

Making a decision about: managing heavy periods

What is this leaflet?

This leaflet will help you decide how to manage heavy periods. You could read it to prepare for your appointment with your healthcare professional. There are pages you can fill in.

Pages **1 – 3**
provide an **overview**

Pages **4 – 9**
help you make a **decision**

Pages **10 – 15**
to **fill in** and more **information**

Pages **7 – 11** and **13** are useful to share with your **healthcare professional**

What is a period?

A period is when the inner lining of your uterus (womb) is shed as blood from your vagina. It usually lasts about 5 – 7 days but can be much shorter or longer.

What are heavy periods?

Your period is classed as heavy if you can answer yes to any of these:

- my periods interfere with my life or normal routine
- I need to change period products more than every 1 – 2 hours
- I don't do activities in case I have an 'accident'
- I have clots or flooding (sudden rush of heavy bleeding)
- I have to use 2 period products at the same time
- I get up in the night to change period products
- I bleed through my clothes or bedding

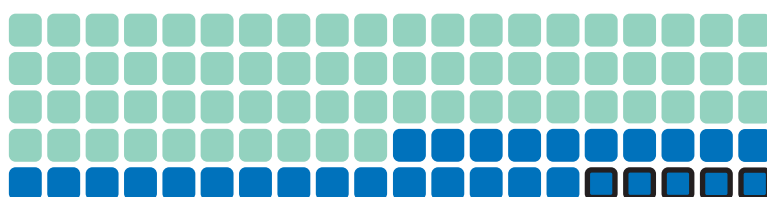


See your healthcare professional if:

- you faint when you have your period
- you have to stay in bed when you have your period due to severe pain or heavy bleeding

They can help you get treatment for heavy periods.

70 out of every **100** do not have heavy periods.



30 in every **100**
have heavy periods.

Of those 30, **5** see
their doctor about them.

What are my treatment options?

Do nothing



Medicines



Hormone pills



Intra Uterine System (IUS)



Surgical procedures



Things I can do myself



2 How to use this document

On this page you can see **what information** is in this leaflet and **where** you can find it.

Testing

You may be **offered some tests** to understand why you have heavy periods.

Page **4**

Treatment

All treatments have benefits and risks.

Pages **5, 7 & 8**



Do nothing. You don't have to have any treatment if you don't want to.

If you visit your GP



Medicine that you take during your period to reduce bleeding.



Hormone pills that can act as a contraceptive and prevent unwanted pregnancy. You usually take them every day.



Contraceptive hormone device (IUS – intra uterine system) is a device that is put in your uterus by a nurse or doctor.

Pages
5, 7 & 8

If you are referred to hospital

If medicines or hormones have not helped, or if your heavy periods are due to polyps or fibroids, you might be offered surgery. Polyps and fibroids are growths in the uterus. Having them does not mean you have cancer.



Remove polyps or fibroids



Ablation surgery is a procedure to remove or destroy some of the tissue (endometrium) that lines the uterus. This is the tissue that causes bleeding.



Hysterectomy is surgery to remove the uterus and sometimes ovaries and tubes.

Pages
6, 7 & 9



There are some things you can do yourself.

These will not make your periods lighter but can help with symptoms caused by heavy bleeding such as fatigue or cramps.

Page **12**

Pages to fill in and where to find more information

There are pages in this leaflet you can fill in if you want to.

Pages **10 & 11**

There is an example period diary. You might find it helpful to fill this in and show your healthcare professional when you meet with them.

Pages **14**

There is a list of where you can go for **more support or information.**

Page **15**

3 What **causes** heavy periods?

Your doctor might offer tests to understand if there is a reason why you are having heavy periods. You can read about tests on the next page.

In **about half** of those with heavy periods, **there is no medical reason**. It's just the way your body is. **In the rest they might be caused by:**

Conditions such as:

- fibroids (non-cancerous growths in the uterus) or polyps. Fibroids and polyps can cause heavy bleeding because they increase the surface of the lining of the uterus so there is more that can bleed
- adenomyosis, a condition where the tissue that lines the uterus grows into the muscle wall of the uterus
- infections involving the uterus

Time of life, such as:

- when you first start having periods, after pregnancy or approaching menopause

Conditions that affect your hormones such as:

- PCOS (polycystic ovary syndrome)
- an underactive thyroid gland

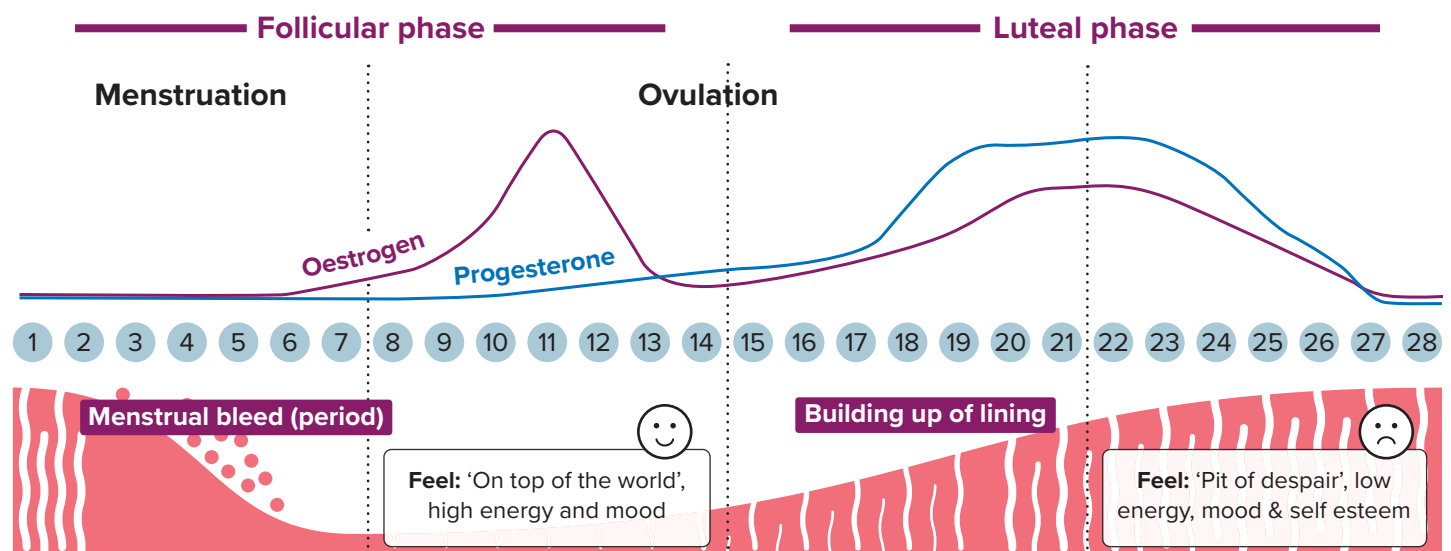
Bleeding disorders such as von Willebrand's

Medicines or treatments such as:

- some chemotherapy
- anticoagulant treatment (blood thinners)
- the copper coil contraceptive device

The menstrual cycle – what is a period?

Not everyone's cycle is 28 days, it can be longer or shorter.



Your periods can change throughout your life. They might be different when you first start and change as you get older. They might change again around menopause.

Hormones go up and down during the menstrual cycle. They can have a strong effect on how you feel emotionally and how much energy you have.

4 What **tests** might be offered?

You can say no to any test. You do not have to wait for results to get treatment. You can get advice from someone else before you say yes to any test.

What tests might I be offered at the GP?

A blood test

Your healthcare provider might offer a blood test. This is to look for things like anaemia or other conditions. You might be offered iron tablets.

Internal vaginal examination

Your healthcare professional might ask if they can do an internal vaginal examination. **You can say no to this exam. You can ask to do it at another time and bring someone with you.** The exam is usually with a speculum (metal or plastic instrument) and gloved fingers inside your vagina. They can feel the uterus and inside the pelvis and look for inflammation, infection or fibroids.

The following are not tests for heavy periods, but they might be offered to you

STI (sexual transmitted infection) screening

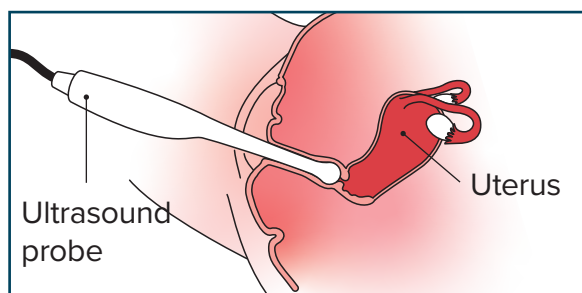
Your healthcare professional takes a swab of your cervix. They can do this while they are examining you or you can do it yourself. Sometimes this screening involves a urine (pee) or blood sample.

Cervical cancer screening (if it is not up-to-date)

If treatment hasn't helped or your doctor wants to know more, some people are referred to the hospital for more tests.

What tests might I be offered at the hospital?

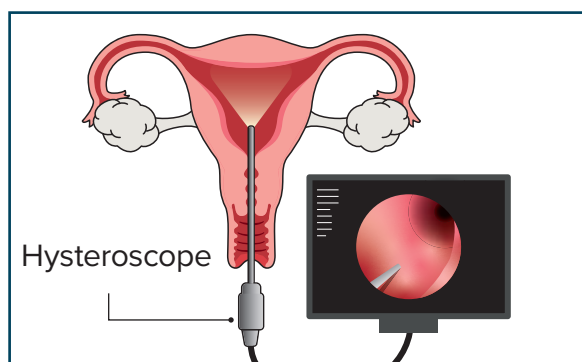
These tests look for polyps, fibroids and other changes in the uterus.



Ultrasound scan

This kind of scan uses sound waves to create a picture of your uterus. Usually a small probe is placed in the vagina to scan the uterus and pelvis from the inside.

If this is too uncomfortable you can ask to stop and ask for an ultrasound scan on the surface of your abdomen (tummy).



Hysteroscopy

This procedure looks at the inside of the uterus using a very narrow telescope with a light and camera at the end. It is put into your vagina. Your doctor can see images of the inside of your uterus on a monitor.

Some people find it uncomfortable. It's OK to ask for pain relief. You could also choose to have a general anaesthetic (you will be asleep). You would have an appointment on a different date to do this.

5 What **treatment** might I be offered?

You might be offered one of these options.

You can take your time to make a decision about what you want to do.

Medicines you can take when you have your period



These types of medicines are **not contraceptives** so you can still get pregnant.

Medicines you can buy yourself

Such as anti-inflammatory painkillers such as ibuprofen. You take these on the days of heavy bleeding. They can help with pain and reduce heavy flow. They reduce the amount of hormones called prostaglandins in the lining of the uterus which can cause heavy bleeding.

Medicines with a prescription

Such as tranexamic acid, naproxen or mefenamic acid.

Tranexamic acid works by helping your blood to clot which reduces how much you bleed during your period.

Naproxen or mefenamic acid work in the same way as ibuprofen, they reduce prostaglandins which can reduce how much you bleed.

You will need to take several tablets a day, for 3 – 5 days during your period. **Your healthcare professional will explain how to take these.**

Hormonal medicines that are not contraceptives such as Provera



This is a progestogen tablet that you take every day but it is **not a contraceptive**. It is usually given for a short period of time or cyclically.

If your heavy periods are due to fibroids or polyps there are other treatments you can have. Your doctor will explain more if this applies to you.

Medicines – hormones you take every day



These are also **contraceptives**. You are unlikely to get pregnant while using these.

They can help by preventing or reducing bleeding.

Combined contraceptive pill

Contains the hormones oestrogen and a progestogen combined in the same tablet.

Your healthcare professional will explain about how often you should take the tablet.

Vaginal ring contraceptive (NuvaRing)

This is a small soft plastic ring you put inside your vagina. It releases a continuous dose of oestrogen and progestogen. Your healthcare professional will explain how often to change the ring.

Oral progestogens

Contains a progestogen only. **You take a tablet every day.** It can help people who cannot take the combined contraceptive pill.

IUS contraceptive device



This is a small plastic T-shaped device that is put into your uterus by your doctor or nurse.

It releases progestogen directly into the uterus. This stops the lining of the uterus from building up. It is replaced every 5 – 6 years.

At first you might bleed or have bleeding between periods for up to 6 months.

Some people find it uncomfortable when the IUS is put in. If you can take pain relief before your appointment it can help.

You may be able to get it fitted at your GP surgery, a sexual health clinic, or at the hospital.

6 What if I'm offered surgery at hospital?

If the treatments on page 5 haven't worked for you, or you have polyps or fibroids, you might be offered one of the procedures on this page.

For those who have fibroids or polyps

A procedure to remove polyps or fibroids



How: a surgeon puts a thin telescope called a hysteroscope into your vagina then into your uterus. Polyps or fibroids are removed through your vagina.

You can be awake (regional anaesthetic) **or asleep** (general anaesthetic).

Hospital stay: you usually go home the same day

Recovery: same day

Future pregnancies: you can try to get pregnant once you have had your next period. Future pregnancies should not be affected.

An operation to remove large fibroids (myomectomy)



How: your surgeon will do an operation where they cut open your abdomen (tummy) to remove the fibroids. They can do this laparoscopically (small cuts) or open (one larger cut).

You will be asleep during the operation (general anaesthetic).

Hospital stay: 2 – 3 days

Recovery: 4 – 6 weeks

Future pregnancies: you can try to get pregnant when your uterus heals, usually 6 months. If you get pregnant in the future you are more likely to need a caesarean birth and closer monitoring of your pregnancy.

For those who do not have fibroids or polyps

A procedure to remove some of the lining of the uterus (endometrial ablation)



How: your surgeon will put a device into your vagina then into your uterus. They remove the lining of your uterus using heat, laser, radio-waves or freezing. Bleeding comes from the lining and removing it can reduce bleeding.

You can be awake (regional anaesthetic) **or asleep** (general anaesthetic).

Hospital stay: you usually go home the same day

Recovery: same day

Future pregnancies: advice is that you **do not** have an ablation procedure if you want to get pregnant in the future. Ablation does not always prevent pregnancy and pregnancies that happen after ablation have more risks. Advice is to use contraception until menopause.

A surgery to remove the uterus (hysterectomy)



If nothing else has worked and you are suitable, you might be offered a hysterectomy. This is an operation to remove your uterus and sometimes cervix, ovaries and tubes.

How: your uterus is either removed through your vagina or from your abdomen in laparoscopic (keyhole) surgery or open surgery.

You can be awake (regional anaesthetic) **or asleep** (general anaesthetic).

Hospital stay: up to 5 days

Recovery: 4 – 6 weeks

Future pregnancies: you cannot get pregnant after a hysterectomy.

Early menopause: if your ovaries and tubes are removed you will go into early menopause. Your surgeon will talk to you about symptoms and treatment.


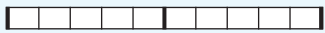


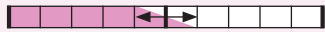















7 How well do the treatments work?

The numbers on this page are averages based on research studies (see [page 14](#)).

A treatment can work really well for some people and not at all for others.

Something might not work at all for you and something else works really well. Advice is to try a treatment for 3 months and if it has not worked see your healthcare professional to try something else.

You might need to try different treatments to find what works best for you.

	On average how much lighter were periods? (for you it might be more or less than this)	Out of every 100 people how many were satisfied with their treatment?	Out of every 100 people how many said their periods stopped completely?
Doing nothing	 Blood loss decreased by about 5%	No data available	 0 said their periods stopped completely
Ibuprofen, naproxen or mefenamic acid	 Blood loss decreased by about 20 – 60%	No data available	 0 said their periods stopped completely
Tranexamic acid	 Blood loss decreased by about 40 – 60%	 35 – 60 people were satisfied	No data available
Combined Pill or vaginal ring	 Blood loss decreased by about 35 – 45%	No data available	 2 – 6 said their periods stopped completely
Oral progestogen (Provera)	 Blood loss decreased by about 20 – 55%	No data available	No data available
Progestogen-only pill	 Blood loss decreased by about 45 – 60%	 25 – 70 people were satisfied	 2 – 10 said their periods stopped completely
IUS	 Blood loss decreased by about 80 – 95%	 65 – 85 people were satisfied	 10 – 50 said their periods stopped completely
Ablation	 Blood loss decreased by about 90%	 70 – 95 people were satisfied	 15 – 45 said their periods stopped completely
Hysterectomy	You will not have monthly bleeding	 90 – 95 people were satisfied	 100 said their periods stopped completely

8 Potential risks & side effects of treatments

The numbers on this page are averages based on research studies (see [page 14](#)).
A treatment can cause side effects for some people and not for others.

	Out of 100 people			Out of 10,000 people
	Headache	Nausea	Other	How many get DVT (blood clot in the leg) each year? (chance gets higher as you get older)
Doing nothing	15 out of every 100	2 out of every 100	No data available	Around 2 – 4 out of every 10,000
Ibuprofen, naproxen or mefenamic acid	these reduce headaches	5 – 15 out of every 100	Heartburn, diarrhoea or indigestion 5 – 15 out of every 100	Around 2 – 4 out of every 10,000
Tranexamic acid	5 – 25 out of every 100	5 – 15 out of every 100	No data available	5 – 30 out of every 10,000
Combined pill or vaginal ring	15 out of every 100	5 out of every 100	See below	Around 5 – 12 out of every 10,000
Oral progestogen (Provera)	15 out of every 100	5 out of every 100	Bleeding between periods 10 out of every 100	Around 2 – 4 out of every 10,000
Progestogen-only pill	15 out of every 100	5 out of every 100	See below	Around 2 – 4 out of every 10,000
IUS	15 out of every 100	No data available	The device comes loose or out 5 out of every 100 Bleeding or bleeding between periods, more likely for the first 6 months 15 – 55 out of every 100	Around 2 – 4 out of every 10,000

Hormone treatments (combined pill, vaginal ring, oral progestogens and IUS)
 Around **half** have side effects such as **breast tenderness, bloating, mood changes** or **reduced libido**

9 Potential risks & side effects of treatments

The numbers on this page are averages based on research studies (see [page 14](#)).
A treatment can cause side effects for some people and not for others.

Ablation

A procedure to remove some of the lining of the uterus

6 – 9 out of every **100** need **another operation**

6 out of every **100** have **severe pain** in the first 5 days after surgery

About **3** out of every **100** have a **damaged (perforated) uterus** needing treatment

Less than **1** out of every **100** have **other complications** during surgery

You might have cramping and bleeding for up to 6 months after ablation while it settles down. You will still have hormonal changes during your menstrual cycle and might feel different emotions, energy levels, bloating, breast tenderness and so on.

Hysterectomy

Surgery to remove uterus and sometimes ovaries and tubes

18 – 30 out of every **100** have **an infection** that needs treatment

8 – 13 out of every **100** have **other complications** during surgery

3 out of every **100** have **severe pain** in the first 5 days after surgery

Less than **1** in every **100** have **damage to the bowel or bladder**

Hormone treatments and cancer risk



Cancer of the uterus and ovaries

The **combined pill** can **reduce your risk of uterine and ovarian cancer**. Protection continues even when you stop taking the pills.

Breast cancer

There is a risk of breast cancer even if you don't take hormones. The risk of breast cancer gets higher as you get older.

Hormone treatments (combined pill, vaginal ring, oral progestogens, UIS) **increase the risk of breast cancer**. The risk starts to go back to normal when you stop and after 10 years is the same as if you never took the pill.

How many **might get breast cancer** each year **out of every 10,000?**

	Those taking hormones for 5 years	Those not taking hormones
Age 16 – 25	Less than 1	Less than 1
Age 26 – 40	5	4
Age 41 – 55	19	15

10 How are my periods affecting my life?

Which treatment will be right for you depends on many things. You might want to use this page to write down your thoughts and feelings. You could then share this page with your healthcare professional at your appointment.

You don't have to complete everything here, fill in the sections that are most useful for you.

Circle what you need help with



Bleeding



Pain



Sleep



Mental well-being



Activity

Mark your answers on the scale

	No / not at all	←————→	Yes / A lot
I want a treatment that is also a contraceptive			
I am feeling tired due to heavy periods			
My period interferes with my daily activities (for example, going to school or work, running errands, social events)			
My symptoms are affecting my mental health and well-being			
I often get severe pain with my period that interferes with my life			
I will remember to take my tablets every day			
My periods are affecting my sleep			
I'm worried about having to miss work or school			
I can't afford to buy enough period products			
I want a permanent solution, even if it means I can never get pregnant			

What have you already tried? Did it help?

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.....

Which options are you considering or want to know more about ?

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.....

A period diary

It can help if you keep a period diary.

You can record how heavy your periods are and how you feel when you have them.

You can see if there are any changes or things that happen every time.

There are many examples of period diaries and tracking apps online. We have included an example on **page 14**.

11 At your appointment

You don't have to complete everything here, fill in the parts that are useful for you.

You will be asked about your periods. It might help if you write down the answers before your appointment

When was your last period? (date it began and date it ended)

How often do you get your periods?

What age did your periods start?

Have they always been heavy or have they recently changed?

How long do your periods typically last?

How heavy are they (how many pads / tampons in a day)?

What tests have you had?

Do you have bleeding between periods?

Do you have bleeding after sex?

Do you have any dizziness or tiredness?

Questions for my healthcare professional and their answers

Commonly asked questions: *Why are my periods heavy? How will these treatments affect my fertility? I also get very tired or have pain with my period, can treatment help with that?*

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Your decision

I know enough about the potential benefits and harms of each option	Y / N
I am clear about which potential benefits and harms matter most to me	Y / N
I have enough support and advice to make a choice	Y / N
I feel sure about the best choice for me	Y / N
I need more information to make this decision	Y / N
I have decided what to do next	Y / N
What will happen next? (tests, referral, follow up appointment)	
When?	

12 More information about periods

Things I can do myself



These will not make your periods lighter but they might help other symptoms of heavy periods such as cramps.

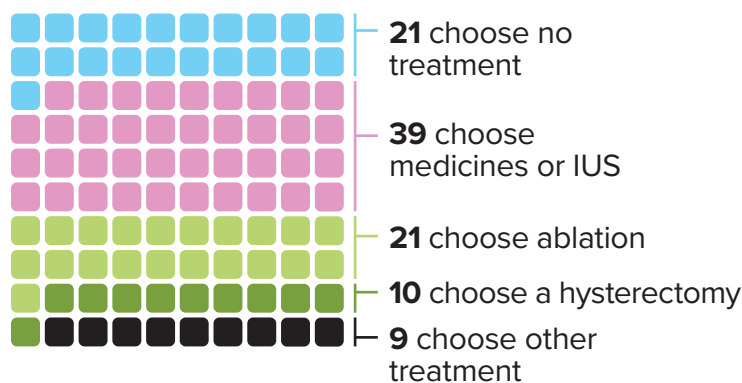
- 1 Gentle exercise** like yoga, swimming and walking, can help with period pain. Period pain is the result of the uterus (womb) cramping, like a contraction when giving birth. Gentle exercise can help relax tight cramped muscles.
- 2 Keep a diary or use a tracking app** to monitor your periods (see page 13) for an example. Keeping a record of how your periods are, or how you're feeling, can sometimes help you see what's happening and decide what can help.
- 3 Being a healthy weight** can help manage periods. **Include iron rich foods** if you are bleeding heavily and regularly. Examples of iron rich foods are: red meat, fish, white meat such as chicken, lentils, beans, chickpeas, seeds, dark green vegetables, eggs.
- 4 Pain medicines** such as paracetamol and aspirin can help with period pain. If you are having severe period pain that stops you doing normal activities, talk to your doctor.
- 5 Warm baths or a hot water bottle** on your abdomen (tummy) or back, or anything you find relaxing might help with pain and cramps.
- 6 Rest if you feel you need to.** Some people are tired around the time of their period, be kind to yourself.

What **treatment do people choose** for heavy periods?

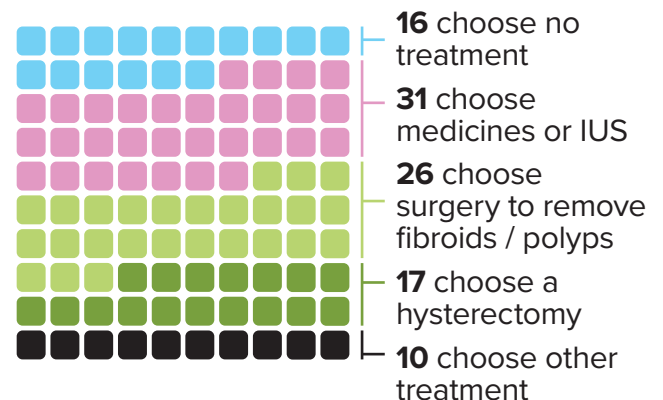
You can read more about these **treatments** on **pages 5 to 8**

Most people do not need to be referred to hospital for heavy periods.

Out of every **100** who have **heavy periods** and are **referred to hospital**:



Out of every **100** who have **heavy periods** due to **polyps or fibroids**:



14 Where to go for more information and support?

Information about periods

About heavy periods www.womens-health-concern.org

Patient.info website

<https://patient.info/womens-health/periods-and-period-problems/heavy-periods-menorrhagia>

NHS page on heavy periods www.nhs.uk/conditions/heavy-periods//

NICE Information on heavy menstrual bleeding

www.nice.org.uk/guidance/ng88/informationforpublic

Information on heavy periods, including other patient stories www.wearwhiteagain.co.uk

There are many 'apps' for tracking periods available to use discretely on your phone.

Information about procedures and treatment

How effective is my contraception? www.nhs.uk/conditions/contraception/how-effective-contraception/

Hysteroscopy www.nhs.uk/conditions/hysteroscopy/

Endometrial Ablation www.southtees.nhs.uk/resources/endometrial-ablation

Hysterectomy www.nhs.uk/conditions/hysterectomy/

Fibroids www.nhs.uk/conditions/fibroids/

Periods, period problems, test and procedures

<https://patient.info/womens-health/periods-and-period-problems>

Charities and support

If you are struggling to afford periods products (or want to help those who are), there are charities and schemes to help those in period poverty.

Some workplaces and all state schools in England should offer free sanitary products

www.gov.uk/government/publications/period-products-in-schools-and-colleges

Free period products at Morrison's supermarket 'Ask for Sandy' is a scheme to provide period products to anyone who needs them for free. They say "go to our customer service kiosk and ask for a package that SANDY has left for you. You will then be given a FREE discreet envelope with what you need no questions asked."

If you're in Scotland local councils provide free period products

www.mygov.scot/free-period-products

Period charity for period poverty www.bloodygoodperiod.com

Charity for period poverty www.freedom4girls.co.uk/what-we-do/

15 Where did we get our data and numbers?

Doing Nothing:

A randomised study in 46 women from 1995:
<https://doi.org/10.1111/j.1471-0528.1995.tb11293.x>

A randomised study in 93 women from 2013:
www.sajog.org.za/index.php/SAJOG/article/view/587/387

A randomised study in 231 women from 2011:
<https://doi.org/10.1093/humrep/der224>

How well does the combined oral contraceptive pill work?

A randomised study in 45 women from 1991:
<https://doi.org/10.1111/j.1479-828X.1991.tb02769.x>

A randomised study in 112 women from 2011:
<https://doi.org/10.1016/j.contraception.2010.06.011>

Number whose periods stopped completely taken from a study of 1,103 women in 2000: [https://doi.org/10.1016/S0010-7824\(00\)00183-9](https://doi.org/10.1016/S0010-7824(00)00183-9)

How well does the vaginal ring work?

A study in 50 women in 2016:
<http://dx.doi.org/10.1016/j.ejogrb.2016.05.009>

How well does the progestogen only pill work?

A randomised study in 62 women from 2016:
<https://doi.org/10.1159/000443393>

A randomised study in 44 women from 1998:
<https://doi.org/10.1111/j.1471-0528.1998.tb10172.x>

Number whose periods stopped completely taken from a study of 1,320 women reported in 2003: <https://doi.org/10.1196/annals.1290.019>

How well do NSAIDs (ibuprofen or naproxen) or mefenamic acid work?

A randomised study in 93 women from 2013:
www.sajog.org.za/index.php/SAJOG/article/view/587/387

A randomised study in 51 women from 2005:
<https://doi.org/10.1111/j.1471-0528.2005.00642.x>

A randomised study in 80 women from 1990:
<https://doi.org/10.1111/j.1447-0756.1990.tb00235.x>

A randomised study in 45 women from 1991:
<https://doi.org/10.1111/j.1479-828X.1991.tb02769.x>

Breast cancer risk of hormonal treatments:

A UK study of over 20,000 women from 2023:
<https://doi.org/10.1371/journal.pmed.1004188>

How well does tranexamic acid work?

A randomised study in 62 women from 2016:
<https://doi.org/10.1159/000443393>

A randomised study in 94 women from 2006:
<https://doi.org/10.1080/01443610600913932>

A randomised study in 90 women from 2013:
<https://doi.org/10.1007/s00404-013-2839-3>

A randomised study in 46 women from 1995:
<https://doi.org/10.1111/j.1471-0528.1995.tb11293.x>

Risks and benefits of IUS, ablation and hysterectomy

There are many studies on these, but the numbers are well summarised in:

NICE Evidence Review in 2018: <https://www.nice.org.uk/guidance/ng88>

An analysis of data in 2011 from 2,814 women who had either had the LNG-IUS, endometrial ablation or hysterectomy.
<https://doi.org/10.3310/hta15190>

IUS: A review of all the evidence in 2016 by Health Quality Ontario:
www.ncbi.nlm.nih.gov/pmc/articles/PMC5159479/

Risks of blood clots from:

Combined oral contraceptives – Faculty of Sexual & Reproductive Healthcare (FSRH) Page 29:
www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/

Progestogen-only pill – Faculty of Sexual & Reproductive Healthcare Relative risk from Page 17 (FSRH):
www.fsrh.org/documents/cec-guideline-pop/

Provera – Federal Drug Administration data. Relative risk from page 6 in:
www.accessdata.fda.gov/drugsatfda_docs/label/2007/011839s071bl.pdf

Tranexamic acid – A study of 2 million women in Denmark, from 2021 table 4 in: <https://doi.org/10.1016/j.eclinm.2021.100882>.

NSAIDs – The link is uncertain, but an analysis of a lot of data in 2015 suggested increased risk:
<https://doi.org/10.1093/rheumatology/keu408>

Which treatments do people choose?

From the UK's national audit on heavy menstrual bleeding. Page 12, Table 4.1 in: www.hqip.org.uk/wp-content/uploads/2018/02/HwNYNM.pdf

To see other decision support tools or to find more information about how this one was created, go to <https://www.england.nhs.uk/personalisedcare/shared-decision-making/decision-support-tools/>