



Menstrual Problems

By Peter Bowen-Simpkins
Consultant Obstetrician

Uncomfortable or heavy periods affect many women and can be very disruptive. Your GP will advise you on the best method of treating the problem. Here are some outlines of the latest treatments available.

Problems with periods cause almost 60% of women to visit their GP sometime during their life. Younger patients usually complain of pain, however, if you are older, it is more likely to be heaviness of flow that causes problems.

DID YOU KNOW
In 1997 20% of women had a hysterectomy by the age of 60. Now it is below 10%.

Painful periods

There are two sorts of pain associated with periods. The first, and more common, is seen mainly in teenagers and young women. It starts at the same time as the bleeding, is crampy in nature and usually finishes before the end of the period. This is called primary or spasmodic dysmenorrhoea. Simple pain relievers such as paracetamol or nonsteroidal anti-inflammatory drugs such as mefenamic acid are usually effective. The combined oral contraceptive pill often helps and, in severe cases, four packets can be taken, one after another without a break, reducing the number of periods. This is quite safe. Interestingly, recent research has shown that Vitamin E taken twice a day can help. The other sort of pain, called secondary or congestive

dysmenorrhoea, starts before the onset of the period, and doesn't usually stop until the period ends. It is usually caused by some form of pelvic problem, commonly, irritable bowel syndrome. However, chronic infection in the pelvis, and endometriosis (where the lining of the womb grows outside the womb) can lead to this sort of pain and needs to be treated by your doctor. It tends to affect a slightly older group of women and is often associated with painful sex.

Remember!

If your period pain starts before your period and goes on until the end, you should see your doctor as you may have something wrong in your pelvis.

There are many ways of treating heavy periods that do not involve hysterectomy.

Heavy flow

Heavy periods are common and until about 10 years ago were the most common reason for a hysterectomy. Over 20% of women had the operation by the age of 60. Things have changed a lot over the last few years because of new drugs and better solutions to the problem. It is difficult to say what a heavy period is. It is usually more prolonged than normal, may be associated with clotting or flooding, and double sanitary protection is often necessary. It becomes a problem when it starts to interfere with life, through tiredness, inability to go out, or just inconvenience. The causes are numerous and include fibroids (lumps of muscle on or in the womb), endometriosis and pelvic infections. Stress may be an important factor, but in half of cases No obvious cause is found. It may just be a change in hormone balance as the menopause approaches.

What treatments are available?

Initially your GP may suggest some no-hormonal drug treatments such as tranexamic acid or mefenamic acid. Both can lead to a quite dramatic

reduction in blood loss. In younger women, the combined oral contraceptive pill is especially helpful. Hormonal contraceptive injections, such as

Treatments available

- Painkillers
- Contraceptive pill
- Hormonal injection
- Hormonal implant
- Intra-uterine hormonal device
- Endometrial ablation
- Hysterectomy

Depo-Provera, will usually stop the periods, and a new implant called Implanon is effective for most women and lasts for 3 years. But the biggest change has come with the use of the Mirena® device. This is a hormonal implant that is placed inside the womb. The hormone is fixed onto the frame of

a plastic T-shaped contraceptive device. Initially the periods may be a bit chaotic (but lighter than usual), but within 6 months most women will have stopped having periods altogether. The implant lasts for 5 years, virtually none of the hormone gets out of the womb so side-effects are minimal, and it is an exceptionally effective contraceptive—better even than sterilisation. It is very easy to fit, particularly if you have had a baby, and almost painless to remove. It has been available for about 10 years and is becoming increasingly popular. The other big advance has been an operation called endometrial ablation. Years ago, many women were investigated by an operation called dilatation and curettage (D&C for short). This is no longer done, because it doesn't help very much, and a sample of the lining of the womb can be obtained by putting a very thin plastic sucker through the entrance to the womb. Occasionally, it may be necessary to look into the womb with a small telescope called a hysteroscope to make sure everything is all right. If there is no obvious cause and you definitely do not want to get pregnant, then the lining of the womb can be permanently removed. This used to be done by cutting it out but, although very effective, occasionally led to serious complications. Nowadays the lining can be destroyed by heating it up. This can be done by inflating a bag of fluid inside the womb and heating it or by using a special sort of microwave probe. There are other similar methods and all are very safe and have similar results. About 60% of women stop having periods altogether, and nearly all of the rest have a very much lighter blood loss. This is very popular.

For a very small group, where other diseases exist, or these methods do not work, removal of the womb is the last and only alternative. But such an operation should only be considered after talking to your surgeon and ensuring that you are confident that you understand the operation, its advantages and its risks.

Peter Bowen-Simpkins is a consultant gynaecologist at Singleton Hospital, Swansea.



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