



## BASIC INFORMATION

### DESCRIPTION

Menorrhagia is a common disorder that involves heavy blood loss during menstruation. The average amount of blood loss during a normal menstrual period is about two ounces. With menorrhagia, a woman may lose three ounces or more. Menorrhagia is more a symptom of a disease or condition rather than a disorder in itself. It can affect any woman who has begun menstruation.

### FREQUENT SIGNS AND SYMPTOMS

- Menstrual periods have been extra heavy for several months in a row.
- Menstrual periods last for more than 7 days.
- Passing of large clots of blood.
- Paleness and fatigue (anemia).

### CAUSES

The menstrual cycle is a process (series of events) that occurs in a woman's body each month. Different factors can disrupt the process and lead to menorrhagia.

### RISK INCREASES WITH

- Women near menopause or young women who have not established a regular menstrual cycle.
- Hormone imbalance (estrogen and progesterone).
- Infections of the genitals or urinary tract. This includes sexually transmitted diseases.
- Kidney, liver, or thyroid disease.
- Pituitary tumors, polycystic ovarian syndrome, or blood vessel problems.
- Ectopic pregnancy or a miscarriage.
- Ovarian dysfunction (ovaries do not produce eggs).
- Fibroids (benign uterine tumors).
- Endometriosis or endometrial hyperplasia.
- Cervical or uterine polyps.
- Intrauterine device (IUD).
- Bleeding disorders.
- Drugs (steroids, blood thinners and anticancer).
- Obesity or being overweight.
- Rarely, cancer of the uterus or cervix.

### PREVENTIVE MEASURES

No specific preventive measures.

### EXPECTED OUTCOME

Varies with cause of the bleeding. Treatment helps reduce the bleeding in most women.

### POSSIBLE COMPLICATIONS

- Anemia due to excess blood loss. Menorrhagia is a common cause of anemia in premenopausal women.
- Surgery may be required.
- Sometimes, bleeding is so severe that it interrupts normal daily routines like work, school, and social life.
- Other complications are related to the causes.



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your health care provider will do a physical exam and a pelvic exam and ask about your symptoms. Medical tests may include Pap smear, pregnancy test, blood test, ultrasound, and hysteroscopy (using an instrument to see inside the uterus). Liver, kidney, and thyroid function tests, and endometrial biopsy (removal of a small amount of tissue for microscope exam) may be done.
- Treatment usually depends on the age of the woman, her desires for fertility, and any other medical disorder. Treatment steps may include drugs or surgery.
- Stop using an IUD. Use another birth control method.
- Surgery options may include endometrial ablation or endometrial resection, dilatation and curettage (D & C), uterine fibroid embolization, or hysterectomy. The options, risks, and benefits will be explained to you.
- For self-care, wear extra sanitary pads during heavy flow. If a tampon is used, change tampon every 4 to 6 hours. Avoid scented pads and tampons. Don't douche.

### MEDICATION

- Use nonsteroidal anti-inflammatory drugs, such as naproxen or ibuprofen, to relieve pain and possibly reduce bleeding. Avoid aspirin (may prolong bleeding).
- One or more types of hormones to control the bleeding may be prescribed.
- If hormones cannot be taken for some reason, other drugs to control the bleeding may be recommended.
- Iron replacement may be prescribed for anemia.
- If a drug you take is the cause, a change in drug or a change in dosage amounts may be recommended.

### ACTIVITY

Resting with feet up may help during heavy periods.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- You or a family member has signs or symptoms of menorrhagia.
- Symptoms worsen or new symptoms develop after treatment begins.

Special notes:

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More notes on the back of this page