



BASIC INFORMATION

DESCRIPTION

Unexpected bleeding that begins 6 to 12 or more months after menopause. This is not a normal condition and can be a symptom of a serious medical problem.

FREQUENT SIGNS AND SYMPTOMS

- Vaginal bleeding. It may be a light-brown discharge or heavy, red bleeding (with or without clots).
- Mucus may be a part of the bleeding.
- Bleeding episodes vary in length.
- Pelvic pain (sometimes).

CAUSES

- Atrophy of the lining of the uterus (endometrium) or the vagina. Atrophy means shrinking or wasting away of tissue.
- Hormone therapy. Using estrogens (female hormones).
- Cancer.
- Endometrial hyperplasia (the uterine lining becomes overgrown).
- Endometrial or cervical polyps (benign growths).
- Myoma (benign fibroid tumor in the uterus).
- Trauma (injury) to the vagina.

RISK INCREASES IN/WITH

- Women over 60, due to fragile blood vessels and thin vaginal or uterine lining.
- Obesity.
- Hormone therapy. Women are likely to have some bleeding the first year.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOME

The outcome will depend on the cause of the bleeding. In the majority of cases, the cause is not cancer. Benign conditions can usually be treated and bleeding symptoms should clear up.

POSSIBLE COMPLICATIONS

If cancer is the cause, the outcome will depend on the type of cancer and the stage at which it is diagnosed. Many of these cancers are caught early, when treatment is more effective.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will usually do a physical exam, including a pelvic exam. (Be sure to tell your health care provider about nonprescribed substances that you take, such as soy protein.) Unexplained postmenopausal bleeding requires further medical testing. Tests start with blood studies and a Pap smear. Additional tests may include:
 - Biopsy of a small amount of tissue removed from the uterine lining. This is done with a thin suction device.
 - Ultrasound of the pelvic area.
 - Sonohystogram, an ultrasound with a saline (salt-water solution) injected into the uterus.
 - A hysteroscopy. A telescopic instrument with a special light is used to look inside the uterus.
 - A dilatation and curettage, referred to as D & C (dilatation of the cervix and a scraping out of the uterus with a curette). It may be both diagnostic and a treatment to relieve the bleeding.
- Specific therapy, usually drugs or surgery, is dependent on the cause. Sometimes, even after testing, no clear-cut reason for the bleeding is found.
- Surgery (hysterectomy) to remove the uterus may be needed.

MEDICATION

- If hormone drugs are currently being taken, the dose may need to be adjusted. In other cases, hormones may be prescribed.
- Drugs may be prescribed to treat any underlying disorder diagnosed.

ACTIVITY

- No limits unless advised by your health care provider.
- Sexual relations may be resumed as soon as desired after diagnosis and treatment.

DIET

No special diet.



NOTIFY OUR OFFICE IF

You or a family member has unexplained bleeding after menopause or bleeding persists, despite treatment.

Special notes:

More notes on the back of this page