few risks, including perforation and infection



Endometrial ablation

WHAT IT IS AND WHEN IT'S DONE

Endometrial ablation involves destroying the lining of the womb. Different techniques can be used and it is usually performed under local anesthetic. After the procedure you can usually go home on the same day. It is usually performed only when medical treatment fails to control heavy menstrual bleeding and in women that don't want to get pregnant in the future.

HOW IT WORKS

By destroying the lining of the uterus, it stops heavy bleeding.

MORE INFO

It is unlikely you'll be able to get pregnant after endometrial ablation. If you do, you'll have an increased risk of miscarriage and complications. The procedure is not recommended if you still want to have children. Often not all tissue is destroyed so some kind of bleeding may return.

WHAT TO EXPECT AFTER THE PROCEDURE AND POSSIBLE RISKS

In the 2 or 3 days after the procedure you may experience tummy cramps like period pains. You may also have a thin watery discharge mixed with blood, which can last a few weeks. Endometrial ablation has few risks including infection, bleeding and perforation. With some methods, there is also a risk of burning



Uterine artery embolization (UAE)

WHAT IT IS AND WHEN IT'S DONE

This procedure involves blocking the blood vessels that supply the fibroids, causing them to shrink. This is done under X-ray guidance, with a small tube inserted into the large blood vessel in your thigh. It is done when heavy menstrual bleeding is caused by fibroids, in women that don't want to get pregnant in the future.

HOW IT WORKS

Small particles are injected through the tube to block the arteries supplying blood to the fibroid, causing it to shrink and reduce heavy menstrual bleeding.

MORE INFO

This procedure is not recommended for women who wish to get pregnant in the future.

WHAT TO EXPECT AFTER THE PROCEDURE AND POSSIBLE RISKS

In the 2 or 3 days after the procedure you may experience heavy pain and cramps. As with other surgical procedures, there is a risk of infection and damage to other organs. Since the ovaries and the uterus share some blood vessels, there might be disruption of ovarian blood supply that can lead to menopause.



Myomectomy

WHAT IT IS AND WHEN IT'S DONE

This surgical procedure involves removing the fibroids that are causing heavy menstrual bleeding. It is carried out when heavy menstrual bleeding is caused by fibroids, in patients that wish to preserve their uterus. It is also indicated for some women with fibroids and infertility before undergoing assisted reproduction techniques.

HOW IT WORKS

It involves surgery to remove fibroids from your womb.

MORE INFO

After the procedure, it is not recommended to get pregnant for at least 6 months.

WHAT TO EXPECT AFTER THE PROCEDURE AND POSSIBLE RISKS

After the surgery, you will need to take medication for the pain and to prevent infection. You can have some vaginal spotting or staining. Risks associated with the surgery may include heavy blood loss during surgery and infection. In some cases, removal of the uterus might be required. A myomectomy can increase certain risks during pregnancy and delivery. This surgery is performed under anesthetic.



Hysterectomy

WHAT IT IS AND WHEN IT'S DONE

This surgical procedure consists of removing the uterus, stopping any future periods. It is carried out when all other treatments have been tried or discussed. You should be informed about the benefits and disadvantages of the procedure.

HOW IT WORKS

By removing the uterus, you will not have periods anymore.

MORE INFO

This procedure is not recommended for women who wish to get pregnant in the future.

WHAT TO EXPECT AFTER THE PROCEDURE AND POSSIBLE RISKS

After the surgery you will need to take medication for the pain and to prevent infection. You can have vaginal discharge for several days to weeks. The operation and recovery time are longer than for other types of surgery to treat heavy menstrual bleeding. Some complications might occur, including infection, bleeding and damage to other organs. This surgery is performed under anesthesia.

Schedule an appointment with your gynecologist – print this guide out and bring it with you. Or, send your results directly to your doctor per e-mail. Understanding your symptoms and the impact on your life will help your doctor find the best treatment option for you.

This guide was downloaded from:
heavymenstrualbleeding.com



The HELP group is an international panel of independent physicians with expert interest in HMB. Formation of the HELP group and its ongoing work is supported by Bayer AG.

[PP-MIR-ALL-0074-2]